

Return of Organization Exempt from Income Tax

2002

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2002 calendar year, or tax year beginning 10/01, 2002, and ending 9/30, 2003

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. FAMILY GIVING TREE, 505 VALLEY WAY, MILPITAS, CA 95035

D Employer Identification Number: 77-0284682; E Telephone number: 408-946-3111; F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.FAMILYGIVINGTREE.ORG

J Organization type (check only one): 501(c) 3 (insert no), 4947(a)(1) or 527

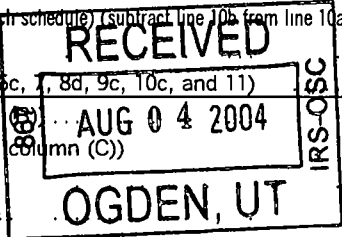
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,790,415.

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Contributions, Program service revenue, Investment income, Special events, and Expenses. Total revenue: 1,790,415. Total expenses: 1,877,386. Net assets at end of year: 196,440.



SCANNED AUG 11 104

Handwritten numbers: 813, 23

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23	15,774.	15,774.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	75,500.	61,155.	14,345.	
26 Other salaries and wages	26	135,507.	109,761.	25,746.	
27 Pension plan contributions	27	29,282.		29,282.	
28 Other employee benefits	28	27,883.	22,585.	5,298.	
29 Payroll taxes	29	79,639.	64,508.	15,131.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	49,277.	49,277.		
34 Telephone	34	4,299.	3,560.	739.	
35 Postage and shipping	35	3,273.	3,123.	150.	
36 Occupancy	36	10,453.	10,453.		
37 Equipment rental and maintenance	37	4,718.	2,362.	2,356.	
38 Printing and publications	38	16,061.	16,061.		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	13,603.	8,162.	5,441.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	1,412,117.	1,385,658.	13,714.	12,745.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,877,386.	1,752,439.	112,202.	12,745.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>WISH PROGRAM - TO COLLECT AND DISTRIBUTE 50,000 CHRISTMAS GIFTS FOR UNDER PRIVILEGED CHILDREN IN THE BAY AREA.</u> (Grants and allocations \$ _____)	1,647,293.
b <u>BACK TO SCHOOL - TO COLLECT AND DISTRIBUTE SCHOOL SUPPLIES AND CLOTHING TO CHILDREN IN SEPTEMBER. OVER 7500 LOW-INCOME CHILDREN RECEIVED BACKPACKS FILLED WITH SCHOOL SUPPLIES.</u> (Grants and allocations \$ _____)	87,622.
c <u>ADOPT-A-FAMILY - TO PROVIDE HELP WITH SCHOOL WORK AND SPECIAL OUTINGS FOR THE CHILDREN OF THE ADOPTED FAMILIES.</u> (Grants and allocations \$ _____)	17,524.
d ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,752,439.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	80,121.	45	39,614.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 4,648.		
	b Less: allowance for doubtful accounts	47b	5,648.	47c 4,648.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		41,160.	52 41,160.
	53 Prepaid expenses and deferred charges		6,984.	53
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)	SEE STMT 4	115,082.	56 81,799.
	57a Land, buildings, and equipment: basis	57a 159,738.		
	b Less: accumulated depreciation (attach schedule) STATEMENT 5	57b 129,038.	28,716.	57c 30,700.
	58 Other assets (describe ▶)			58
59 Total assets (add lines 45 through 58) (must equal line 74)		277,711.	59 197,921.	
LIABILITIES	60 Accounts payable and accrued expenses	5,303.	60	1,481.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)		5,303.	66 1,481.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67 272,408.	196,440.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		272,408.	73 196,440.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		277,711.	74 197,921.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements			N/A	a Total expenses and losses per audited financial statements			N/A
b Amounts included on line a but not on line 12, Form 990:				b Amounts included on line a but not on line 17, Form 990:			
(1) Net unrealized gains on investments . . . \$				(1) Donated services and use of facilities \$			
(2) Donated services and use of facilities \$				(2) Prior year adjustments reported on line 20, Form 990 \$			
(3) Recoveries of prior year grants \$				(3) Losses reported on line 20, Form 990 \$			
(4) Other (specify):				(4) Other (specify):			
----- \$				----- \$			
Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b		
c Line a minus line b	c			c Line a minus line b	c		
d Amounts included on line 12, Form 990 but not on line a:				d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990 \$				(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify):				(2) Other (specify):			
----- \$				----- \$			
Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2) . . .	d		
e Total revenue per line 12, Form 990 (line c plus line d)	e			e Total expenses per line 17, Form 990 (line c plus line d)	e		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		75,500.	14,458.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?...		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?...	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		X
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members.	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	6
91	The books are in care of <u>JENNIFER CULLENBINE PIETRASIK</u> Telephone number <u>408-946-3111</u> Located at <u>505 VALLEY WAY, MILPITAS, CA</u> ZIP + 4 <u>95035</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a AGENCY FEES					22,101.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	713.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				713.	22,101.
105 Total (add line 104, columns (B), (D), and (E))					22,814.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	A "ONE DOLLAR PER CHILD" FEE FROM THE AGENCIES WE PROVIDE GIFTS FOR. THIS FEE HELPS OFFSET THE COST OF COLLECTING AND DISTRIBUTING THE GIFTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Date 7/24/2004

CFO

Date /	Check if	Preparer's SSN or PTIN (see General Instruction W)
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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**
Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2002

Name of the organization

FAMILY GIVING TREE

Employer identification number

77-0284682

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

Part III Statements About Activities (See instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities... ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,725,527.	1,660,540.	254,894.	177,750.	3,818,711.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	31,892.	56,055.	33,200.	27,228.	148,375.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	746.	8,008.	3,390.		12,144.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 7				10,532.	10,532.
23 Total of lines 15 through 22	1,758,165.	1,724,603.	291,484.	215,510.	3,989,762.
24 Line 23 minus line 17.	1,726,273.	1,668,548.	258,284.	188,282.	3,841,387.
25 Enter 1% of line 23	17,582.	17,246.	2,915.	2,155.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add. Amounts from column (e) for lines: 18 _____ 19 _____
22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.
(2001) _____ 0. (2000) _____ 0. (1999) _____ 0. (1998) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2001) _____ 0. (2000) _____ 0. (1999) _____ 0. (1998) _____ 0.

c Add. Amounts from column (e) for lines: 15 3,818,711. 16 _____
17 148,375. 20 _____ 21 _____ ▶ **27c** 3,967,086.

d Add: Line 27a total _____ 0. and line 27b total _____ 0. ▶ **27d** 0.

e Public support (line 27c total minus line 27d total) ▶ **27e** 3,967,086.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). ▶ **27f** 3,989,762.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 99.43 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.30 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is —		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FAMILY GIVING TREE

77-0284682

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL / DEPR.	SALVAGE / BASIS / REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
AUTO / TRANSPORT EQUIPMENT																	
9	HONDA CRV	1/01/97		21,036							21,036	18,932	S/L HY	5		0	
25	VAN - MAZDA	8/23/99		25,288							25,288	17,703	S/L HY	5	.20000	5,058	
TOTAL AUTO / TRANSPORT EQUIP																	
				46,324		0		0	0		46,324	36,635					5,058
FURNITURE AND FIXTURES																	
4	OFFICE FURNITURE	1/01/96		472							472	472	S/L HY	7	.07140	0	
6	SEAT	1/01/96		323							323	323	S/L HY	7	.07140	0	
29	JC DESK	4/14/00		536							536	208	S/L HY	7	.14280	77	
33	STAINLESS SHELVES	6/27/00		707							707	273	S/L HY	7	.14280	101	
TOTAL FURNITURE AND FIXTURE				2,038		0		0	0		2,038	1,276					178
MACHINERY AND EQUIPMENT																	
1	PRIOR YEAR 93-95 FULLY DE	1/01/95		40,731							40,731	40,731	S/L	5		0	
2	COMPUTER	1/01/96		2,169							2,169	1,952	S/L HY	5		0	
3	COMPUTER - PAC BELL	1/01/96		2,525							2,525	2,273	S/L HY	5		0	
5	PHONES	1/01/96		531							531	477	S/L HY	5		0	
7	PALM PILOT	1/01/96		458							458	412	S/L HY	5		0	
8	RADIOS	1/01/96		646							646	581	S/L HY	5		0	
10	COMPUTER NCA	1/01/97		2,228							2,228	2,007	S/L HY	5		0	
11	COMPUTER NCA	1/01/97		2,244							2,244	2,020	S/L HY	5		0	
12	COMPUTER DIGITAL	1/01/97		2,500							2,500	2,250	S/L HY	5		0	
13	CELLULAR PHONE	1/01/97		376							376	338	S/L HY	5		0	

FAMILY GIVING TREE

77-0284682

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	TV & VCR	1/01/97		290							290	261	S/L	HY	5	0
15	870 HP PRINTER	1/01/97		444							444	400	S/L	HY	5	0
16	SCANNER	1/01/97		285							285	257	S/L	HY	5	0
17	LAP TOP	2/10/98		2,230							2,230	2,007	S/L	HY	5	223
18	PAPER FOLDER/COLLATOR	2/05/98		944							944	850	S/L	HY	5	94
19	COMPUTER - GATEWAY	7/09/98		3,100							3,100	2,790	S/L	HY	5	310
20	DIGITAL CAMCORDER	4/07/98		3,458							3,458	3,113	S/L	HY	5	345
21	ZIP DRIVES	8/26/98		1,137							1,137	1,022	S/L	HY	5	115
22	COMPUTER - COMPAQ	2/15/98		1,748							1,748	1,574	S/L	HY	5	174
23	RADIOS - MOTOROLAS	12/21/98		2,400							2,400	1,680	S/L	HY	5	480
24	COMPUTER - GATEWAY	10/23/98		2,402							2,402	1,680	S/L	HY	5	480
26	COMPUTER - HP	12/07/99		974							974	487	S/L	HY	5	195
27	PRINTER - HP	12/07/99		547							547	273	S/L	HY	5	109
28	COMPUTER	12/09/99		1,118							1,118	560	S/L	HY	5	224
30	PRINTER - HP	5/15/00		5,000							5,000	2,500	S/L	HY	5	1,000
31	MONITOR	5/15/00		1,200							1,200	600	S/L	HY	5	240
32	PRINTER - HP	5/15/00		1,200							1,200	600	S/L	HY	5	240
34	CAMERA	8/14/00		617							617	308	S/L	HY	5	123
35	COMPUTER	10/12/00		2,497							2,497	749	S/L	HY	5	499
36	COMPUTER	12/07/00		1,096							1,096	329	S/L	HY	5	219
37	COMPUTER	1/19/01		5,025							5,025	1,508	S/L	HY	5	1,005
38	PLAM JC	3/15/01		502							502	150	S/L	HY	5	100
39	MONITOR - IBM	7/18/01		1,126							1,126	338	S/L	HY	5	225
40	PHONES	7/18/01		454							454	136	S/L	HY	5	91
41	MONITOR	6/20/01		987							987	296	S/L	HY	5	197
42	EQUIPMENT	9/26/02		600							600	15	S/L	MQ	5	120
43	COMPUTER SOFTWARE	2/10/03		4,599							4,599		S/L	HY	5	460

FAMILY GIVING TREE

77-0284682

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT	DEPR. BASIS	METHOD	LIFE	RATE	PRIOR DEPR.	CURRENT DEPR.
44	COMPUTER	2/26/03		3,200							3,200	S/L	HY	5 .10000		320
45	COMPUTER SOFTWARE	6/06/03		3,248							3,248	S/L	HY	5 .10000		325
46	COMPUTER HP DIRECT	6/06/03		2,100							2,100	S/L	HY	5 .10000		210
47	COMPUTER	9/05/03		1,220							1,220	S/L	HY	5 .10000		122
48	COMPUTER	9/30/03		1,220							1,220	S/L	HY	5 .10000		122
TOTAL MACHINERY AND EQUIPME																
				111,376		0	0	0	0	0	111,376				77,524	8,367
TOTAL DEPRECIATION																
				159,738		0	0	0	0	0	159,738				115,435	13,603
GRAND TOTAL DEPRECIATION																
				159,738		0	0	0	0	0	159,738				115,435	13,603

FAMILY GIVING TREE

77-0284682

STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN	\$ 11,003.
TOTAL	<u>\$ 11,003.</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO AND VAN	18,603.	18,603.		
BANK FEES	2,133.	2,133.		
BOARD EXPENSE	1,804.		1,804.	
COMMUNICATIONS	4,946.	4,946.		
DONATED GIFTS	1,317,100.	1,317,100.		
INFORMATION RESOURCE	2,668.		2,668.	
INSURANCE	3,202.	1,042.	2,160.	
LOAN	400.	400.		
MEMBERSHIP FEES	650.		650.	
MISCELLANEOUS	17,794.	5,049.		12,745.
NETWORKING	3,141.	3,141.		
OE CLASSES	1,350.	1,350.		
OFFICE SUPPLIES	8,108.	7,683.	425.	
PROFESSIONAL FEES	9,757.	5,500.	4,257.	
PUBLIC RELATIONS/MARKETING	1,750.		1,750.	
RECREATION	355.	355.		
VOLUNTEER EXPENSES	10,683.	10,683.		
WAREHOUSE EXPENSES	7,673.	7,673.		
TOTAL	<u>\$ 1412117.</u>	<u>\$ 1385658.</u>	<u>\$ 13,714.</u>	<u>\$ 12,745.</u>

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO HELP UNDERPRIVILEGED FAMILIES OBTAIN THE BASIC NECESSITIES OF LIFE: WARM CLOTHING, BEDDING, HOUSEHOLD ITEMS, SCHOOL SUPPLIES, AND TOYS.

STATEMENT 4
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
CHARLES SCHWAB	MARKET VALUE	\$ 27,081.
JANUS FUND	MARKET VALUE	3,036.
COMMUNITY FOUNDATION ENDOWMENT FUND	MARKET VALUE	51,682.
TOTAL		<u>\$ 81,799.</u>

FAMILY GIVING TREE

77-0284682

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 46,324.	\$ 41,693.	\$ 4,631.
FURNITURE AND FIXTURES	2,038.	1,454.	584.
MACHINERY AND EQUIPMENT	111,376.	85,891.	25,485.
TOTAL	<u>\$ 159,738.</u>	<u>\$ 129,038.</u>	<u>\$ 30,700.</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TODD YOSHIDA 505 VALLEY WAY MILPITAS, CA 95035	PRESIDENT AS NEEDED	\$ 0.	\$ 0.	\$ 0.
PETER SYLVESTER 505 VALLEY WAY MILPITAS, CA 95035	TREASURER AS NEEDED	0.	0.	0.
MALIA MUELLER SMITH 505 VALLEY WAY MILPITAS, CA 95035	BOARD MEMBER AS NEEDED	0.	0.	0.
KEN CANTRELL 505 VALLEY WAY MILPITAS, CA 95035	BOARD MEMBER AS NEEDED	0.	0.	0.
LARRY SACKS 505 VALLEY WAY MILPITAS, CA 95035	BOARD MEMBER AS NEEDED	0.	0.	0.
ANNE HOHENBERGER 505 VALLEY WAY MILPITAS, CA 95035	BOARD MEMBER AS NEEDED	0.	0.	0.
JENNIFER CULLENBINE PIETRASIK 505 VALLEY WAY MILPITAS, CA 95035	EXECUTIVE DIREC 40	75,500.	14,458.	0.
	TOTAL	<u>\$ 75,500.</u>	<u>\$ 14,458.</u>	<u>\$ 0.</u>

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER INCOME	\$ 0.	\$ 0.	\$ 0.	\$ 10,532.	\$ 10,532.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 10,532.</u>	<u>\$ 10,532.</u>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: FAMILY GIVING TREE
Employer identification number: 77-0284682
Address: 312 S. ABBOTT AVE, MILPITAS, CA 95035

Check type of return to be filed (file a separate application for each return):

Form 990 [checked], Form 990-EZ, Form 990-T (Section 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 8/15, 20 04.
5 For calendar year, or other tax year beginning 10/01, 20 02 and ending 9/30, 20 03.
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension: THE NECESSARY INFORMATION HAS NOT BEEN RECEIVED FROM THIRD PARTIES. ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 5/17/04

Notice to Applicant - To be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other:

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: BERGER/LEWIS ACCOUNTANCY CORP.
Address: 99 ALMADEN BLVD, SUITE 600, SAN JOSE, CA 95113