

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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 2007 calendar year, or tax year beginning 04-01-2007 and ending 03-31-2008

- 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.

C Name of organization: Family Giving Tree; Number and street: 606 Valley Way; City or town: Milpitas, CA 95035

D Employer identification number: 77-0284682

E Telephone number: (408) 946-3111

F Accounting method: Accrual

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

- 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?

G Web site: familygivingtree.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,978,277

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

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 (See the instructions.)

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 2,280 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	2,280	2,280	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	105,900	84,720	21,180
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	554,686	322,323	101,249
27 Pension plan contributions not included on lines 25a, b and c	27	11,669	7,170	2,162
28 Employee benefits not included on lines 25a - 27	28	78,904	47,422	14,460
29 Payroll taxes	29	59,766	36,727	11,068
30 Professional fundraising fees	30			
31 Accounting fees	31	55,247		55,247
32 Legal fees	32			
33 Supplies	33	46,599	29,831	7,044
34 Telephone	34	13,079	8,052	2,402
35 Postage and shipping	35	36,308	22,344	6,681
36 Occupancy	36	32,588	20,092	5,947
37 Equipment rental and maintenance	37	13,551	8,333	2,502
38 Printing and publications	38	25,558	15,706	4,733
39 Travel	39	25,477	16,714	3,315
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	22,249	13,672	4,120
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,470,200	2,967,595	272,728
				229,877

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ The specific purposes for which this corporation is organized are to provide underprivileged families with charity at christmas and any other assistance we can during the year All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a Holiday Wish Program - The Family Giving Tree works with 266 Bay Area social service agencies. These agencies supply the Organization with the names and wishes of the children they serve year-round. A wish card is printed for each child, detailing age, gender, first name and holiday gift wish. These wishes are then displayed at over 970 Bay Area host companies and school locations, often on trees, in their lobbies and other public areas. It is the generosity of employers, employees, customers and students that make this program a success. By selecting a wish card, individuals pledge to purchase a gift for a child in need. In addition, the Organization maintains a Virtual Giving Tree on its website www.familygivingtree.org. The Organization hosted approximately 7,500 volunteers in 110,000 square feet of donated warehouse space in December 2007 to wrap and distribute the children's gifts. During the year ended March 31, 2008, the Family Giving Tree provided holiday gifts to approximately 60,000 children in 15 Bay Area counties and the California Central Valley. (Grants and allocations \$ 1,074) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,366,056
b Back-to-School Backpack Program - Using a method of operation similar to the holiday wish program, The Family Giving Tree's newer program provided school supplies and backpacks to approximately 15,000 very-low income children in the fall of 2007. Long range plans call for expansion of at least 10% per year. (Grants and allocations \$ 1,206) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	601,539
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶	2,967,595

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		143,001	45	161,444	
	46 Savings and temporary cash investments		609,313	46	581,478	
	47a Accounts receivable	47a	467			
	b Less allowance for doubtful accounts	47b		10,866	47c	467
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b		12,190	48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use		11,393	52	16,866	
	53 Prepaid expenses and deferred charges		6,246	53	8,306	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		135,804	56	 137,872		
57a Land, buildings, and equipment basis	57a	272,127				
b Less accumulated depreciation (attach schedule)	57b	118,745	33,999	57c	 153,382	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		0	58	 4,850		
59 Total assets (must equal line 74) Add lines 45 through 58		962,812	59	1,064,665		
Liabilities	60 Accounts payable and accrued expenses		59,689	60	102,668	
	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 <input type="checkbox"/> _____)			65		
66 Total liabilities Add lines 60 through 65		59,689	66	102,668		
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		668,014	67	961,997	
	68 Temporarily restricted		235,109	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 and column (B) must equal line 21)		903,123	73	961,997	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		962,812	74	1,064,665	

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with rows 82a-91b and columns Yes/No. Includes questions about donated services, 501(c)(4), (5), or (6) organizations, 501(c)(7) orgs, 501(c)(12) orgs, 501(c)(3) organizations, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the 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 Social Service Agency Participation Fees					42,791
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	25,563	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	9,840	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a			01	900	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				36,303	42,791
105 Total (add line 104, columns (B), (D), and (E))					79,094

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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	Minimal fees collected from social service agencies participating in the wish program for the benefit of their respective clientele, fees are used to partially offset the costs of coordinating gift distribution

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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
	%			
	%			
	%			
	%			

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

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	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.		
	***** Signature of officer		2008-11-10 Date
	Jennifer C Pietrasik Executive Director Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	LAWRENCE S KUECHLER	Date	2008-11-06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BERGERLEWIS ACCOUNTANCY CORP 99 ALMADEN BLVD STE 600 SAN JOSE, CA 95113			EIN	Phone no (408) 494-1200

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 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

2007

Department of the Treasury Internal Revenue Service

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 page 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (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 & deferred compensation; (e) Expense account and other allowances. Includes entry for Robert Cullenbine.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes entry for None.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes entry for None.

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 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>	1		No
<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 property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>		0	
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>		0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,957,152	1,979,747	1,943,472	1,880,589	8,760,960
16 Membership fees received					0
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	30,064	37,531	34,943	33,562	136,100
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	27,230	4,908	3,320	2,633	38,091
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	3,014,446	2,022,186	1,981,735	1,916,784	8,935,151
24 Line 23 minus line 17	2,984,382	1,984,655	1,946,792	1,883,222	8,799,051
25 Enter 1% of line 23	30,144	20,222	19,817	19,168	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 175,981
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 58,288
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 8,799,051
d Add Amounts from column (e) for lines 18 38,091 19 0 22 26 b 58,288					26d 96,379
e Public support (line 26c minus line 26d total)					26e 8,702,672
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9890 47 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 11b, 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 16 17 20					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

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— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
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 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 11 of the instructions.)

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

TY 2007 Cash Grants Paid Schedule

Name: Family Giving Tree

EIN: 77-0284682

Class of Activity	Recipient's name	Address	Amount	Relationship
Living expenses Assistance	PAT SCHOBY		500	None
Tuition	Viviana		1,780	none

TY 2007 Depreciation and Depletion Schedule

Name: Family Giving Tree

EIN: 77-0284682

Asset	Amount
Equipment	45
Computer Software	919
computer	640
Computer Software	648
Computer HP Direct	420
Computer	244
Computer	244
Computer	1,198
ShorTel Telephones	2,560
10 Canopies	602
Graphics Computer	844
Security System	1,310
Computer	500
Computer	500
Computer	683
Computer	277
Software	10,615

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

Name: Family Giving Tree

EIN: 77-0284682

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
various investment	2007-09	PURCHASED	2007-09		450,000	440,160	0	9,840

TY 2007 Investments - Other Schedule

Name: Family Giving Tree

EIN: 77-0284682

Description	Book Value	Cost/FMV
Silicon Valley Community Fund	137,872	F

TY 2007 Land etc. Schedule

Name: Family Giving Tree

EIN: 77-0284682

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Office Furniture	472	472	0
Seat	323	323	0
JC Desk	536	536	0
Prior Year 93-95 Full De	40,731	40,731	0
computer	2,169	2,169	0
TV & VCR	290	290	0
870 HP Printer	444	444	0
laptop	2,230	2,230	0
Paper Folder	944	944	0
Digital Camcorder	3,458	3,458	0
Computer	1,748	1,748	0
Radios-Motorolas	2,400	2,400	0
Computer Gateway	2,402	2,402	0
Computer HP	974	974	0
Printer HP	547	547	0
Computer	1,118	1,118	0
Printer HP	5,000	5,000	0
Monitor	1,200	1,200	0
Printer HP	1,200	1,200	0
Camera	617	617	0
Computer	2,497	2,497	0
Computer	1,096	1,096	0
Computer	5,025	5,025	0
Palm JC	502	502	0
Monitor IBM	1,126	1,126	0
Phones	454	454	0
Monitor	987	987	0
Equipment	600	600	0
Computer Software	4,599	4,599	0
computer	3,200	3,200	0

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Computer Software	3,248	3,248	0
Computer HP Direct	2,100	2,100	0
Computer	1,220	1,220	0
Computer	1,220	1,220	0
Computer	1,846	1,846	0
ShorTel Telephones	7,677	4,053	3,624
10 Canopies	1,805	803	1,002
Graphics Computer	2,532	844	1,688
Security System	3,931	1,591	2,340
Computer	1,500	500	1,000
Computer	1,500	500	1,000
Computer	2,050	683	1,367
Computer	832	277	555
Furniture	1,500		1,500
Tenant improvements	16,028		16,028
Software	134,249	10,971	123,278

TY 2007 Other Assets Schedule

Name: Family Giving Tree

EIN: 77-0284682

Description	Beginning of Year Amount	End of Year Amount
deposit	0	4,850

TY 2007 Other Changes in Net Assets Schedule

Name: Family Giving Tree

EIN: 77-0284682

Description	Amount
unrealized loss	-9,043

TY 2007 Relationship Schedule

Name: Family Giving Tree

EIN: 77-0284682

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Jennifer Cullenbine Pietrasik	Executive Director	Robert Cullenbine	Development Director	Robert Cullenbine is the father of Jennifer Cullenbine Pietrasik

Additional Data

Software ID:
Software Version:
EIN: 77-0284682
Name: Family Giving Tree

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Outside Services	43a	33,948	20,861	6,287	6,800
b ADvertising	43b	29,570	18,170	5,477	5,923
c training	43c	26,457	17,002	3,913	5,542
d Gifts Distributed	43d	2,260,079	2,260,079		
e miscellaneous	43e	665	407	125	133
f dues and subscriptions	43f	1,934	1,189	358	387
g utilities	43g	2,149	1,321	397	431
h moving	43h	2,523	1,550	468	505
i bank charges	43i	10,089		10,089	
j insurance	43j	7,762	4,770	1,437	1,555
k donated materials and supplies	43k	11,163	6,860	2,067	2,236

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
Cristina Piasecki 606 VALLEY WAY MILPITAS, CA 95035	Chair 1 00	0	0	0
Todd Yoshida 606 VALLEY WAY MILPITAS, CA 95035	Secretary 1 00	0	0	0
BILL CILKER 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
David Selinger 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
Gerry Young 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
Jonathan Hicks 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
Josh McFarland 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
Larry Rogers 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
Larry Sacks 606 VALLEY WAY MILPITAS, CA 95035	bOARD MEMBER 1 00	0	0	0
Lori Yu 606 VALLEY WAY MILPITAS, CA 95035	BoaRD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
Jennifer Cullenbine Pietrasik 606 VALLEY WAY MILPITAS, CA 95035	eXECUTIVE dIRECTOR 40 00	99,900	0	6,000