

Form **990**
Department of the Treasury
Internal Revenue Service

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 private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 04-01-2013, 2013, and ending 03-31-2014

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
THE FAMILY GIVING TREE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
606 VALLEY WAY

City or town, state or province, country, and ZIP or foreign postal code
MILPITAS, CA 95035

D Employer identification number
77-0284682

E Telephone number
(408) 946-3111

G Gross receipts \$ 4,384,532

F Name and address of principal officer
JENNIFER PIETRASIK
606 VALLEY WAY
MILPITAS, CA 95035

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: FAMILYGIVINGTREE.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1991 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	7,462
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,072,060	4,376,021
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,949	8,511
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	804	0
		4,079,813	4,384,532
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,383,000	2,805,311
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,018,773	995,653
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>258,738</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	658,931	552,582
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,060,704	4,353,546
19 Revenue less expenses Subtract line 18 from line 12	19,109	30,986	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,208,731	1,257,429
	21 Total liabilities (Part X, line 26)	166,933	177,320
22 Net assets or fund balances Subtract line 21 from line 20	1,041,798	1,080,109	

Part II Signature Block

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

Sign Here

Signature of officer
Date 2014-08-14

JENNIFER PIETRASIK EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MAGA E KISRIV
Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P01008919

Firm's name: HOOD & STRONG LLP Firm's EIN: 94-1254756
Firm's address: 100 FIRST STREET 14TH FLOOR SAN FRANCISCO, CA 94105 Phone no: (415) 781-0793

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission

THE FAMILY GIVING TREE (THE ORGANIZATION) IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT ORGANIZATION FORMED IN 1990 TO HELP BRIGHTEN THE LIVES OF CHILDREN IN THE GREATER SAN FRANCISCO BAY AREA THE ORGANIZATION IS DEDICATED TO FULFILLING THE WISHES OF LOW-INCOME CHILDREN WHO WOULD OTHERWISE GO WITHOUT HOLIDAY GIFTS THE ORGANIZATION ALSO PROVIDES SUPPLY-FILLED BACKPACKS TO LOW-INCOME STUDENTS THESE PROGRAMS ARE FUNDED BY INDIVIDUALS, CORPORATIONS, AND NONPROFIT FOUNDATIONS

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

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 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 \$ 2,490,932 including grants of \$ 1,822,115) (Revenue \$)

HOLIDAY WISH PROGRAM THE ORGANIZATION WORKS WITH APPROXIMATELY 300 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 1,000 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 5,100 VOLUNTEERS IN 120,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2013 (6,700 VOLUNTEERS IN 120,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2012) TO WRAP AND DISTRIBUTE THE CHILDREN'S GIFTS TO THE LOCAL AGENCIES DURING THE YEARS ENDED MARCH 31, 2014 AND 2013, THE ORGANIZATION PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 69,750 AND 63,500 CHILDREN, RESPECTIVELY THE ORGANIZATION ALSO SUPPORTED 682 LOW INCOME CHILDREN IN AUSTIN, TEXAS THROUGH A SPECIAL OUTREACH INITIATIVE DURING THE MOST RECENT HOLIDAY DRIVE

4b (Code) (Expenses \$ 1,373,908 including grants of \$ 983,196) (Revenue \$)

BACK TO SCHOOL BACKPACK PROGRAM USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED SCHOOL SUPPLIES AND BACKPACKS TO APPROXIMATELY 25,600 AND 21,000 VERY-LOW INCOME CHILDREN IN THE FALL OF 2013 AND 2012, RESPECTIVELY THE ORGANIZATION HOSTED APPROXIMATELY 750 AND 800 VOLUNTEERS IN AUGUST 2013 AND 2012, RESPECTIVELY, TO PACK AND DISTRIBUTE THE CHILDREN'S BACKPACKS

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

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

4e Total program service expenses 3,864,840

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	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 any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section 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		
	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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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

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

Section C. Disclosure

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

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 instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER PIETRASIK EXECUTIVE DIRECTOR	40 00	X		X				114,900	0	22,824
(2) LORI YU CHAIRPERSON	1 00	X		X				0	0	0
(3) MARGUERITE LEE VICE CHAIRPERSON	1 00	X		X				0	0	0
(4) WILLIAM CILKER JR TREASURER	1 00	X		X				0	0	0
(5) CAROL WAGNER SECRETARY	1 00	X		X				0	0	0
(6) ELIZABETH LUNA DIRECTOR	1 00	X						0	0	0
(7) DOLORES MARQUEZ DIRECTOR	1 00	X						0	0	0
(8) JOSH MCFARLAND DIRECTOR	1 00	X						0	0	0
(9) CRISTINA PIASECKI DIRECTOR (THRU 10/1/2013)	1 00	X						0	0	0
(10) LARRY SACKS DIRECTOR	1 00	X						0	0	0
(11) CARIN DEGROFF DIRECTOR	1 00	X						0	0	0
(12) TODD YOSHIDA DIRECTOR	1 00	X						0	0	0
(13) MATT GRIFFIS DIRECTOR	2 00	X						0	0	0
(14) DAVID BRATTON-KEARNS COO (THRU 12/2014)	40 00			X				98,576	0	11,628

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	4,376,021				
	g	Noncash contributions included in lines 1a-1f \$	2,394,205				
	h	Total. Add lines 1a-1f	4,376,021				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,005			2,005	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	6,506			
			b Less cost or other basis and sales expenses	0			
			c Gain or (loss)	6,506			
	d	Net gain or (loss)	6,506			6,506	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances a						
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions	4,384,532	0	0	8,511		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,805,311	2,805,311		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	247,929	183,606	37,189	27,134
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	584,061	396,642	59,495	127,924
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,026	7,371	814	2,841
9	Other employee benefits	86,309	58,190	8,485	19,634
10	Payroll taxes	66,328	46,093	7,564	12,671
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	101,750	56,601	29,589	15,560
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,593		2,593	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,318	4,390	721	1,207
12	Advertising and promotion	123,707	85,967	14,108	23,632
13	Office expenses	165,293	125,723	32,792	6,778
14	Information technology	11,578	8,046	1,320	2,212
15	Royalties				
16	Occupancy	33,216	23,082	3,789	6,345
17	Travel	25,238	14,669	10,569	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,055	2,123	348	584
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,548	37,907	6,221	10,420
23	Insurance	9,390	6,525	1,071	1,794
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	STAFF DEVELOPMENT	15,896	2,594	13,300	2
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,353,546	3,864,840	229,968	258,738
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	581,466	1	504,199
	2 Savings and temporary cash investments	213,765	2	349,178
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	510	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,393	9	25,128
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 516,125		
	b Less accumulated depreciation	10b 414,857	120,816	10c 101,268
	11 Investments—publicly traded securities	148,560	11	161,114
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	115,221	15	116,542
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,208,731	16	1,257,429	
Liabilities	17 Accounts payable and accrued expenses	59,562	17	68,628
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	107,371	25	108,692
	26 Total liabilities. Add lines 17 through 25	166,933	26	177,320
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,041,798	27	1,080,109
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,041,798	33	1,080,109	
34 Total liabilities and net assets/fund balances	1,208,731	34	1,257,429	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,384,532
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,353,546
3	Revenue less expenses Subtract line 2 from line 1	3	30,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,041,798
5	Net unrealized gains (losses) on investments	5	7,325
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,080,109

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FAMILY GIVING TREE

Employer identification number
77-0284682

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 _____
- 5 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)**.
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,262,479	3,288,731	3,838,133	4,072,060	4,376,021	18,837,424
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,262,479	3,288,731	3,838,133	4,072,060	4,376,021	18,837,424
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)						280,798
6 Public support. Subtract line 5 from line 4						18,556,626

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,262,479	3,288,731	3,838,133	4,072,060	4,376,021	18,837,424
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,022	9,286	3,090	2,630	2,005	27,033
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 IV.)	2,459			804		3,263
11 Total support (Add lines 7 through 10)						18,867,720
12 Gross receipts from related activities, etc. (see instructions)					12	72,684
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.350%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	98.360%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT \$ 2,459 2012 AMOUNT \$ 804

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE FAMILY GIVING TREE

Employer identification number

77-0284682

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,928	8,657	9,271
d Equipment				
e Other		498,197	406,200	91,997
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				101,268

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) 457(F) PLAN ASSETS	108,692
(2) DEPOSITS	7,850
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	116,542

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1 Federal income taxes	
457(F) PLAN PAYABLE	108,692
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	108,692

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,841,962
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	7,325	
b	Donated services and use of facilities	2b	450,105	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	457,430
3	Subtract line 2e from line 1		3	4,384,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	4,384,532

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,803,651
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	450,105	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	450,105
3	Subtract line 2e from line 1		3	4,353,546
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	4,353,546

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM STATE INCOME TAXES UNDER VARIOUS STATE CODES AND STATUTES OF CALIFORNIA, TEXAS, WASHINGTON AND OREGON ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE THE ORGANIZATION FOLLOWS ASC 740, INCOME TAXES, TO ACCOUNT FOR UNCERTAIN TAX POSITIONS MANAGEMENT HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL AUTHORITIES FOR YEARS ENDING MARCH 31, 2010 AND BEFORE AND BY STATE AUTHORITIES FOR YEARS ENDING MARCH 31, 2009 AND BEFORE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	AGENCIES CONTACT FAMILY GIVING TREE WITH REQUESTS FOR PROGRAM RELATED ASSISTANCE WE REQUEST PROOF OF 501(C)(3) STATUS OR CONFIRMATION OF STATUS AS A PUBLIC SCHOOL

Additional Data

Software ID:
Software Version:
EIN: 77-0284682
Name: THE FAMILY GIVING TREE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST ST SAN JOSE, CA 95110	23-7179787	501(C)(3)		90,893	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)		78,444	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN FRANCISCO RESCUE MISSION 230 JONES STREET SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)		73,535	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY TEAM MINISTRIES - SAN JOSE 1297 N 13TH ST SAN JOSE, CA 95112	94-1501285	501(C)(3)		66,920	FMV	TOYS & CLOTHING/BACKPACKS/SCHOOL SUPPLIES	HOLIDAY WISH DRIVE
THE HOUSE MODESTO 1601 COFFEE RD MODESTO, CA 95355	94-1294940	501(C)(3)		59,829	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)		49,727	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)(3)		46,276	FMV	TOYS & CLOTHING/BACKPACKS/SCHOOL SUPPLIES	HOLIDAY WISH DRIVE
INNVISION SHELTER NETWORK - SAN MATEO 181 CONSTITUTION DR MENLO PARK, CA 94025	77-0160469	501(C)(3)		44,605	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO COMMUNITY SERVICE CENTER 2584 FARRINGTON WAY EAST PALO ALTO, CA 94303	23-7006613	501(C)(3)		36,701	FMV	TOYS & CLOTHING/BACKPACKS/SCHOOL SUPPLIES	HOLIDAY WISH DRIVE
COPS THAT CARE (MOUNTAIN VIEW POLICE) 1000 VILLA ST MOUNTAIN VIEW, CA 94040	94-6000379	501(C)(3)		35,570	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)		29,642	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREENFIELD LION'S CLUB 8 8TH ST GREENFIELD, CA 93927	95-6137141	501(C)(3)		28,351	FMV	TOYS & CLOTHING/BACKPACKS/SCHOOL SUPPLIES	HOLIDAY WISH DRIVE
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVE SUITE 250 SAN JOSE, CA 95126	94-1450153	501(C)(3)		24,899	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VALLEY CHURCHES UNITED MISSIONS 9400 HIGHWAY 9 BEN LOMOND, CA 95005	77-0163322	501(C)(3)		24,662	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	ARUSD		24,029	FMV	TOYS & CLOTHING/BACKPACKS/SCHOOL SUPPLIES	HOLIDAY WISH DRIVE
CATHOLIC CHARITIES - CORAL - EXPANDED LEARNING PROGRAM 645 WOOL CREEK DR SUITE B SAN JOSE, CA 95112	94-2762269	501(C)(3)		18,928	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
WORLD IMPACT INC 1015 CAMPBELL ST OAKLAND, CA 94607	95-2681237	501(C)(3)		14,607	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - WASHINGTON ELEMENTARY SCHOOL 100 OAK STREET SAN JOSE, CA 95110	77-0427923	501(C)(3)		14,228	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - OLINDER NEIGHBORHOOD ASSOCIATION 848 EAST WILLIAM ST SAN JOSE, CA 95116	77-0427923	501(C)(3)		13,896	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE SAN JOSE, CA 95122	94-2864184	ESUHSD		13,520	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT UNIFIED SCHOOL DISTRICT 4210 TECHNOLOGY DRIVE FREMONT, CA 945375008	94-1636029	FUSD		13,520	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
JAMES LICK HIGH SCHOOL 57 NORTH WHITE RD SAN JOSE, CA 95127	94-2864814	ESUHSD		13,520	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE FISHER MIDDLE SCHOOL 1720 HOPKINS DR SAN JOSE, CA 95122	77-0016360	ARUSD		12,465	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CAMPEONAS DE MCKINLEY 651 MACREDES AVE SAN JOSE, CA 95116	97-0539437	501(C)(3)		12,023	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)		11,857	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY TEAM MINISTRIES - OAKLAND 722 WASHINGTON ST OAKLAND, CA 94607	94-1501265	501(C)(3)		11,857	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE CLOTHES CLOSET 80 YALE RD PALO ALTO, CA 94025	77-0033628	501(C)(3)		11,857	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SJB CHILD DEVELOPMENT CENTERS 1400 PARKMOOR AVE SUITE 220 SAN JOSE, CA 95126	94-1747079	501(C)(3)		11,738	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KENNEDY ELEMENTARY - SAN JOSE 1602 LUCRETIA AVE SAN JOSE, CA 95122	77-0059025	FMSD		10,816	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
WC OVERFELT HIGH SCHOOL 1835 CUNNINGHAM AVE SAN JOSE, CA 95122	94-2864814	ESUHSD		10,816	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAN PABLO - YOUTH SERVICES 13831 SAN PABLO AVE BLDG 6 SAN PABLO, CA 94806	94-6000423	CITY OF SAN PABLO		10,671	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNDAY FRIENDS PO BOX 24887 SAN JOSE, CA 951544887	77-0518937	501(C)(3)		10,600	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DOWNTOWN COLLEGE PREP - ALUM ROCK 1250 SOUTH KING ROAD SAN JOSE, CA 95122	77-0517240	501(C)(3)		10,545	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET MILPITAS, CA 95035	26-0267135	CITY OF MILPITAS		9,485	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MISSION NEIGHBORHOOD CENTERS/HEAD START 362 CAPP STREET SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)		9,343	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CROSSROAD CALVARY CHURCH 990 S CAPITOL AVE SAN JOSE, CA 95127	77-0536018	501(C)(3)		9,343	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
AMERICAN INDIAN ALLIANCE 5038 HYLAND AVE SAN JOSE, CA 95127	77-0475265	501(C)(3)		9,130	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GARFIELD ELEMENTARY SCHOOL - MENLO PARK 3600 MIDDLEFIELD RD MENLO PARK, CA 94025	94-3084018	RCSD		9,058	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
OCALA MIDDLE SCHOOL 2800 OCALA AVE SAN JOSE, CA 95148	77-0016360	ARUSD		8,869	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
DONALD J MEYER ELEMENTARY 1824 DAYTONA DR SAN JOSE, CA 95122	77-0016360	ARUSD		8,761	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO ELEMENTARY SCHOOL 1855 E SAN ANTONIO ST SAN JOSE, CA 95116	77-0016360	ARUSD		8,626	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR SAN JOSE, CA 95122	77-0016360	ARUSD		8,517	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SOMOS MAYFAIR 370-B SOUTH KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)(3)		8,300	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTEE ELEMENTARY SCHOOL 1313 AUDUBON DR SAN JOSE, CA 95122	77-0345000	FMSD		8,112	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST SAN JOSE, CA 95110	94-6002606	501(C)(3)		7,841	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
PRENATAL ADVANTAGE BLACK INFANT HEALTH 2415 UNIVERSITY AVENUE 2ND FLOOR EAST PALO ALTO, CA 94303	94-6000532	501(C)(3)		7,825	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ESCUELA POPULAR HIGH SCHOOL ACCELERATED FAMILY LEARNING CENTER 149N WHITE RD SAN JOSE, CA 95127	77-0354277	501(C)(3)		7,707	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CESAR CHAVEZ ELEMENTARY - SAN JOSE 2000 KAMMERER DR SAN JOSE, CA 95116	77-0016360	ARUSD		7,706	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
HAPPINESS HILL 20600 JOHN DR CASTRO VALLEY, CA 94546	94-2221906	501(C)(3)		7,588	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
JOHN J MONTGOMERY ELEMENTARY 2010 DANIEL MALONEY DR SAN JOSE, CA 95121	77-0225132	ESD		7,301	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY UNITED SAN JOSE - STARBIRD 1050 BOYNTON AVE SAN JOSE, CA 95117	20-4367250	501(C)(3)		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST EAST PALO ALTO, CA 94303	94-2911826	CITY OF E PALO ALTO		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MEALS ON WHEELS SANTA CLARA 333 WEST JULIAN STREET 4 SAN JOSE, CA 95110	94-1741155	501(C)(3)		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMPASSION NETWORK 39155 LIBERTY ST SUITE H840 FREMONT, CA 94538	20-5183531	501(C)(3)		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTA CLARA COUNTY PUBLIC HEALTH DEPT REGION 5 614 TULLY ROAD SAN JOSE, CA 95111	94-6000533	COUNTY OF SC		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LAUREN'S HOUSE 4 POSITIVE CHANGE 994 BEECH ST EAST PALO ALTO, CA 94303	26-3809833	501(C)(3)		7,114	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KINSHIP ADOPTIVE & FOSTER PARENT ASSOCIATION (KAFPA) 373 WEST JULIAN ST 2ND BLDG 1ST FLOOR SAN JOSE, CA 95111	77-0044714	501(C)(3)		7,090	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALUM ROCK COUNSELING CENTER 777 N FIRST ST 444 SAN JOSE, CA 95117	23-7367637	501(C)(3)		7,090	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THOMAS P RYAN ELEMENTARY SCHOOL 1241 MCGINNESS AVE SAN JOSE, CA 95127	77-0016360	ARUSD		7,084	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY SLONAKER ELEMENTARY SCHOOL 1601 CUNNINGHAM AVE SAN JOSE, CA 95122	77-0016360	ARUSD		6,787	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MT PLEASANT ELEMENTARY SCHOOL 14275 CANDLER DR SAN JOSE, CA 95127	57-2042385	ARUSD		6,760	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
EAST AVENUE ELEMENTARY 2424 EAST AVE HAYWARD, CA 94541	94-1693499	HUSD		6,760	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
RUUS ELEMENTARY 28027 DISCKENS AVE HAYWARD, CA 94540	94-1693499	HUSD		6,760	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CARITAS FELICES AT CENTRAL APOSTALIC CHURCH 134 SOUTH 20TH STREET SAN JOSE, CA 95116	95-4324104	501(C)(3)		6,640	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DOWNTOWN COLLEGE PREP - SAN JOSE 1460 THE ALAMEDA SAN JOSE, CA 95126	94-6002606	501(C)(3)		6,625	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE ARBUCKLE ELEMENTARY 1970 CINDERELLA LANE SAN JOSE, CA 95116	77-0016360	ARUSD		6,544	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER 921 SOUTH FIRST STREET SUITE B SAN JOSE, CA 95110	94-2762269	501(C)(3)		6,521	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ASPIRE EAST PALO ALTO CHARTER 1286 RUNNYMEDE ST EAST PALO ALTO, CA 94303	94-3311088	501(C)(3)		6,489	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
ALUM ROCK EDUCATIONAL FOUNDATION PO BOX 56178 SAN JOSE, CA 95156	77-0523774	501(C)(3)		6,284	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATHSON MIDDLE SCHOOL 2050 KAMMERER AVE SAN JOSE, CA 95116	77-0016360	ARUSD		6,084	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY ACADEMY 230 JONES ST SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)		6,057	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SNI - SANTEE CAT 1535 SANTEE DR SAN JOSE, CA 95122	77-0427923	501(C)(3)		5,928	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HELP KIDS TODAY 1701 ROGERS AVE SUITE 30 SAN JOSE, CA 95112	30-0798474	501(C)(3)		5,928	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GRAIL FAMILY SERVICES 2005 E SAN ANTONIO ST SAN JOSE, CA 95116	77-0397354	501(C)(3)		5,928	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KONA NEIGHBORHOOD ASSOCIATION 2102 INMAN WAY SAN JOSE, CA 95122	77-0427923	501(C)(3)		5,928	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EDEN PALMS APARTMENTS - CATALONIA 5398 MONTEREY ROAD SAN JOSE, CA 95111	94-3315887	501(C)(3)		5,928	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RENAISSANCE ACADEMY 1720 HOPKINS DR SAN JOSE, CA 95122	77-0016360	501(C)(3)		5,705	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
EC REEMS ACADEMY 8425 MACARTHUR BLVD OAKLAND, CA 94605	77-0345000	501(C)(3)		5,624	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
INNVISION SHELTER NETWORK - SAN JOSE 297 COMMERCIAL ST SAN JOSE, CA 95112	77-0033628	501(C)(3)		5,573	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLIDE - FAMILY YOUTH AND CHILDCARE CENTER 330 ELLIS ST SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)		5,501	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SCOTT LANE ELEMENTARY 1925 SCOTT BLVD SANTA CLARA, CA 95050	77-0219105	SCUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
BLACKFORD ELEMENTARY SCHOOL 1970 WILLOW STREET SAN JOSE, CA 95125	94-2239786	SJUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
STROBRIDGE ELEMENTARY 21400 BEDFORD DR CASTRO VALLEY, CA 94546	94-1693499	HUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MILDRED GOSS ELEMENTARY SCHOOL 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	ARUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
GARDNER ACADEMY 502 ILLINOIS AVE SAN JOSE, CA 95125	94-6002606	SJUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MCKINLEY ELEMENTARY SCHOOL 651 MACREDES AVE SAN JOSE, CA 95116	77-0539437	FMSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
BEL AIR ELEMENTARY 663 CANAL RD BAY POINT, CA 94565	68-0197529	MDUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
GILROY HIGH SCHOOL 750 WEST TENTH ST GILROY, CA 95020	77-0123255	GUSD		5,408	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)		5,383	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)		5,335	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OLINDER ELEMENTARY SCHOOL 890 WILLIAM ST SAN JOSE, CA 95116	94-6002606	FMSD		5,273	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
FRIENDSHIP COMMUNITY FOOD PANTRY 1654 E SAN ANTONIO ST SAN JOSE, CA 95116	90-0519545	501(C)(3)		5,217	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN PABLO YOUTH MENTORING PROGRAM 479 METRO WALK WAY RICHMOND, CA 94801	30-0609534	501(C)(3)		5,137	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MARIANO CASTRO ELEMENTARY 505 ESCUELA AVE MOUNTAIN VIEW, CA 94040	93-0991812	MVUSD		5,110	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE FAMILY GIVING TREE

Employer identification number 77-0284682

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONATED ITEMS

Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013

**Open to Public
Inspection**

Name of the organization
THE FAMILY GIVING TREE

Employer identification number

77-0284682

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE REVIEWED THE 990 PRIOR TO PRESENTATION TO THE BOARD OF DIRECTORS THE BOARD RECEIVED A COPY OF THE 990 VIA E-MAIL PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD MEETING COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING ANYONE ABSENT IS SENT A COPY FOR COMPLETION DISCLOSURE SHOULD BE MADE TO THE EXECUTIVE DIRECTOR (OR TO THE BOARD CHAIR), WHO SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL DISCLOSURE INVOLVING BOARD MEMBERS SHOULD BE MADE TO THE BOARD CHAIR WHO SHALL BRING THE MATTER TO THE BOARD TO DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL 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 BOARD OF DIRECTORS ANNUALLY REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR, CHIEF OPERATING OFFICER, AND CHIEF FINANCIAL OFFICER COMPENSATION IS COMPARED TO ORGANIZATIONS OF SIMILAR SIZE, LOCATION AND COMPLEXITY
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE