

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Form

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 05-01-2023, and ending 04-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final 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 \$ 5,208,668

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

H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: FAMILYGIVINGTREE.ORG

K Form of organization: Corporation

L Year of formation: 1991, M State of legal domicile: CA

Part I Summary

Table with 3 main sections: 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 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a: Summary statistics (voting members, independent members, employees, volunteers, revenue, net income). 7b: Net unrelated business taxable income. 8-12: Revenue (Contributions, program service, investment, other, total). 13-19: Expenses (Grants, benefits, salaries, fundraising, other, total, revenue less expenses). 20-22: Net Assets or Fund Balances (Total assets, total liabilities, net assets).

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 JESS GUTIERREZ CFO, Date 2024-12-13. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01274743, Firm's name ROBERT LEE & ASSOCIATES LLP, Firm's EIN 27-1155496, Firm's address 999 W TAYLOR STREET STE A, SAN JOSE, CA 95126, Phone no. (408) 855-6770.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

BY INSPIRING COMMUNITY KINDNESS, GENEROSITY, AND VOLUNTEERISM. THE FAMILY GIVING TREE FULFILLS EXACT HOLIDAY WISHES AND PROVIDES BACKPACKS FILLED WITH SCHOOL SUPPLIES TO THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ **2,321,538** including grants of \$ **1,181,762**) (Revenue \$)

SINCE ITS FOUNDING IN 1990, THE ORGANIZATION HAS HELD A BELIEF THAT NO ONE SHOULD FEEL FORGOTTEN DURING THE HOLIDAYS. DELIVERING A WISHED-FOR GIFT BRINGS JOY AND HOPE AND DELIVERS THE PRICELESS MESSAGE, "YOU MATTER. YOU HAVE VALUE." THE ORGANIZATION WORKS WITH NEARLY 400 SOCIAL SERVICES AGENCIES (HOMELESS SHELTERS, COMMUNITY CENTERS, REHABILITATION HOUSES, AND VARIOUS NON-PROFIT ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIVE. THESE AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAME AND TWO SPECIFIC WISHES OF THE CHILDREN AND INDIVIDUALS THEY SERVE YEAR-ROUND. A WISH CARD IS PRINTED FOR EACH CHILD OR INDIVIDUAL, DETAILING AGE, GENDER, FIRST NAME, AND THE SPECIFIC GIFT WISHES. THESE WISHES ARE THEN DISTRIBUTED TO MORE THAN 700 VOLUNTEER DRIVE LEADERS (INDIVIDUALS, SOCIAL GROUPS, AND BUSINESSES) WHO DISPLAY WISH CARDS - OFTEN ON HOLIDAY TREES - IN A PUBLIC AREA, SUCH AS A BUSINESS LOBBY. BY SELECTING A WISH CARD, AN INDIVIDUAL COMMITS TO PURCHASING A GIFT TO DONATE FOR THOSE MOST UNDERSERVED DURING THE HOLIDAYS. THE ORGANIZATION HOSTED APPROXIMATELY 3,000 VOLUNTEERS IN 50,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2023 (2,000 VOLUNTEERS IN 50,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2022) WHERE THE DONATED GIFTS ARE THEN SORTED, WRAPPED, AND DISBURSED TO THE ORGANIZATION'S AGENCY PARTNERS FOR DISTRIBUTION. IN ADDITION, THE ORGANIZATION MAINTAINS A VIRTUAL GIVING TREE ON ITS WEBSITE: WWW.FAMILYGIVINGTREE.ORG. DURING THE YEARS ENDED APRIL 30, 2024 AND 2023, THE ORGANIZATION PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 44,000 AND 56,000 CHILDREN, RESPECTIVELY.

4b (Code:) (Expenses \$ **1,915,486** including grants of \$ **1,029,907**) (Revenue \$)

THE ORGANIZATION ALSO HOLDS THE CONVICTION THAT EDUCATION IS THE MOST EFFECTIVE PATH OUT OF POVERTY; AND ACCORDING TO THE US CENSUS BUREAU, ALMOST ONE OUT OF EVERY FOUR CALIFORNIA CHILDREN ARE CURRENTLY LIVING BELOW THE FEDERAL POVERTY LINE. TOO OFTEN, THESE CHILDREN LACK THE MOST BASIC SCHOOL SUPPLIES AND EDUCATIONAL TOOLS REQUIRED FOR LEARNING AND HOMEWORK. THE ORGANIZATION'S BACK-TO-SCHOOL DRIVE AIMS TO CLOSE THE EDUCATIONAL GAP FOR CHILDREN FROM LOW-INCOME FAMILIES, BY PROVIDING BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES. USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES TO APPROXIMATELY 42,000 K-12 STUDENTS, WHO QUALIFY FOR THE FEDERAL FREE AND REDUCED PRICE MEAL PROGRAM, DURING BOTH YEARS ENDED APRIL 30, 2024 AND 2023. OVER 500 DRIVE LEADERS VOLUNTEERED TO ASSIST IN DISPLAYING BACKPACK AND SCHOOL SUPPLY LIST CARDS TO SUPPORT THE GOAL OF THE BACK-TO-SCHOOL DRIVE. THE ORGANIZATION HOSTED APPROXIMATELY 350 DRIVE LEADERS AND 2,000 VOLUNTEERS IN 50,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST 2023 AND 300 DRIVE LEADERS AND 300 VOLUNTEERS IN 50,000 SQUARE FEET IN AUGUST 2022, TO SORT, FILL, AND DISTRIBUTE THE BACKPACKS TO QUALIFYING SCHOOLS. APPROXIMATELY 200 SCHOOLS AND NONPROFIT AGENCIES RECEIVED THE FILLED BACKPACKS FOR DISTRIBUTION TO QUALIFYING K-12 STUDENTS.

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** **4,237,024**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17 with various questions and input fields.

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed C A , OR 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain 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, address, and telephone number of the person who possesses the organization's books and records: JESS R GUTIERREZ CFO 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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) ANDREA BORCH CHAIR	2.00	X		X			0	0	0
(2) DOMINIC MILLS TREASURER	2.00	X		X			0	0	0
(3) SHIELENE HUEY-BOOKER SECRETARY	2.00	X		X			0	0	0
(4) SACHI PATEL DIRECTOR	2.00	X					0	0	0
(5) MALCOLM HUMPHREY DIRECTOR	2.00	X					0	0	0
(6) GAGHON SEKHON DIRECTOR	2.00	X					0	0	0
(7) JOHNS MANSPERGER DIRECTOR	2.00	X					0	0	0
(8) JOELLE HURLSTON DIRECTOR	2.00	X					0	0	0
(9) LEE DU DIRECTOR	2.00	X					0	0	0
(10) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	40.00			X			168,346	0	64,454
(11) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	32.00			X			139,342	0	61,363
(12) CHARLOTTE WOOD DIRECTOR MARKETING & DEVELOPMENT	32.00			X			109,775	0	52,295
(13) JILL MITSCH DEPUTY DIRECTOR	40.00					X	138,671	0	32,466

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns through Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include lines 2a through 2f and a total line 2g.

Table for Other Revenue with columns for (i) Real, (ii) Personal, (i) Securities, and (ii) Other. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or loss, Gross income from fundraising events, Net income or loss from gaming activities, and Gross sales of inventory.

Table for Product Sales and Total Revenue. Includes Business Code 900099 for Product Sales, and Total revenue of 5,208,668.

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 domestic organizations and domestic governments. See Part IV, line 21	2,189,063	2,189,063		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,605	22,605		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	444,468	220,320	199,763	24,385
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	1,383,231	996,913	303,092	83,226
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,438	38,919	16,078	3,441
9 Other employee benefits	194,642	129,630	53,552	11,460
10 Payroll taxes	136,263	90,750	37,490	8,023
11 Fees for services (non-employees):				
a Management	14,931	6,864	7,320	747
b Legal				
c Accounting	35,415		35,415	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,310	36,245	4,321	1,744
12 Advertising and promotion	68,801	54,174	12,967	1,660
13 Office expenses	50,334	23,577	25,763	994
14 Information technology	193,717	129,014	53,297	11,406
15 Royalties				
16 Occupancy	57,518	42,645	12,251	2,622
17 Travel	44,086	29,545	11,207	3,334
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,137	25,399	10,493	2,245
23 Insurance	39,745	26,470	10,935	2,340
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 SUPPLIES	123,407	123,407		
b BANK & MERCHANT FEES	67,772	51,484	13,549	2,739
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,204,883	4,237,024	807,493	160,366
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,111,946	1	1,400,216
	2 Savings and temporary cash investments	211,520	2	271,797
	3 Pledges and grants receivable, net	215,521	3	20,000
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	112,849	9	113,926
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	470,806		
	b Less: accumulated depreciation	358,755	119,294	112,051
	11 Investments—publicly traded securities	1,004,816	11	803,122
	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	619,567	15	604,355
16 Total assets: Add lines 1 through 15 (must equal line 33)	3,395,513	16	3,325,467	
Liabilities	17 Accounts payable and accrued expenses	223,465	17	147,482
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		25	
	26 Total liabilities. Add lines 17 through 25	223,465	26	147,482
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,147,429	27	3,020,087
	28 Net assets with donor restrictions	24,619	28	157,898
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,172,048	32	3,177,985
	33 Total liabilities and net assets/fund balances	3,395,513	33	3,325,467

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	5,208,668
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,204,883
3	Revenue less expenses. Subtract line 2 from line 1	3	3,785
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,172,048
5	Net unrealized gains (losses) on investments	5	2,152
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 32, column (A))	10	3,177,985

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,137,318	6,018,275	4,965,484	5,312,315	5,126,514	27,559,906
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	6,137,318	6,018,275	4,965,484	5,312,315	5,126,514	27,559,906
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) . . .						46,717
6 Public support. Subtract line 5 from line 4.						27,513,189

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	6,137,318	6,018,275	4,965,484	5,312,315	5,126,514	27,559,906
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,416	5,211	3,669	7,927	82,024	104,247
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						27,664,153
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.450 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	99.810 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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 VI 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—2022. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2023. 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.
b 33 1/3% support tests-2022. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

	Yes	No
11a		
11b		
11c		
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2023

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE FAMILY GIVING TREE

Employer identification number
77-0284682

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
THE FAMILY GIVING TREE

Employer identification number
77-0284682

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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Software ID:

Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

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

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for various types of easements and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including checkboxes and dollar amounts.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,638	44,638	0
d Equipment				
e Other		426,168	314,117	112,051
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				112,051

Part VII Investments - Other Securities.

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

(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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	4,850
(2) INVENTORY	599,505
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	604,355

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,544,828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,152	
b	Donated services and use of facilities	2b	334,008	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	336,160	
3	Subtract line 2e from line 1	3	5,208,668	
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	5,208,668	

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

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

1	Total expenses and losses per audited financial statements		1	5,538,891
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	334,008	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	334,008	
3	Subtract line 2e from line 1	3	5,204,883	
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	5,204,883	

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

Additional Data

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Software ID:

Software Version:

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service
Name of the organization: THE FAMILY GIVING TREE
Employer identification number: 77-0284682

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) MOBILIZE LOVE 3321 VICENTE ST SAN FRANCISCO, CA 94115	82-1148375	501(C)(3)	0	61,260	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(2) CITY TEAM MINISTRIES - SAN JOSE 1297 N 13TH ST SAN JOSE, CA 95112	94-1501285	501(C)(3)	0	55,482	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(3) CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)	0	40,127	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(4) UNICEMICAL HUNGER PROGRAM 2411 PULGAS AVE EAST PALO ALTO, CA 94033	94-2476942	501(C)(3)	0	26,751	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(5) COPS THAT CARE (MOUNTAIN VIEW POLICE) 1000 VILLA ST MOUNTAIN VIEW, CA 94039	94-6000379	501(C)(3)	0	26,751	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(6) ELIDE MEMORIAL CHURCH 330 ELLIS ST SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0	26,751	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(7) SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0	26,751	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(8) YOUTH UTILIZING POWER AND PRAISE 1402 WEST EDINGER AVENUE SANTA ANA, CA 92704	80-0436789	501(C)(3)	0	23,621	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(9) SAN PABLO YOUTH MENTORING PROGRAM 479 METRO WALK WAY RICHMOND, CA 94801	30-0609534	501(C)(3)	0	14,981	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(10) THE HOUSE MODESTO 777 SOUTH MAIN STREET MODESTO, CA 95035	94-1294940	501(C)(3)	0	12,038	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(11) THE HOUSE IGLESIA HISPANA 200 EL PASO AVE MODESTO, CA 95351	75-3176516	501(C)(3)	0	12,038	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(12) CITY OF SAN PABLO - YOUTH SERVICES 479 METRO WALK WAY RICHMOND, CA 94801	94-6000423	501(C)(3)	0	10,700	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(13) CROSSSTREETS NEIGHBORHOOD SERVICES 13831 SAN PABLO AVE SAN PABLO, CA 94866	46-4625474	501(C)(3)	0	9,363	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(14) WORKING PARTNERSHIPS USA 20600 JOHN DR SAN JOE VALLEY, CA 94548	77-0387595	501(C)(3)	0	9,363	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(15) A BRIGHTER DAY YOUTH WORK PROGRAM 5025 ALAMEDA DE LAS RUISES SUITE 745 BELMONT, CA 94002	81-3059115	501(C)(3)	0	8,025	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(16) CROSSROAD CALVARY CHURCH 1500 S CARROLL AVE SAN JOSE, CA 95127	77-0536018	501(C)(3)	0	8,025	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(17) RODEO YOUTH MENTORING PROGRAM 142 GARRETTSON AVE RODEO, CA 94572	33-1083297	501(C)(3)	0	8,025	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(18) SAFE SCHOOL CAMPU - CITY OF SAN JOSE 1470 E ADRIAN WAY SAN JOSE, CA 95122	94-6000419	501(C)(3)	0	8,025	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(19) SALINAS CITY ELEMENTARY FRC 1103 SOUTH WOOD ST RM 41 SALINAS, CA 93905	77-0320714	501(C)(3)	0	8,025	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(20) GREENFIELD LION'S CLUB 8 8TH ST GREENFIELD, CA 93927	95-6137141	501(C)(3)	0	7,678	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(21) CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER 921 SOUTH FIRST STREET SUITE B SAN JOSE, CA 95110	94-2762269	501(C)(3)	0	7,357	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(22) AMERICAN INDIAN AIRBORNE 467 SARATOGA AVENUE SUITE 626 SAN JOSE, CA 95129	77-0475265	501(C)(3)	0	6,715	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(23) HOPE SERVICES 5015 COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0	6,688	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(24) ARRIBA JUNTOS 1850 MILSON STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0	6,688	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(25) CURRY SENIOR CENTER 325 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	0	6,688	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(26) YWCA SILICON VALLEY 375 3RD ST SAN JOSE, CA 95112	94-1186196	501(C)(3)	0	6,688	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(27) PATHWAY SOCIETY INC 1599 SCOTT BLVD SUITE 30 SANTA CLARA, CA 95050	94-1688522	501(C)(3)	0	6,554	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(28) MISSION NEIGHBORHOOD PARTNERSHIP 362 CAPP STREET SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(29) NATIVE AMERICAN HEALTH CENTER INC 2648 INTERNATIONAL BLVD STE 202 OAKLAND, CA 94601	23-7135928	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(30) WORLD IMPACT INC 1015 CAMPBELL ST OAKLAND, CA 94607	45-2886242	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(31) TRIAD FAMILY SERVICES 7901 OAKPORT ST OAKLAND, CA 94621	68-0143927	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(32) MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(33) MARINA CHILD DEVELOPMENT CENTER 3066 LAKE DR MARINA, CA 93933	77-0320712	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(34) ALMA NEIGHBORHOOD ASSOCIATION 1498 BRIDGEMAN AVE SAN JOSE, CA 95110	42-1735010	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(35) CITY OF SAN PABLO - SENIOR CENTER 13831 SAN PABLO AVE SAN PABLO, CA 94806	94-6000423	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(36) A BETTER WAY INC 3200 ADELINE ST BERKELEY, CA 94703	93-1190792	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(37) SAN BENITO HIGH SCHOOL DISTRICT MIGRANT EDUCATION 1220 MONTEREY STREET HOLLISTER, CA 95023	77-0208520	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(38) EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST EAST PALO ALTO, CA 94033	94-2911826	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(39) PROJECT HOPE 1694 ADRIAN WAY SAN JOSE, CA 95122	94-6000419	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(40) NEW LIFE CHRISTIAN DAY CARE 1945 CIEGA STREET OAKLAND, CA 94608	94-3402980	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(41) OLIVE CREST 16911 BELLFLOWER BLVD BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(42) DREAMERS ROADMAP PO BOX 52113 PALO ALTO, CA 94303	47-4689664	501(C)(3)	0	5,350	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(43) FAMILY HOUSE INC 540 MISSION BAY BLVD NORTH SAN FRANCISCO, CA 94158	94-2722663	501(C)(3)	0	5,323	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(44) NEW MISSION COMMUNITY DEVELOPMENT CORPORATION 2098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095	501(C)(3)	0	5,270	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
(45) BAY AREA DEPUTY SHERIFFS' CHARITABLE FOUNDATION (BADSCF) 460 BRANNAN ST SUITE 77650 SAN FRANCISCO, CA 94107	30-0287554	501(C)(3)	0	32,016	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(46) LOS BANOS UNIFIED SCHOOL DISTRICT 1717 SOUTH 11TH STREET LOS BANOS, CA 93635	52-2018057	501(C)(3)	0	22,285	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(47) CARR INTERMEDIATE SCHOOL 1402 WEST EDINGER AVENUE SANTA ANA, CA 92704	95-6002823	501(C)(3)	0	19,611	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(48) SANTA CLARA UNIFIED SCHOOL DISTRICT 1889 LAWRENCE ROAD SANTA CLARA, CA 95051	77-0272168	501(C)(3)	0	18,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(49) PAJARO VALLEY - MIGRANT EDUCATION PROGRAM 294 GREEN VALLEY ROAD WATSONVILLE, CA 95076	77-0375541	501(C)(3)	0	17,457	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(50) CITY TEAM MINISTRIES - SAN JOSE 1297 N 13TH ST SAN JOSE, CA 95112	94-1501265	501(C)(3)	0	16,900	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(51) CARMEL COMMUNITY SCHOOL 1740 PEPPERWOOD DRIVE COLORADO SPRINGS, CO 80910	74-2558196	501(C)(3)	0	16,045	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(52) ST ANTHONY CATHOLIC PARISH 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	0	14,857	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(53) JOHN ADAMS MIDDLE SCHOOL 1525 31ST STREET NORTHWEST 1450 ROCHESTER, MN 55901	41-6002803	501(C)(3)	0	12,480	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(54) TIMBERLINE PK-8 233 EAST MOUNTAIN VIEW AVENUE LONGMONT, CO 80504	84-6014380	501(C)(3)	0	11,663	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(55) DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0	11,143	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(56) BOYS & GIRLS CLUBS OF GREATER SACRAMENTO 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	68-0338324	501(C)(3)	0	10,697	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(57) RUSSO MCENTEE ACADEMY 2851 GAY AVE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0	9,657	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(58) HUBBARD MEDIA ARTS ACADEMY 1680 FOLEY AVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0	9,285	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(59) BELLE HAVEN ELEMENTARY SCHOOL 415 IVY DR MENLO PARK, CA 94025	77-0209800	501(C)(3)	0	9,285	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(60) APITUD COMMUNITY ACADEMY AT GOSS 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	501(C)(3)	0	9,285	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(61) DONALD J MEYER ELEMENTARY SCHOOL 1824 DAYTONA DR SAN JOSE, CA 95122	77-0016360	501(C)(3)	0	9,100	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(62) ANTIOCH HIGH SCHOOL 700 W 18TH ST ANTIOCH, CA 94509	86-1134505	501(C)(3)	0	8,357	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(63) ESCUELA POPULAR BILINGUAL FAMILY LEARNING CENTER 407 EL PASO RD SAN JOSE, CA 95127	77-0354277	501(C)(3)	0	8,357	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(64) SANTEE ELEMENTARY SCHOOL 1313 AUBURN DR SAN JOSE, CA 95122	77-0059025	501(C)(3)	0	8,357	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(65) COX ACADEMY EDUCATION FOR CHANGE 9850 SUNNYSIDE ST OAKLAND, CA 94603	20-2204424	501(C)(3)	0	8,357	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(66) ANTIOCH MIDDLE SCHOOL 1500 D ST ANTIOCH, CA 94509	86-1134505	501(C)(3)	0	8,357	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(67) ENCOMPASS ACADEMY 1025 81ST AVE OAKLAND, CA 94621	43-2014630	501(C)(3)	0	7,985	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(68) SUNSET MIDDLE SCHOOL 1300 SOUTH SUNSET STREET LONGMONT, CO 80501	84-6014380	501(C)(3)	0	7,948	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(69) FRANKLIN ELEMENTARY - OAKLAND 915 FOOTHILL BLVD OAKLAND, CA 94606	94-6000385	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(70) GRANT ELEMENTARY - SAN JOSE 470 E JACKSON ST SAN JOSE, CA 95112	94-6002606	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(71) OAKLAND HIGH SCHOOL 1023 MACARTHUR BLVD OAKLAND, CA 94610	43-2014630	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(72) LUTHER BURBANK ELEMENTARY SCHOOL 4 WARBASH AVE SAN JOSE, CA 95128	77-0323113	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(73) WASHINGTON ELEMENTARY SCHOOL 100 OAK ST SAN JOSE, CA 95110	94-6002606	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(74) LYNDAL ELEMENTARY 13901 NORDVYKE DR SAN JOSE, CA 95127	94-2581686	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(75) OLIVE CREST 16911 BELLFLOWER BLVD BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(76) SAN BENITO HIGH SCHOOL DISTRICT MIGRANT EDUCATION 1220 MONTEREY STREET HOLLISTER, CA 95023	77-0208520	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(77) YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE SAN JOSE, CA 95122	94-2864184	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(78) EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST EAST PALO ALTO, CA 94033	94-2911826	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(79) ACHIEVE ACADEMY 1700 38TH AVE OAKLAND, CA 94601	20-2204424	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(80) SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0	7,428	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(81) SAN JOSE CONSERVATION CORPS 2650 SENECA ROAD SAN JOSE, CA 95111	77-0155997	501(C)(3)	0	7,057	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(82) LINDA VISTA ELEMENTARY SCHOOL 404 KIRK AVE SAN JOSE, CA 95127	94-2581686	501(C)(3)	0	6,500	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(83) PAINTER ELEMENTARY SCHOOL 500 ROUGH AND READY RD SAN JOSE, CA 95133	77-0016360	501(C)(3)	0	6,500	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(84) MARIANO CASTRO ELEMENTARY 505 ESCUELA AVE MOUNTAIN VIEW, CA 94040	93-0991812	501(C)(3)	0	6,500	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(85) BACHRODT CHARTER ACADEMY 1002 ONORA AVE SAN JOSE, CA 95110	94-6002606	501(C)(3)	0	6,500	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(86) HOLLISTER UNIFIED SCHOOL DISTRICTS - MIGRANT EDUCATION 1402 MONTEREY STREET HOLLISTER, CA 95023	77-0272168	501(C)(3)	0	6,500	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(87) YOUTH UTILIZING POWER AND PRAISE (YUPA) PO BOX 51353 PALO ALTO, CA 94303	80-0436789	501(C)(3)	0	5,980	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(88) GREENFIELD LION'S CLUB 8 8TH ST GREENFIELD, CA 93927	95-6137141	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(89) JOSEPH GEORGE MIDDLE 277 MAHONEY DR SAN JOSE, CA 95127	77-0016360	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(90) SAN ANTONIO ELEMENTARY SCHOOL 1221 S SAN ANTONIO ST SAN JOSE, CA 95116	77-0016360	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(91) SAN FRANCISCO ADULT PROBATION 945 BRYANT STREET SAN FRANCISCO, CA 94103	94-6000417	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(92) SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR SAN JOSE, CA 95122	77-0016360	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(93) MARSH ELEMENTARY SCHOOL 2304 G ST ANTIOCH, CA 94509	86-1134505	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(94) OCALA MIDDLE SCHOOL 2800 OCALA AVE SAN JOSE, CA 95148	77-0016360	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(95) BRIDGES ACADEMY 1702 MCGLAHLIN AVE SAN JOSE, CA 95122	77-0059025	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(96) AROMAS SAN JUAN UNIFIED - MIGRANT EDUCATION 2300 SAN JUAN HWY SAN JUAN BAUTISTA, CA 95045	77-0431330	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(97) RYAN STEAM ACADEMY 1241 MCGINNNESS AVE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(98) ALPHA JOSE HERNANDEZ ELEMENTARY 1601 CUNNINGHAM AVE SAN JOSE, CA 95122	77-0272168	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(99) SHEPPARD MIDDLE SCHOOL 480 ROUGH AND READY RD SAN JOSE, CA 95133	77-0016360	501(C)(3)	0	5,571	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
(100) CABRILLO UNIFIED SCHOOL DISTRICT MIGRANT EDUCATION 498 KELLY AVE HALF MOON BAY, CA 94019	77-0272168	501(C)(3)	0	5,571	ESTIMATE		

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TOYS AND CLOTHING	845		22,605	ESTIMATE	HOLIDAY WISH DRIVE
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FAMILY GIVING TREE

Employer identification number

77-0284682

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE SURVEY USED FOR COMPENSATION ANALYSIS IS "FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS."

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FAMILY GIVING TREE

Employer identification number

77-0284682

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	5,651	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TOYS AND CLOTHING)	X	25,918	901,169	FMV
26 Other (BACKPACKS)	X	5,657	521,665	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization
THE FAMILY GIVING TREE**Employer identification number**

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Return Reference	Explanation
CONTINUED: PART III, LINE 1:	THE ORGANIZATION COUNTS MANY OF THE BAY AREA'S LEADING COMPANIES AMONG ITS LOYAL SUPPORTERS, INCLUDING APPLE, CISCO, DOLBY, FACEBOOK, GOOGLE, INTUIT, KAISER PERMANENTE, PAYPAL, SALESFORCE.COM, WELLS FARGO, WESTERN DIGITAL AND MANY MORE. THE GENEROUS DONATION OF KEY ASSETS KEEPS PROGRAM SPENDING IN CHECK, ESPECIALLY THE DONATION OF OVER 110,000 SQUARE FEET OF WAREHOUSE SPACE TO HOUSE VOLUNTEERS AND MANAGE TWO DRIVES. IN A COMMUNITY KNOWN FOR HIGH-TECH PROWESS, FGT SUPPORTERS ESPECIALLY APPRECIATE THE BACK-TO-SCHOOL DRIVE'S SUPPORT FOR 'STEAM' (SCIENCE, TECHNOLOGY, ART, ENGINEERING AND MATH) IN THE CLASSROOM.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY IS EMAILED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING. COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION. DISCLOSURE OF CONFLICT INVOLVING BOARD DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR WHO SHALL BRING THE MATTER TO THE BOARD TO DETERMINE WHETHER A MATERIAL CONFLICT EXISTS. IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR AND REASONABLE TO THE FAMILY GIVING TREE. IT WILL BE UP TO THE BOARD'S SOLE DISCRETION TO DETERMINE THE MATTER, TAKING INTO CONSIDERATION THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS PURPOSE.
FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNANCE COMMITTEE ANNUALLY REVIEWS THE CEO AND USES AN NPO SURVEY TO EVALUATE CEO COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.
PART XII, LINE 2C:	THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE THAT ASSUMES OVERSIGHT OVER THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OVER THE INDEPENDENT ACCOUNTANTS. NO CHANGE TO THE PROCESS OCCURRED FOR THE FISCAL YEAR ENDED 2024.

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