

Form **990**

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **APR 1, 2010** and ending **MAR 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FAMILY GIVING TREE		D Employer identification number 77-0284682
	Doing Business As		E Telephone number (408) 946-3111
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	606 VALLEY WAY		G Gross receipts \$ 3,311,537.
City or town, state or country, and ZIP + 4 MILPITAS, CA 95035		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JENNIFER CULLENBINE PIET SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: FAMILYGIVINGTREE.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 21
	6 Total number of volunteers (estimate if necessary) 6 6419
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	3,262,479.
9 Program service revenue (Part VIII, line 2g)	52,713.	12,071.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,724.	10,735.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,459.	0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,323,375.	3,311,537.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,942,150.	2,212,432.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	705,155.	943,228.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,527.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	504,811.	562,615.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,152,116.	3,718,275.	
19 Revenue less expenses. Subtract line 18 from line 12	171,259.	<406,738.>	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	1,706,340.
21 Total liabilities (Part X, line 26)	151,297.	137,916.	
22 Net assets or fund balances. Subtract line 21 from line 20	1,555,043.	1,158,567.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JENNIFER CULLENBINE PIETRASIK, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LYNN A. HENLEY				
Paid Preparer Use Only	Firm's name ▶	Firm's EIN ▶			
	HOOD & STRONG LLP, CPAS				
Paid Preparer Use Only	Firm's address ▶	Phone no. (415) 781-0793			
	100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105				

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 to any question in this Part III

1 Briefly describe the organization's mission: THE FAMILY GIVING TREE EXISTS TO PROVIDE THE EXACT HOLIDAY WISH, OR A BACKPACK FILLED WITH SCHOOL SUPPLIES TO THOSE CHILDREN IN THE MOST NEED IN OUR COMMUNITIES WHILE STRIVING TO INSPIRE THE VALUES OF KINDNESS, PHILANTHROPY AND VOLUNTEERISM.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,306,493. including grants of \$ 1,615,075.) (Revenue \$ 12,071.)

HOLIDAY WISH PROGRAM - FOR 21 YEARS, THE FAMILY GIVING TREE HAS WORKED WITH 244 BAY AREA SOCIAL SERVICE AGENCIES THAT SUPPLY THE ORGANIZATION WITH THE NAMES AND WISHES OF THE CHILDREN THEY SERVE YEAR-ROUND. DURING THE YEAR ENDED MARCH 31, 2011, WITH THE HELP OF 6,500 VOLUNTEERS, THE FAMILY GIVING TREE PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 63,000 CHILDREN IN 15 BAY AREA COUNTIES AND THE CALIFORNIA CENTRAL VALLEY. A WISH CARD IS PRINTED FOR EACH CHILD, DETAILING AGE, GENDER, FIRST NAME AND HOLIDAY GIFT WISH. THESE WISHES ARE THEN DISPLAYED AT OVER 1,000 BAY AREA HOST COMPANIES AND SCHOOLS AND ON THE FAMILY GIVING TREE WEBSITE: WWW.FAMILYGIVINGTREE.ORG. EACH OF OUR GENEROUS DONORS SELECTS A WISH CARD AND PLEDGES TO PURCHASE A GIFT FOR A CHILD IN NEED.

4b (Code:) (Expenses \$ 853,086. including grants of \$ 597,357.) (Revenue \$)

BACK-TO-SCHOOL BACKPACK PROGRAM - IN ITS 16TH YEAR. USING A SIMILAR METHOD OF OPERATION, THE FAMILY GIVING TREE WORKS WITH 117 LOW-INCOME BAY AREA SCHOOLS PROVIDING SUPPLY-FILLED BACKPACKS TO STUDENTS ELIGIBLE FOR THE FEDERAL FREE OR REDUCED LUNCH MEAL PROGRAM (WHICH QUALIFIES THEIR NEED FOR ASSISTANCE). IN LATE SUMMER OF 2010, THE BACK TO SCHOOL PROGRAM PROVIDED SCHOOL SUPPLIES AND BACKPACKS TO APPROXIMATELY 18,200 LOW INCOME CHILDREN. THE ORGANIZATION HOSTED APPROXIMATELY 525 VOLUNTEERS IN 220,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST 2010 TO PACK AND DISTRIBUTE THE CHILDREN'S BACKPACKS.

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

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

4e Total program service expenses 3,159,579.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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 Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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 (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	3288731.				
	g	Noncash contributions included in lines 1a-1f: \$	1864655.				
	h	Total. Add lines 1a-1f		3288731.			
Program Service Revenue	2 a	AGENCY FEES	Business Code 624100	12,071.	12,071.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		12,071.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,286.		9,286.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses					
		Gain or (loss)	1,449.				
		Net gain or (loss)			1,449.		1,449.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.			3311537.	12,071.	0.	
						10,735.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,212,432.	2,212,432.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	267,484.	169,860.	54,552.	43,072.
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	473,963.	307,993.	77,452.	88,518.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,100.	6,414.	2,060.	1,626.
9 Other employee benefits	130,523.	82,886.	26,620.	21,017.
10 Payroll taxes	61,158.	38,837.	12,473.	9,848.
11 Fees for services (non-employees):				
a Management	18,906.	12,006.	3,856.	3,044.
b Legal	549.	349.	112.	88.
c Accounting	101,251.	64,297.	20,650.	16,304.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	54,665.	34,714.	11,148.	8,803.
13 Office expenses	79,448.	50,452.	16,203.	12,793.
14 Information technology	23,452.	14,893.	4,783.	3,776.
15 Royalties				
16 Occupancy	31,900.	20,256.	6,507.	5,137.
17 Travel	22,522.	13,997.	8,213.	312.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,007.	2,073.	18,220.	714.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,857.	46,901.	15,063.	11,893.
23 Insurance	9,832.	6,244.	2,005.	1,583.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING	102,390.	65,021.	20,882.	16,487.
b BANK/MERCHANT CHARGES	15,598.	9,905.	3,181.	2,512.
c DUES & SUBSCRIPTIONS	7,238.	49.	7,189.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,718,275.	3,159,579.	311,169.	247,527.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	106,905.	1	277,406.	
	2 Savings and temporary cash investments	1,088,355.	2	552,085.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,358.	4	4,422.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net	2,806.	7	2,200.	
	8 Inventories for sale or use	50,954.	8		
	9 Prepaid expenses and deferred charges	13,290.	9	13,661.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 480,126.			
	b Less: accumulated depreciation	10b 279,681.	214,167.	10c 200,445.	
	11 Investments - publicly traded securities	128,017.	11	139,136.	
	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	99,488.	15	107,128.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,706,340.	16	1,296,483.		
Liabilities	17 Accounts payable and accrued expenses	59,659.	17	39,668.	
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	91,638.	25	98,248.	
	26 Total liabilities. Add lines 17 through 25	151,297.	26	137,916.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,555,043.	27	1,158,567.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,555,043.	33	1,158,567.	
34 Total liabilities and net assets/fund balances	1,706,340.	34	1,296,483.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,311,537.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,718,275.
3	Revenue less expenses. Subtract line 2 from line 1	3	<406,738.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,555,043.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,262.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,158,567.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,969,342.	3,459,023.	3,555,838.	3,262,479.	3,294,245.	16,540,927.
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	2,969,342.	3,459,023.	3,555,838.	3,262,479.	3,294,245.	16,540,927.
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)						
6 Public support. Subtract line 5 from line 4.						16,540,927.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,969,342.	3,459,023.	3,555,838.	3,262,479.	3,294,245.	16,540,927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,230.	25,563.	14,536.	10,022.	9,286.	86,637.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		900.		2,459.	3.	3,362.
11 Total support. Add lines 7 through 10						16,630,926.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.46	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.36	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

THE FAMILY GIVING TREE

77-0284682

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>77,961.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part II Noncash Property (see instructions)

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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.) ▶ \$

(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,928.	10,443.	7,485.
d Equipment				
e Other		462,198.	269,238.	192,960.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				200,445.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) 457(F) PLAN ASSETS	98,248.
(2) DEPOSITS	8,880.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	107,128.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) 457(F) PLAN PAYABLE	98,248.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	98,248.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,311,537.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,718,275.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<406,738.>
4	Net unrealized gains (losses) on investments	4	10,262.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	10,262.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<396,476.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,602,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	10,262.
b	Donated services and use of facilities	2b	280,734.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	290,996.
3	Subtract line 2e from line 1	3	3,311,537.
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 XIV.)	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	3,311,537.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,999,009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	280,734.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	280,734.
3	Subtract line 2e from line 1	3	3,718,275.
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 XIV.)	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	3,718,275.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: IN JUNE 2006, THE FASB ISSUED ASC 740-10 (FORMERLY

INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, (FIN 48)). ASC 740-10 PROVIDES GUIDANCE ON RECOGNITION AND MEASUREMENT OF UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS BY PRESCRIBING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. EFFECTIVE APRIL 1, 2009 THE ORGANIZATION IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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 II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (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
ADELANTE DUAL LANGUAGE ACADEMY 2999 RIDGEMONT AVENUE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	6,414.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
ALUM ROCK EDUCATION FOUNDATION 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0523774	501(C)(3)	0.	7,931.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
ALUM ROCK SCHOOL DISTRICT - MIGRANT EDUCATION - 2930 GAY AVENUE - SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	6,734.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE, #626 SAN JOSE, CA 95129	77-0475365	501(C)(3)	0.	11,523.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
AMERICAN INDIAN EDUCATION CENTER 749 STORY ROAD, SUITE 30 SAN JOSE, CA 95122	77-0457957	501(C)(3)	0.	5,237.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	14,965.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

- 2** Enter total number of section 501(c)(3) and government organizations **80.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CALIFORNIA YOUTH OUTREACH PROJECT PRIDE - 224 N 27TH STREET - SAN JOSE, CA 95116	77-0170677	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CALVARY TEMPLE 1601 COFFEE ROAD MODESTO, CA 95355	32-0251500	501(C)(3)	0.	59,860.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CARITAS FELICES AT CENTRAL APOSTALIC CHURCH - 77 N 5TH STREET - SAN JOSE, CA 95112		501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE B - SAN JOSE, CA 95110	94-2762269	501(C)(3)	0.	8,231.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CENTRAL VALLEY PROJECT	94-3454932	501(C)(3)	0.	145,759.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CHILDREN'S SYSTEM OF CARE 1305 EVANS AVENUE SAN FRANCISCO, CA 94124	94-6000417	501(C)(3)	0.	5,238.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CITY OF SAN JOSE YOUTH INTERVENTION SERVICES - 137 N WHITE ROAD - SAN JOSE, CA 95127	94-6000419	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CITY OF SAN PABLO YOUTH SERVICES 13831 SAN PABLO AVENUE, BLDG 6 SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	9,129.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY TEAM MINISTRIES - OAKLAND 772 WASHINGTON STREET OAKLAND, CA 94607	94-1501285	501(C)(3)	0.	14,965.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CITY TEAM MINISTRIES - SAN JOSE 2304 ZANKER ROAD SAN JOSE, CA 95131	94-1501285	501(C)(3)	0.	167,608.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
COPS THAT CARE (MOUNTAIN VIEW POLICE) - 1000 VILLA STREET - MOUNTAIN VIEW, CA 94040	94-6003791	501(C)(3)	0.	44,895.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
DEPARTMENT OF ALCOHOL & DRUG SERVICES - 976 LENZEN AVENUE, #10 - SAN JOSE, CA 95126	94-6000533	501(C)(3)	0.	11,759.	FMV	TOYS & CLOTHING; BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	17,060.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER STREET EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	74,825.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
EDEN PALMS APARTMENTS - CATALONIA 5398 MONTEREY ROAD SAN JOSE, CA 95111	94-3315887	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
FAMILY GIVING TREE - ADOPT-A-FAMILY - 606 VALLEY WAY - MILPITAS, CA 95035	77-0284682	501(C)(3)	0.	23,196.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GEORGE MAYNE SCHOOL 502 ILLINOIS AVENUE SAN JOSE, CA 95125	77-0219105	501(C)(3)	0.	5,498.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	74,825.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
IDYLVWOOD CARE CENTER 1002 W FREMONT AVENUE SUNNYVALE, CA 94087	82-0586436	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
INNVISION OPPORTUNITY CENTER CLOTHES CLOSET - 33 ENCINA AVENUE - PALO ALTO, CA 94301	77-0033628	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
INNVISION THE WAY HOME 974 WILLOW STREET SAN JOSE, CA 95125	77-0033628	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
KAPPA ALPHA PSI FRATERNITY INC. (BERKELEY ALUMNI) - UNIVERSITY OF CALIFORNIA - BERKELEY, CA 94720	94-2529785	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
KINGZ KIDZ 799 ELLERBROOK STREET MOUNTAIN HOUSE, CA 95391		501(C)(3)	0.	15,264.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
KINSHIP RESOURCE CENTER - CATHOLIC CHARITIES - 1908 SENTER ROAD - SAN JOSE, CA 95112	94-2762269	501(C)(3)	0.	11,224.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
LOAVES & FISHES FAMILY KITCHEN 508 VALLEY WAY MILPITAS, CA 95035	77-0370874	501(C)(3)	0.	8,829.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LUCHA ELEMENTARY SCHOOL 1250 SOUTH KING ROAD SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,773.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
MERCY HOUSING 1360 MISSION STREET, SUITE 300 SAN FRANCISCO, CA 94103	94-3081666	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
MILPITAS FIREFIGHTERS 777 SOUTH MAIN STREET MILPITAS, CA 95035	94-6019192	501(C)(3)	0.	11,972.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
MILPITAS UNIFIED SCHOOL DISTRICT 2225 EDSEL DRIVE MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	22,448.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
MISSION NEIGHBORHOOD CENTERS / HEAD START - 362 CAPP STREET - SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	11,373.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
MOTHER BRANCH HOMELESS SHELTER 2584 FARRINGTON WAY EAST PALO ALTO, CA 94303		501(C)(3)	0.	43,398.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
NEW LIFE CHRISTIAN DAY CARE 37048 CONTRA COSTA AVENUE FREMONT, CA 94536	94-3402980	501(C)(3)	0.	5,417.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
NEW MISSION OUTREACH 3098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095	501(C)(3)	0.	8,380.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	0.	17,060.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
OAKLAND CHILDREN'S SERVICES 7200 BANCROFT AVE, SUITE 125-D OAKLAND, CA 94605	94-3123480	501(C)(3)	0.	5,238.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
OHLONE CHYNOWETH COMMONS, CITY OF SAN JOSE - 5300 TERNER WAY - SAN JOSE, CA 95136	94-3315887	501(C)(3)	0.	5,836.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
OUTREACH 95117 PROGRAM 3207 WILLIAMSBURG DRIVE, #4 SAN JOSE, CA 95117	94-2598855	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
PARENT PROJECT 70 WEST HEDDING ST., WEST WING SAN JOSE, CA 95110	94-2864814	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
PRENATAL ADVANTAGE BLACK INFANT HEALTH - 2415 UNIVERSITY AVENUE, 2ND FLOOR - EAST PALO ALTO, CA 94303	94-6000532	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
RANCHO MIDDLE SCHOOL 1915 YELLOWSTONE AVENUE MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	6,873.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
RENAISSANCE ACADEMY 1720 HOPKINS DRIVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,635.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
RESOLVE TO STOP VIOLENCE 1 DR. CARLTON GOODLETT PLACE SAN FRANCISCO, CA 94102	94-6000417	501(C)(3)	0.	6,414.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ROBERT RANDALL ELEMENTARY SCHOOL 1300 EDSEL DRIVE MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	6,414.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
ROGERS ELEMENTARY SCHOOL 2999 RIDGEMONT AVENUE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	6,873.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
SACRED HEART COMMUNITY SERVICES 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	23-7179787	501(C)(3)	0.	60,668.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SALVATION ARMY - SAN JOSE 359 N 4TH STREET SAN JOSE, CA 95112	94-1170408	501(C)(3)	0.	44,895.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SAN FRANCISCO RESCUE MISSION 230 JONES STREET SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	89,790.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SAN JOSE UNIFIED SCHOOL DISTRICT HOMELESS CHILDREN PROGRAM - 1149 EAST JULIAN STREET, BUILDING G - SAN JOSE, CA 95116	94-6002606	501(C)(3)	0.	5,028.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT REGION 5 - 614 TULLY ROAD - SAN JOSE, CA 95111	94-6000533	501(C)(3)	0.	9,159.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SJB CHILD DEVELOPMENT CENTERS 1400 PARKMOOR AVENUE, SUITE 220 SAN JOSE, CA 95126	94-1747079	501(C)(3)	0.	14,964.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - EDENVALE ROUNDTABLE COMMUNITY ASSOCIATION - 285 AZUCAR AVENUE - SAN JOSE, CA 95111	77-0427923	501(C)(3)	0.	8,829.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SNI - GARNDER COMMUNITY CENTER 520 WEST VIRGINIA STREET SAN JOSE, CA 95124	77-0427923	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - HANK LOPEZ COMMUNITY CENTER 1694 ADRIAN WAY SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - KONA NEIGHBORHOOD ASSOCIATION - 1535 SANTEE DRIVE - SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - MCKINLEY BONITA ASSOCIATION 651 MACREDES AVENUE SAN JOSE, CA 95116	77-0427923	501(C)(3)	0.	14,366.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - OLINDER NEIGHBORHOOD ASSOCIATION - 848 EAST WILLIAM STREET - SAN JOSE, CA 95116	77-0427923	501(C)(3)	0.	17,538.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - SANTEE CAT 1535 SANTEE DRIVE SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - WASHINGTON ELEMENTARY SCHOOL 100 OAK STREET SAN JOSE, CA 95110	77-0427923	501(C)(3)	0.	19,604.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SNI - WINCHESTER/BLACKFORD 3707 WILLIAMS ROAD SAN JOSE, CA 95117	77-0427923	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SOMOS MAYFAIR 370-B SOUTH KING ROAD SAN JOSE, CA 95116	77-0499913	501(C)(3)	0.	10,475.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SPANGLER ELEMENTARY SCHOOL 140 NORTH ABBOTT MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	6,873.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
ST. VINCENT DE PAUL SOCIETY 1375 CARLTON AVENUE MENLO PARK, CA 94025	94-1376833	501(C)(3)	0.	23,944.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)(3)	0.	85,001.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
TAFT ELEMENTARY SCHOOL 903 10TH AVENUE REDWOOD CITY, CA 94063	94-3084018	501(C)(3)	0.	5,040.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
TODAY'S YOUTH MATTER 469 VALLEY WAY MILPITAS, CA 95035	94-3176545	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
VALLEY CHURCHES UNITED MISSIONS 9400 CALIFORNIA 9 BEN LOMOND, CA 95005	77-0163322	501(C)(3)	0.	17,958.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
VALLEY HOUSE CARE CENTER 991 CLYDE AVENUE SANTA CLARA, CA 95054	23-2779765	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
VINCI PARK ELEMENTARY SCHOOL 1311 VINCI PARK WAY SAN JOSE, CA 95131	58-2173450	501(C)(3)	0.	5,498.	FMV	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
VOVINAM VIET VO DAO AMERICA 1821 QUIMBY ROAD SAN JOSE, CA 95122	77-0126463	501(C)(3)	0.	5,687.	FMV	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN

LHA

Schedule I (Form 990)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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 from the organization or a related organization?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JENNIFER CULLENBINE	(i)	99,900.	0.	11,250.	26,016.	15,444.	152,610.	0.
1 PIETRASIK	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B: THE ORGANIZATION MADE A CONTRIBUTION OF \$15,516 TO THE
IRC 457(F) PLAN ESTABLISHED FOR JENNIFER CULLENBINE PIETRASIK, THE
EXECUTIVE DIRECTOR.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT CULLENBINE	RELATIVE OF EXECUTI	7,299.	PROVISION O		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT CULLENBINE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF EXECUTIVE DIRECTOR AND FORMER OFFICER OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PROVISION OF CONSULTING SERVICES TO THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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				
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 ▶ (<u>HOLIDAY GIFTS</u>)	X	10,000	1,872,655.	COST
26 Other ▶ (_____)				
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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not 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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF DONATED ITEMS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

FORM 990, PART VI, SECTION B, LINE 11: EACH BOARD MEMBER IS PROVIDED A COPY OF THE 990. THE AUDIT AND THE FINANCE COMMITTEES OF THE BOARD OF DIRECTORS REVIEW AND APPROVE THE FORM 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD MEETING. COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEW THE PERFORMANCE AND COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER ANNUALLY USING COMPENSATION SURVEY INFORMATION PREPARED BY COMPASS POINT. THE CHIEF FINANCIAL OFFICER IS AN OUTSIDE CONSULTANT, AND HIS COMPENSATION PACKAGE IS ALSO DETERMINED THROUGH THE ABOVE PROCESS.

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, AND THE FORM 990 IS POSTED BOTH ON THE ORGANIZATION'S WEBSITE AND ON THE GUIDESTAR WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 10,262.

FORM 990, PART XII, LINE 2C: THE ROLE AND FUNCTION OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR.