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CLIENT'S COPY

Robert Lee & Associates, LLP
999 W. Taylor Street, Suite A
San Jose, CA 95126
408-855-6770

December 13, 2024

The Family Giving Tree
606 Valley Way
Milpitas, CA 95035
Attention: Jess Gutierrez

Dear Jess:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by March 17, 2025.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before March 17, 2025 to:

Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$400, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Nicholas Petersen
Certified Public Accountant

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning MAY 1, 2023, and ending APR 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE FAMILY GIVING TREE

EIN or SSN

77-0284682

Name and title of officer or person subject to tax **JESS GUTIERREZ**
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,208,668.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ROBERT LEE & ASSOCIATES, LLP** to enter my PIN **95035**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77543195110

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. THE FAMILY GIVING TREE	Taxpayer identification number (TIN) 77-0284682
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 606 VALLEY WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILPITAS, CA 95035	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JESS R. GUTIERREZ, CFO**
606 VALLEY WAY - MILPITAS, CA 95035

Telephone No. **(408) 946-3111** Fax No. _____

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

1 I request an automatic 6-month extension of time until **MARCH 17**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **MAY 1**, 20 **23**, and ending **APR 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning MAY 1, 2023 and ending APR 30, 2024

B Check if applicable: C Name of organization THE FAMILY GIVING TREE D Employer identification number 77-0284682
E Telephone number 4089463111
G Gross receipts \$ 5,208,668.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: FAMILYGIVINGTREE.ORG
K Form of organization: Corporation Trust Association Other L Year of formation: 1991 M State of legal domicile: CA

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BY INSPIRING COMMUNITY KINDNESS, GENEROSITY, AND VOLUNTEERISM. THE FAMILY GIVING TREE FULFILLS EXACT HOLIDAY WISHES AND PROVIDES BACKPACKS FILLED WITH SCHOOL SUPPLIES TO THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,321,538. including grants of \$ 1,181,762.) (Revenue \$) SINCE ITS FOUNDING IN 1990, THE ORGANIZATION HAS HELD A BELIEF THAT NO ONE SHOULD FEEL FORGOTTEN DURING THE HOLIDAYS. DELIVERING A WISHED-FOR GIFT BRINGS JOY AND HOPE AND DELIVERS THE PRICELESS MESSAGE, "YOU MATTER. YOU HAVE VALUE." THE ORGANIZATION WORKS WITH NEARLY 400 SOCIAL SERVICES AGENCIES (HOMELESS SHELTERS, COMMUNITY CENTERS, REHABILITATION HOUSES, AND VARIOUS NON-PROFIT ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIVE. THESE AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAME AND TWO SPECIFIC WISHES OF THE CHILDREN AND INDIVIDUALS THEY SERVE YEAR-ROUND. A WISH CARD IS PRINTED FOR EACH CHILD OR INDIVIDUAL, DETAILING AGE, GENDER, FIRST NAME, AND THE SPECIFIC GIFT WISHES. THESE WISHES ARE THEN DISTRIBUTED TO MORE THAN 700 VOLUNTEER DRIVE LEADERS (INDIVIDUALS, SOCIAL GROUPS, AND

4b (Code:) (Expenses \$ 1,915,486. including grants of \$ 1,029,907.) (Revenue \$) THE ORGANIZATION ALSO HOLDS THE CONVICTION THAT EDUCATION IS THE MOST EFFECTIVE PATH OUT OF POVERTY; AND ACCORDING TO THE US CENSUS BUREAU, ALMOST ONE OUT OF EVERY FOUR CALIFORNIA CHILDREN ARE CURRENTLY LIVING BELOW THE FEDERAL POVERTY LINE. TOO OFTEN, THESE CHILDREN LACK THE MOST BASIC SCHOOL SUPPLIES AND EDUCATIONAL TOOLS REQUIRED FOR LEARNING AND HOMEWORK. THE ORGANIZATION'S BACK-TO-SCHOOL DRIVE AIMS TO CLOSE THE EDUCATIONAL GAP FOR CHILDREN FROM LOW-INCOME FAMILIES, BY PROVIDING BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES.

USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES TO APPROXIMATELY 42,000 K-12 STUDENTS, WHO QUALIFY FOR THE FEDERAL FREE

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

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

4e Total program service expenses 4,237,024.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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 on Schedule O		X

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

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

Section C. Disclosure

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	40.00			X			168,346.	0.	64,454.	
(2) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	32.00			X			139,342.	0.	61,363.	
(3) JILL MITSCH DEPUTY DIRECTOR	40.00				X		138,671.	0.	32,466.	
(4) CHARLOTTE WOOD DIRECTOR MARKETING & DEVELOPMENT	32.00			X			109,775.	0.	52,295.	
(5) ANDREA BORCH CHAIR	2.00	X		X			0.	0.	0.	
(6) DOMINIC MILLS TREASURER	2.00	X		X			0.	0.	0.	
(7) SHIELENE HUEY-BOOKER SECRETARY	2.00	X		X			0.	0.	0.	
(8) SACHI PATEL DIRECTOR	2.00	X					0.	0.	0.	
(9) MALCOLM HUMPHREY DIRECTOR	2.00	X					0.	0.	0.	
(10) GAGHON SEKHON DIRECTOR	2.00	X					0.	0.	0.	
(11) JOHNS MANSPERGER DIRECTOR	2.00	X					0.	0.	0.	
(12) JOELLE HURLSTON DIRECTOR	2.00	X					0.	0.	0.	
(13) LEE DU DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							556,134.	0.	210,578.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							556,134.	0.	210,578.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,126,514.			
	g	Noncash contributions included in lines 1a-1f	1g	\$1,431,106.			
	h	Total. Add lines 1a-1f		5,126,514.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		82,024.		82,024.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	PRODUCT SALES	Business Code	90099	130.	130.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			130.		
12	Total revenue. See instructions			5,208,668.	0.	0.	
						82,154.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,189,063.	2,189,063.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,605.	22,605.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	444,468.	220,320.	199,763.	24,385.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,383,231.	996,913.	303,092.	83,226.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,438.	38,919.	16,078.	3,441.
9 Other employee benefits	194,642.	129,630.	53,552.	11,460.
10 Payroll taxes	136,263.	90,750.	37,490.	8,023.
11 Fees for services (nonemployees):				
a Management	14,931.	6,864.	7,320.	747.
b Legal				
c Accounting	35,415.		35,415.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	42,310.	36,245.	4,321.	1,744.
12 Advertising and promotion	68,801.	54,174.	12,967.	1,660.
13 Office expenses	50,334.	23,577.	25,763.	994.
14 Information technology	193,717.	129,014.	53,297.	11,406.
15 Royalties				
16 Occupancy	57,518.	42,645.	12,251.	2,622.
17 Travel	44,086.	29,545.	11,207.	3,334.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,137.	25,399.	10,493.	2,245.
23 Insurance	39,745.	26,470.	10,935.	2,340.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	123,407.	123,407.		
b BANK & MERCHANT FEES	67,772.	51,484.	13,549.	2,739.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,204,883.	4,237,024.	807,493.	160,366.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,111,946.	1	1,400,216.
	2 Savings and temporary cash investments	211,520.	2	271,797.
	3 Pledges and grants receivable, net	215,521.	3	20,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	112,849.	9	113,926.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 470,806.		
	b Less: accumulated depreciation	10b 358,755.	119,294.	10c 112,051.
	11 Investments - publicly traded securities	1,004,816.	11	803,122.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	619,567.	15	604,355.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,395,513.	16	3,325,467.	
Liabilities	17 Accounts payable and accrued expenses	223,465.	17	147,482.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	223,465.	26	147,482.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,147,429.	27	3,020,087.
	28 Net assets with donor restrictions	24,619.	28	157,898.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,172,048.	32	3,177,985.
	33 Total liabilities and net assets/fund balances	3,395,513.	33	3,325,467.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,208,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,204,883.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,785.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,172,048.
5	Net unrealized gains (losses) on investments	5	2,152.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,177,985.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6137318.	6018275.	4965484.	5312315.	5126514.	27559906.
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	6137318.	6018275.	4965484.	5312315.	5126514.	27559906.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						46,717.
6 Public support. Subtract line 5 from line 4.						27513189.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6137318.	6018275.	4965484.	5312315.	5126514.	27559906.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,416.	5,211.	3,669.	7,927.	82,024.	104,247.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27664153.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.45 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.81 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANNE WOJCICKI FOUNDATION	600,000.	46,717.
Total Excess Contributions to Schedule A, Part II, Line 5		46,717.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAM RESEARCH CORPORATION 4650 CUSHING PARKWAY FREMONT, CA 94538	\$ 164,283.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WESTERN DIGITAL CORPORATION 5601 GREAT OAKS PKY SAN JOSE, CA 95119	\$ 152,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and a table for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

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

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,208,668.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,204,883.

Part XIII Supplemental Information

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

PART X, LINE 2:

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

**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" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **THE FAMILY GIVING TREE** Employer identification number **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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOBILIZE LOVE 3321 VICENTE ST. SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	0.	61,260.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - SAN JOSE 1297 N. 13TH ST. SAN JOSE, CA 95112	94-1501285	501(C)(3)	0.	55,482.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)	0.	40,127.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVE. EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	26,751.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
COPS THAT CARE (MOUNTAIN VIEW POLICE) - 1000 VILLA ST - MOUNTAIN VIEW, CA 94041	94-6000379	501(C)(3)	0.	26,751.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
GLIDE MEMORIAL CHURCH 330 ELLIS ST SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	26,751.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11.
- 3** Enter total number of other organizations listed in the line 1 table _____

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	26,751.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
YOUTH UTILIZING POWER AND PRAISE (YUPP) - PO BOX 51353 - PALO ALTO, CA 94303	80-0436789	501(C)(3)	0.	23,621.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
SAN PABLO YOUTH MENTORING PROGRAM 479 METRO WALK WAY RICHMOND, CA 94801	30-0609534	501(C)(3)	0.	14,981.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
THE HOUSE MODESTO 777 SOUTH MAIN STREET MILPITAS, CA 95035	94-1294940	501(C)(3)	0.	12,038.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
THE HOUSE IGLESIA HISPANA 200 EL PASO AVE MODESTO, CA 95351	75-3176516	501(C)(3)	0.	12,038.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CITY OF SAN PABLO - YOUTH SERVICES 479 METRO WALK WAY RICHMOND, CA 94801	94-6000423	501(C)(3)	0.	10,700.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CROSSSTREETS NEIGHBORHOOD SERVICES 13831 SAN PABLO AVE., BLDG 6 SAN PABLO, CA 94806	46-4625474	501(C)(3)	0.	9,363.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
WORKING PARTNERSHIPS USA 20600 JOHN DR. CASTRO VALLEY, CA 94546	77-0387595	501(C)(3)	0.	9,363.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
A BRIGHTER DAY YOUTH WORK PROGRAM 1025 ALAMEDA DE LAS PULGAS SUITE 74 BELMONT, CA 94002	81-3059115	501(C)(3)	0.	8,025.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)(3)	0.	8,025.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
RODEO YOUTH MENTORING PROGRAM 142 GARRETSON AVE. RODEO, CA 94572	33-1083297	501(C)(3)	0.	8,025.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
SAFE SCHOOL CAMPUS - CITY OF SAN JOSE - 1694 ADRIAN WAY - SAN JOSE, CA 95122	94-6000419	501(C)(3)	0.	8,025.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
SALINAS CITY ELEMENTARY FRC 110 SOUTH WOOD ST, RM 41 SALINAS, CA 93905	77-0320714	501(C)(3)	0.	8,025.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	7,678.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE #B - SAN JOSE, CA 95110	94-2762269	501(C)(3)	0.	7,357.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE, SUITE 626 SAN JOSE, CA 95129	77-0475265	501(C)(3)	0.	6,715.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0.	6,688.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	6,688.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	0.	6,688.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
YWCA SILICON VALLEY 375 S 3RD ST SAN JOSE, CA 95112	94-1186196	501(C)(3)	0.	6,688.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
PATHWAY SOCIETY INC. 1659 SCOTT BLVD., SUITE 30 SANTA CLARA, CA 95050	94-1688522	501(C)(3)	0.	6,554.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
MISSION NEIGHBORHOOD CENTERS/HEAD START - 362 CAPP STREET - SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
NATIVE AMERICAN HEALTH CENTER INC 2648 INTERNATIONAL BLVD, STE 202 OAKLAND, CA 94601	23-7135928	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
WORLD IMPACT INC. 1015 CAMPBELL ST. OAKLAND, CA 94607	45-2886242	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
TRIAD FAMILY SERVICES 7901 OAKPORT ST. #4500 OAKLAND, CA 94621	68-0143927	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
MARINA CHILD DEVELOPMENT CENTER 3066 LAKE DR. MARINA, CA 93933	77-0320712	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMA NEIGHBORHOOD ASSOCIATION 1458 SANBORN AVE SAN JOSE, CA 95110	42-1735010	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CITY OF SAN PABLO - SENIOR CENTER 13831 SAN PABLO AVE. SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
A BETTER WAY INC. 3200 ADELINE ST BERKELEY, CA 94703	93-1190792	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
SAN BENITO HIGH SCHOOL DISTRICT - MIGRANT EDUCATION - 1220 MONTEREY STREET - HOLLISTER, CA 95023	77-0208520	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
PROJECT HOPE 1694 ADRIAN WAY SAN JOSE, CA 95122	94-6000419	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
NEW LIFE CHRISTIAN DAY CARE 5615 GENOA STREET OAKLAND, CA 94608	94-3402980	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
OLIVE CREST 16911 BELLFLOWER BLVD BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
DREAMERS ROADMAP PO BOX 52113 PALO ALTO, CA 94303	47-4689664	501(C)(3)	0.	5,350.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAMILY HOUSE INC. 540 MISSION BAY BLVD., NORTH SAN FRANCISCO, CA 94158	94-2722663	501(C)(3)	0.	5,323.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
NEW MISSION COMMUNITY DEVELOPMENT CORPORATION - 3098 FLORENCE AVENUE - SAN JOSE, CA 95127	77-0184095	501(C)(3)	0.	5,270.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
BAY AREA DEPUTY SHERIFFS' CHARITABLE FOUNDATION (BADSCF) - 460 BRANNAN ST., SUITE 77650 - SAN FRANCISCO, CA 94107	30-0287554	501(C)(3)	0.	32,016.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LOS BANOS UNIFIED SCHOOL DISTRICT 1717 SOUTH 11TH STREET LOS BANOS, CA 93635	52-2018057	501(C)(3)	0.	22,285.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CARR INTERMEDIATE 2120 WEST EDINGER AVENUE SANTA ANA, CA 92704	95-6002823	501(C)(3)	0.	19,611.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SANTA CLARA UNIFIED SCHOOL DISTRICT - 1889 LAWRENCE ROAD - SANTA CLARA, CA 95051	77-0272168	501(C)(3)	0.	18,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
PAJARO VALLEY - MIGRANT EDUCATION PROGRAM - 294 GREEN VALLEY ROAD - WATSONVILLE, CA 95076	77-0375541	501(C)(3)	0.	17,457.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - SAN JOSE 1297 N. 13TH ST. SAN JOSE, CA 95112	94-1501265	501(C)(3)	0.	16,900.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CARMEL COMMUNITY SCHOOL 1740 PEPPERWOOD DRIVE COLORADO SPRINGS, CO 80910	74-2558196	501(C)(3)	0.	16,045.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	0.	14,857.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
JOHN ADAMS MIDDLE SCHOOL 1525 31ST STREET NORTHWEST #1436 ROCHESTER, MN 55901	41-6002803	501(C)(3)	0.	12,480.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
TIMBERLINE PK-8 233 EAST MOUNTAIN VIEW AVENUE LONGMONT, CO 80504	84-6014380	501(C)(3)	0.	11,663.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	11,143.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BOYS & GIRLS CLUBS OF GREATER SACRAMENTO - 5212 LEMON HILL AVENUE - SACRAMENTO, CA 95824	68-0338324	501(C)(3)	0.	10,697.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
RUSSO MCENTEE ACADEMY 2851 GAY AVE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	9,657.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
HUBBARD MEDIA ARTS ACADEMY 1680 FOLEY AVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	9,285.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BELLE HAVEN ELEMENTARY 415 IVY DR MENLO PARK, CA 94025	77-0209800	501(C)(3)	0.	9,285.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
APTITUD COMMUNITY ACADEMY AT GOSS 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9,285.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

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DONALD J MEYER ELEMENTARY SCHOOL 1824 DAYTONA DR. SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	9,100.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ANTIOCH HIGH SCHOOL 700 W. 18TH ST. ANTIOCH, CA 94509	86-1134505	501(C)(3)	0.	8,357.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ESCUELA POPULAR BILINGUAL FAMILY LEARNING CENTER - 467 N. WHITE RD. - SAN JOSE, CA 95127	77-0354277	501(C)(3)	0.	8,357.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SANTEE ELEMENTARY SCHOOL 1313 AUDUBON DR SAN JOSE, CA 95122	77-0059025	501(C)(3)	0.	8,357.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
COX ACADEMY EDUCATION FOR CHANGE 9860 SUNNYSIDE ST OAKLAND, CA 94603	20-2204424	501(C)(3)	0.	8,357.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ANTIOCH MIDDLE SCHOOL 1500 D ST. ANTIOCH, CA 94509	86-1134505	501(C)(3)	0.	8,357.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ENCOMPASS ACADEMY ELEMENTARY 1025 81ST AVE. OAKLAND, CA 94621	43-2014630	501(C)(3)	0.	7,985.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SUNSET MIDDLE SCHOOL 1300 SOUTH SUNSET STREET LONGMONT, CO 80501	84-6014380	501(C)(3)	0.	7,948.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
FRANKLIN ELEMENTARY - OAKLAND 915 FOOTHILL BLVD. OAKLAND, CA 94606	94-6000385	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GRANT ELEMENTARY - SAN JOSE 470 E. JACKSON ST. SAN JOSE, CA 95112	94-6002606	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
OAKLAND HIGH SCHOOL 1023 MACARTHUR BLVD OAKLAND, CA 94610	43-2014630	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LUTHER BURBANK ELEMENTARY SCHOOL 4 WABASH AVE. SAN JOSE, CA 95128	77-0323113	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST. SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LYNDALE ELEMENTARY 13901 NORDYKE DR. SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
OLIVE CREST 16911 BELLFLOWER BLVD BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN BENITO HIGH SCHOOL DISTRICT - MIGRANT EDUCATION - 1220 MONTEREY STREET - HOLLISTER, CA 95023	77-0208520	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE SAN JOSE, CA 95122	94-2864184	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

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ACHIEVE ACADEMY 1700 28TH AVE. OAKLAND, CA 94601	20-2204424	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	7,428.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN JOSE CONSERVATION CORPS 2650 SENTER ROAD SAN JOSE, CA 95111	77-0155997	501(C)(3)	0.	7,057.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LINDA VISTA ELEMENTARY SCHOOL 100 KIRK AVE SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	6,500.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
PAINTER ELEMENTARY SCHOOL 500 ROUGH AND READY RD. SAN JOSE, CA 95133	77-0016360	501(C)(3)	0.	6,500.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
MARIANO CASTRO ELEMENTARY 505 ESCUELA AVE. MOUNTAIN VIEW, CA 94040	93-0991812	501(C)(3)	0.	6,500.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BACHRODT CHARTER ACADEMY 102 SONORA AVE. SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	6,500.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
HOLLISTER UNIFIED SCHOOL DISTRICTS - MIGRANT EDUCATION - 2690 CIENEGA ROAD - HOLLISTER, CA 95023	77-0272168	501(C)(3)	0.	6,500.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
YOUTH UTILIZING POWER AND PRAISE (YUPP) - PO BOX 51353 - PALO ALTO, CA 94303	80-0436789	501(C)(3)	0.	5,980.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

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GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
JOSEPH GEORGE MIDDLE 277 MAHONEY DR SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN ANTONIO ELEMENTARY SCHOOL 1721 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN FRANCISCO ADULT PROBATION 945 BRYANT STREET SAN FRANCISCO, CA 94103	94-6000417	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR. SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
MARSH ELEMENTARY SCHOOL 2304 G ST. ANTIOCH, CA 94509	86-1134505	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
OCALA MIDDLE SCHOOL 2800 OCALA AVE. SAN JOSE, CA 95148	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BRIDGES ACADEMY 1702 MCLAUGHLIN AVE. SAN JOSE, CA 95122	77-0059025	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
AROMAS SAN JUAN UNIFIED - MIGRANT EDUCATION - 2300 SAN JUAN HWY - SAN JUAN BAUTISTA, CA 95045	77-0431330	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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RYAN STEAM ACADEMY 1241 MCGINNESS AVE. SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ALPHA JOSE HERNANDEZ 1601 CUNNINGHAM AVE SAN JOSE, CA 95122	77-0272168	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SHEPPARD MIDDLE SCHOOL 480 ROUGH AND READY RD. SAN JOSE, CA 95133	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CABRILLO UNIFIED SCHOOL DISTRICT - MIGRANT EDUCATION - 498 KELLY AVE - HALF MOON BAY, CA 94019	77-0272168	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
JAMES DENMAN MIDDLE SCHOOL 241 ONIEDA AVE. SAN FRANCISCO, CA 94112	77-0439991	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
RENAISSANCE ACADEMY AT MATHSON 2050 KAMMERER AVE. SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP MIDDLE - EL CAMINO - 1402 MONTEREY HWY - SAN JOSE, CA 95110	47-2393817	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP MIDDLE - ALUM ROCK - 2888 OCALA AVE. - SAN JOSE, CA 95148	77-0517240	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP - SAN JOSE 1402 MONTEREY HWY SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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RENAISSANCE ACADEMY AT FISCHER 1720 HOPKINS DR. SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
OLINDER ELEMENTARY SCHOOL 890 WILLIAM ST. SAN JOSE, CA 95116	94-6002606	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP - ALUM ROCK 1776 EDUCATIONAL PARK DRIVE BUILDIN SAN JOSE, CA 95133	77-0517240	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
MADISON PARK ACADEMY TK-5 470 EL PASEO DR OAKLAND, CA 94603	43-2014630	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ANDREW HILL HIGH SCHOOL 3200 SENTER RD. SAN JOSE, CA 95111	94-2864814	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
EAST SIDE UNION HIGH SCHOOL DISTRICT - MIGRANT EDUCATION - 830 NORTH CAPITOL AVENUE - SAN JOSE, CA 95133	94-2864814	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
TAFT ELEMENTARY 903 10TH AVE REDWOOD CITY, CA 94063	94-3084018	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
HOOVER COMMUNITY - REDWOOD CITY 701 CHARTER STREET REDWOOD CITY, CA 94063	94-3084018	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
HORACE CURETON ELEMENTARY SCHOOL 3720 EAST HILLS DRIVE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

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HOOVER MIDDLE SCHOOL - SAN JOSE 1635 PARK AVE. SAN JOSE, CA 95126	94-6002606	501(C)(3)	0.	5,571.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
RAVENSWOOD MIDDLE SCHOOL 2450 RALMAR AVE EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	5,274.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TOYS AND CLOTHING	845	0.	22,605.	ESTIMATE	HOLIDAY WISH DRIVE

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

PART I, LINE 2:

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

Part IV Supplemental Information

PARTNERSHIP WITH US, YOU ARE RESPONSIBLE FOR, AND EXPECTED TO DELIVER GIFTS TO YOUR CLIENTS".

Multiple horizontal lines for supplemental information.

**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" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	(i)	168,346.	0.	0.	28,169.	36,285.	232,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	(i)	139,342.	0.	0.	28,668.	32,695.	200,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JILL MITSCH DEPUTY DIRECTOR	(i)	138,671.	0.	0.	11,167.	21,299.	171,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLOTTE WOOD DIRECTOR MARKETING & DEVELOPMENT	(i)	109,775.	0.	0.	31,446.	20,849.	162,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE SURVEY USED FOR COMPENSATION ANALYSIS IS "FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS."

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

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

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

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

Horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BUSINESSES) WHO DISPLAY WISH CARDS - OFTEN ON HOLIDAY TREES - IN A
PUBLIC AREA, SUCH AS A BUSINESS LOBBY. BY SELECTING A WISH CARD, AN
INDIVIDUAL COMMITS TO PURCHASING A GIFT TO DONATE FOR THOSE MOST
UNDERSERVED DURING THE HOLIDAYS.

THE ORGANIZATION HOSTED APPROXIMATELY 3,000 VOLUNTEERS IN 50,000
SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2023 (2,000
VOLUNTEERS IN 50,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER
2022) WHERE THE DONATED GIFTS ARE THEN SORTED, WRAPPED, AND DISBURSED
TO THE ORGANIZATION'S AGENCY PARTNERS FOR DISTRIBUTION. IN ADDITION,
THE ORGANIZATION MAINTAINS A VIRTUAL GIVING TREE ON ITS WEBSITE:
WWW.FAMILYGIVINGTREE.ORG.

DURING THE YEARS ENDED APRIL 30, 2024 AND 2023, THE ORGANIZATION
PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 44,000 AND 56,000 CHILDREN,
RESPECTIVELY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND REDUCED PRICE MEAL PROGRAM, DURING BOTH YEARS ENDED APRIL 30, 2024
AND 2023. OVER 500 DRIVE LEADERS VOLUNTEERED TO ASSIST IN DISPLAYING
BACKPACK AND SCHOOL SUPPLY LIST CARDS TO SUPPORT THE GOAL OF THE
BACK-TO-SCHOOL DRIVE.

THE ORGANIZATION HOSTED APPROXIMATELY 350 DRIVE LEADERS AND 2,000
VOLUNTEERS IN 50,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

2023 AND 300 DRIVE LEADERS AND 300 VOLUNTEERS IN 50,000 SQUARE FEET IN AUGUST 2022, TO SORT, FILL, AND DISTRIBUTE THE BACKPACKS TO QUALIFYING SCHOOLS. APPROXIMATELY 200 SCHOOLS AND NONPROFIT AGENCIES RECEIVED THE FILLED BACKPACKS FOR DISTRIBUTION TO QUALIFYING K-12 STUDENTS.

CONTINUED: PART III, LINE 1:

THE ORGANIZATION COUNTS MANY OF THE BAY AREA'S LEADING COMPANIES AMONG ITS LOYAL SUPPORTERS, INCLUDING APPLE, CISCO, DOLBY, FACEBOOK, GOOGLE, INTUIT, KAISER PERMANENTE, PAYPAL, SALESFORCE.COM, WELLS FARGO, WESTERN DIGITAL AND MANY MORE. THE GENEROUS DONATION OF KEY ASSETS KEEPS PROGRAM SPENDING IN CHECK, ESPECIALLY THE DONATION OF OVER 110,000 SQUARE FEET OF WAREHOUSE SPACE TO HOUSE VOLUNTEERS AND MANAGE TWO DRIVES. IN A COMMUNITY KNOWN FOR HIGH-TECH PROWESS, FGT SUPPORTERS ESPECIALLY APPRECIATE THE BACK-TO-SCHOOL DRIVE'S SUPPORT FOR 'STEAM' (SCIENCE, TECHNOLOGY, ART, ENGINEERING AND MATH) IN THE CLASSROOM.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY IS EMAILED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING. COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION.

DISCLOSURE OF CONFLICT INVOLVING BOARD DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR WHO SHALL BRING THE MATTER TO THE BOARD TO DETERMINE WHETHER A

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

MATERIAL CONFLICT EXISTS. IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR AND REASONABLE TO THE FAMILY GIVING TREE. IT WILL BE UP TO THE BOARD'S SOLE DISCRETION TO DETERMINE THE MATTER, TAKING INTO CONSIDERATION THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS PURPOSE.

**FORM 990, PART VI, SECTION B, LINE 15:
THE GOVERNANCE COMMITTEE ANNUALLY REVIEWS THE CEO AND USES AN NPO SURVEY TO EVALUATE CEO COMPENSATION.**

**FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.**

**PART XII, LINE 2C:
THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE THAT ASSUMES OVERSIGHT OVER THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OVER THE INDEPENDENT ACCOUNTANTS. NO CHANGE TO THE PROCESS OCCURRED FOR THE FISCAL YEAR ENDED 2024.**

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURES FIXTURES AND EQUIPMENT	VARIOUS	SL	.000		16	201,493.				201,493.	88,715.		26,814.	115,529.
2	SOFTWARE	VARIOUS	SL	.000		16	105,018.				105,018.	105,018.		0.	105,018.
3	TENANT IMPROVEMENTS	VARIOUS	SL	.000		16	44,638.				44,638.	44,638.		0.	44,638.
4	VEHICLES	VARIOUS	SL	.000		16	119,657.				119,657.	82,247.		11,323.	93,570.
	* TOTAL 990 PAGE 10 DEPR						470,806.				470,806.	320,618.		38,137.	358,755.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 05/01/2023, and ending (mm/dd/yyyy) 04/30/2024

Corporation/Organization name THE FAMILY GIVING TREE California corporation number 1685845

Additional information. See instructions. FEIN 77-0284682

Street address (suite or room) 606 VALLEY WAY PMB no.

City MILPITAS State CA ZIP code 95035

Foreign country name Foreign province/state/county Foreign postal code

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Payments (lines 11-16).

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer CFO Title Date Telephone 408-946-3111

Paid Preparer's Use Only Preparer's signature P01274743 Check if self-employed

Firm's name and address ROBERT LEE & ASSOCIATES, LLP 999 W TAYLOR STREET, STE A SAN JOSE, CA 95126 Telephone (408) 855-6770

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	82,024	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7	SEE STATEMENT 3	130 00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	82,154	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	2,211,668	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	SEE STATEMENT 4	444,469 00	
	12	Other salaries and wages	•	12	1,383,231	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	136,263	00
		15	Rents	•	15	57,518	00
		16	Depreciation and depletion (See instructions)	•	16	38,137	00
		17	Other expenses and disbursements	•	17	SEE STATEMENT 5	933,598 00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,204,884	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,323,466		• 1,672,013
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 6		1,004,816		• 803,122
10 a Depreciable assets	514,295		470,806	
b Less accumulated depreciation	395,001	119,294	358,755	112,051
11 Land				•
12 Other assets STMT 7		947,937		• 738,281
13 Total assets		3,395,513		3,325,467
Liabilities and net worth				
14 Accounts payable		223,465		• 147,482
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		3,172,048		• 3,177,985
22 Total liabilities and net worth		3,395,513		3,325,467

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 5,936	7 Income recorded on books this year not included in this return. Attach schedule *	• 2,152
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	2,152
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	3,784
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	5,936		

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ADOBE SYSTEMS, INC.	344 PARK AVE SAN JOSE, CA 95109	04/30/24	8,080.
ADOBE SYSTEMS, INC. - SAN JOSE	345 PARK AVE SAN JOSE, CA 95110	04/30/24	10,000.
AGE FISHER FOUNDATION	1204 CHATEAU DR SAN JOSE, CA 95120	04/30/24	5,100.
ALTAMONT CAPITAL PARTNERS	400 HAMILTON AVE, STE 230 PALO ALTO, CA 94301	04/30/24	7,000.
ANSYS, INC.	2645 ZANKER RD. SAN JOSE, CA 95134	04/30/24	5,185.
APPLE	10131 BUBB ROAD CUPERTINO, CA 95014	04/30/24	26,040.
ARCADIA COMPANIES	1115 COLEMAN AVE SAN JOSE, CA 95110	04/30/24	7,000.
ASML	80 W. TASMAN DRIVE SAN JOSE, CA 95134	04/30/24	99,160.
AVALONBAY COMMUNITIES, INC	3055 OLIN AVE., SUITE 2100 SAN JOSE, CA 95128	04/30/24	6,050.
CISCO SYSTEMS, INC.	170 W. TASMAN DR SAN JOSE, CA 95134	04/30/24	62,985.
CITIZENS EQUITY FIRST CREDIT UNION (CEFCU)- LINCOLN AVE	670 LINCOLN AVENUE SAN JOSE, CA 95126	04/30/24	11,602.
CODEXIS	200 PENOBSCOT DR. REDWOOD CITY, CA 94063	04/30/24	7,000.
COSTAR GROUP	101 CALIFORNIA ST STE 4300 SAN FRANCISCO, CA 94111	04/30/24	18,000.
COUNTY OF SANTA CLARA	COUNTY GOVERNMENT CENTER SAN JOSE, CA 95110	04/30/24	15,000.

THE FAMILY GIVING TREE

77-0284682

CUPERTINO ELECTRIC, INC.	1132 N 7TH ST SAN JOSE, CA 95112	04/30/24	15,305.
DOLBY LABORATORIES, INC.	1275 MARKET ST SAN FRANCISCO, CA 94103	04/30/24	93,420.
EBAY, INC.	2025 HAMILTON AVE SAN JOSE, CA 95125	04/30/24	14,825.
ELCOR ELECTRIC, INC.	3310 BASSETT ST SANTA CLARA, CA 95054	04/30/24	8,547.
FIRST TECH FEDERAL CREDIT UNION	2702 ORCHARD PKWY SAN JOSE, CA 95134	04/30/24	20,000.
GENENTECH, INC.	1 DNA WAY, MS 4 SECURITY BUILDING 39 SOUTH SAN FRANCISCO, CA 94080	04/30/24	7,793.
GILROY ASSISTANCE LEAGUE	P.O. BOX 620 GILROY, CA 95021	04/30/24	5,339.
GOOGLE MATCHING GIFTS PROGRAM	606 VALLEY WAY MILPITAS, CA 95035	04/30/24	38,374.
ILLUMINA, INC.	5200 ILLUMINA WAY SAN DIEGO, CA 92122	04/30/24	10,558.
INFINEON TECHNOLOGIES FOUNDATION	198 CHAMPION CT SAN JOSE, CA 95134	04/30/24	5,000.
INTUIT, INC.	2700 COAST AVENUE MOUNTAIN VIEW, CA 94043	04/30/24	5,917.
INTUITIVE FOUNDATION	1020 KIFER RD SUNNYVALE, CA 94086	04/30/24	18,018.
LAM RESEARCH CORPORATION	4650 CUSHING PARKWAY FREMONT, CA 94538	04/30/24	164,283.
M H BUCKEYE FUND	211 MAIN STREET SAN FRANCISCO, CA 94105	04/30/24	15,000.
NECA (NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION)	1493 PARK AVENUE SAN JOSE, CA 95126	04/30/24	5,000.
NETAPP	3060 OLSEN DR SAN JOSE, CA 95128	04/30/24	10,125.
NETFLIX	100 WINCHESTER CIR. LOS GATOS, CA 95032	04/30/24	8,380.
NORDSON COPORATION	555 JACKSON ST AMHERST, OH 44001	04/30/24	10,000.
NVIDIA	2788 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051	04/30/24	49,396.
PALO ALTO NETWORKS	3000 TANNERY WAY SANTA CLARA, CA 95054	04/30/24	39,000.
PATELCO CREDIT UNION	3 PARK PLACE DUBLIN, CA 94568	04/30/24	40,000.
REDWOOD SERENITY FUND	2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW, CA 94040	04/30/24	5,000.
REVEL SYSTEMS	575 MARKET STREET, SUITE 2200 SAN FRANCISCO, CA 94105	04/30/24	10,000.
ROBERT HALF INTERNATIONAL	2884 SAND HILL ROAD MENLO PARK, CA 94025	04/30/24	10,653.
SAMSUNG SEMICONDUCTOR, INC.	3655 NORTH FIRST ST SAN JOSE, CA 95134	04/30/24	40,226.
SANTA CLARA COUNTY FEDERAL CREDIT UNION	P.O. BOX 11024 SAN JOSE, CA 95103	04/30/24	7,751.
SANTA CLARA SCHOOLS FOUNDATION	P.O. BOX 1369 SANTA CLARA, CA 95052	04/30/24	13,940.

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SANTA CLARA VALLEY DENTAL HYGIENISTS' ASSOCIATION SC BUILDERS	97 WAYNE CT E REDWOOD CITY, CA 94063 910 THOMPSON PLACE SUNNYVALE, CA 94085	04/30/24 04/30/24	 5,000. 5,221.
SHERIFFS AND YOU FOUNDATION (SAYF) SHOCKWAVE MEDICAL INC.	1250 MISSOURI STREET, UNIT 107 SAN FRANCISCO, CA 94107 5403 BETSY ROSS DRIVE SANTA CLARA, CA 95054	04/30/24 04/30/24	 15,000. 15,000.
SPRIG ELECTRIC	1860 SOUTH 10TH ST, #2 SAN JOSE, CA 95112	04/30/24	6,500.
STAMOS CAPITAL PARTNERS, L.P.	2498 SAND HILL ROAD MENLO PARK, CA 94025	04/30/24	5,000.
STAR ONE CREDIT UNION	1306 BORDEAUX DRIVE SUNNYVALE, CA 94089	04/30/24	25,000.
SWINERTON	260 TOWNSEND STREET SAN FRANCISCO, CA 94107	04/30/24	11,301.
SYNAPTICS, INC.	1109 MCKAY DRIVE SAN JOSE, CA 95131	04/30/24	25,400.
SYNOPSISYS	690 E. MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	04/30/24	27,415.
TARLTON PROPERTIES, INC.	1530 O'BRIEN DR, STE C MENLO PARK, CA 94025	04/30/24	11,250.
TDK-INVENSENSE	1745 TECHNOLOGY DR. #200 SAN JOSE, CA 95110	04/30/24	12,500.
TECHNOLOGY CREDIT UNION (TECH CU)	2010 NORTH FIRST ST, STE 500 SAN JOSE, CA 95131	04/30/24	10,000.
TENCENT AMERICA	2747 PARK AVENUE PALO ALTO, CA 94306	04/30/24	25,000.
TEXAS INSTRUMENTS	2900 SEMICONDUCTOR DRIVE SANTA CLARA, CA 95051	04/30/24	7,234.
THE WALT DISNEY COMPANY FOUNDATION	500 S. BUENA VISTA ST. BURBANK, CA 91521	04/30/24	7,017.
VMWARE	3401 HILLVIEW AVE PALO ALTO, CA 94304	04/30/24	10,500.
WESTERN DIGITAL CORPORATION	5601 GREAT OAKS PKY SAN JOSE, CA 95119	04/30/24	152,340.
WISK	2700 BRODERICK WAY MOUNTAIN VIEW, CA 94043	04/30/24	10,339.
WORKDAY INC.	5928 STONERIDGE MALL RD. PLEASANTON, CA 94588	04/30/24	43,620.
ZOOM	55 S ALMADEN BLVD 6TH FLOOR SAN JOSE, CA 95113	04/30/24	7,323.
ALBERT BODENHAMER	1872 CAMARGO DR SAN JOSE, CA 95132	04/30/24	5,600.
ALISON CORMACK AND THOMAS KUHNLE	3487 ROSS ROAD PALO ALTO, CA 94303	04/30/24	10,250.
ANNE AND DONALD VERMEIL	1970 WEBSTER ST PALO ALTO, CA 94301	04/30/24	5,000.
BILL AND BRIDGET COUGHRAN	12695 ROBLE VENENO LANE LOS ALTOS HILLS, CA 94022	04/30/24	21,143.
BLAKE AND MARLENA JACOBS	181 MANSFIELD DR MOUNTAIN VIEW, CA 94040	04/30/24	5,000.
BLANCA SAMANO	609 VALLEY WAY MILPITAS, CA 95038	04/30/24	5,109.
CATHERINE LESJAK AND BRIAN BOISSEREE	328 W POPLAR AVE SAN MATEO, CA 94402	04/30/24	6,500.
CHRIS AND ANNA SACCHERI	2340 DARTMOUTH ST PALO ALTO, CA 94306	04/30/24	10,000.

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CHRIS MALACHOWSKY	10933 STONEBROOK DR LOS ALTOS HILLS, CA 94024	04/30/24	20,200.
COLETTE KRESS	613 VALLEY WAY MILPITAS, CA 95042	04/30/24	5,000.
DAVID AND SHERYL HEACOCK	17351 E VINELAND AVE LOS GATOS, CA 95030	04/30/24	15,000.
DAVID HARARI	7 CARMEL CIR LEXINGTON, MA 02421	04/30/24	10,000.
DEB SHOQUIST	616 VALLEY WAY MILPITAS, CA 95045	04/30/24	5,000.
DEEPENDRA TALLA	617 VALLEY WAY MILPITAS, CA 95046	04/30/24	5,000.
DIANA NAM	618 VALLEY WAY MILPITAS, CA 95047	04/30/24	5,000.
DONNA PAISLEY	14870 THREE OAKS CT SARATOGA, CA 95070	04/30/24	5,000.
ELIZABETH AND BILL CILKER	525 VISTA RIDGE DR. MILPITAS, CA 95035	04/30/24	6,000.
ELIZABETH SCHWEINSBERG	1110 BORANDA DR MOUNTAIN VIEW, CA 94040	04/30/24	30,063.
ERIC GROSSE AND BRENDA BAKER	1574 SIESTA DR. LOS ALTOS, CA 94024	04/30/24	6,651.
GERALDINE TAYLOR	1334 MADERA AVE MENLO PARK, CA 94025	04/30/24	25,000.
GREGORY ESTES	624 VALLEY WAY MILPITAS, CA 95053	04/30/24	6,050.
JEN-HSUN AND LORI HUANG	24905 LA LOMA CT LOS ALTOS HILLS, CA 94022	04/30/24	5,100.
JENNIFER KUAN AND LARRY YANG	2888 RAMONA ST PALO ALTO, CA 94306	04/30/24	5,000.
JENNY FIGUEREDO	627 VALLEY WAY MILPITAS, CA 95056	04/30/24	7,605.
JERRIT ERICKSON	1075 SPACE PARK WAY SPC 128 MOUNTAIN VIEW, CA 94043	04/30/24	5,230.
JITENDRA MOHAN	629 VALLEY WAY MILPITAS, CA 95058	04/30/24	11,050.
JOAN AND LOUIS BRADDI	15387 ROBIN ANNE LN MONTE SERENO, CA 95030	04/30/24	5,230.
JOHN SPITZER	631 VALLEY WAY MILPITAS, CA 95060	04/30/24	5,000.
KASEY NEMELKA	632 VALLEY WAY MILPITAS, CA 95061	04/30/24	5,000.
KEVIN KRANZUSCH	633 VALLEY WAY MILPITAS, CA 95062	04/30/24	5,000.
LAURA FAY	634 VALLEY WAY MILPITAS, CA 95063	04/30/24	5,000.
LINDA EATON	1341 DE LOACH CT SAN JOSE, CA 95125	04/30/24	5,000.
MALCOLM HUMPHREY	23 GREY EAGLE CT PLEASANTON, CA 94566	04/30/24	5,000.
MICHAEL AND JOELLE HURLSTON	14527 SINGING HILL LN SARATOGA, CA 95070	04/30/24	5,000.
MICHAEL STIRNIMAN AND EVA ZABRIC	2801 CLYMER LN FREMONT, CA 94538	04/30/24	5,000.
MOTASIM SIRHAN	639 VALLEY WAY MILPITAS, CA 95068	04/30/24	7,805.
NEETA AND CHETAN KAPOOR	14008 SHADY OAK CT SARATOGA, CA 95070	04/30/24	5,146.

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ROSEMARY EMERY-MONTEMERLO AND MICHAEL MONTEMERLO SANJAY GAJENDRA	2688 YORKTON DR MOUNTAIN VIEW, CA 94040 642 VALLEY WAY MILPITAS, CA 95071	04/30/24 04/30/24	5,000. 11,057.
STEVEN GUGGENHEIM AND JOAN CAVANAUGH SUNIL AND SOBHAN PANDEY	1509 PORTOLA AVE PALO ALTO, CA 94306 644 VALLEY WAY MILPITAS, CA 95073	04/30/24 04/30/24	5,108. 8,050.
TIMOTHY BILLUPS	1532 NORMAN AVE. SAN JOSE, CA 95125	04/30/24	16,000.
UTE SCHELLENBERGER	914 MORENO AVE PALO ALTO, CA 94303	04/30/24	10,000.
VACH KOMPPELLA	18950 CYRIL PL SARATOGA, CA 95070	04/30/24	10,000.
WILLIAM SLAKEY	648 VALLEY WAY MILPITAS, CA 95077	04/30/24	5,000.
TOTAL INCLUDED ON LINE 3			<u><u>1,772,959.</u></u>

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MORGAN STANLEY GIFT	555 CALIFORNIA STREET SAN FRANCISCO, CA 94104		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK DONATION	04/30/24	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
NVIDIA EMPLOYEE VIA BENEVITY	2788 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK DONATION	04/30/24	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WORKDAY EMPLOYEE VIA BENEVITY	6110 STONERIDGE MALL ROAD PLEASANTON, CA 94588		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK DONATION	04/30/24	5,240.	5,240.

TOTAL INCLUDED ON LINE 3		<u><u>15,240.</u></u>	<u><u>15,240.</u></u>
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CA 199	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
PRODUCT SALES		130.
TOTAL TO FORM 199, PART II, LINE 7		130.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JENNIFER CULLENBINE-PIETRASIK 606 VALLEY WAY MILPITAS, CA 95035	EXECUTIVE DIRECTOR 40.00	167,577.
JESS GUTIERREZ 606 VALLEY WAY MILPITAS, CA 95035	CHIEF FINANCIAL OFFICER 32.00	157,861.
JILL MITSCH 606 VALLEY WAY MILPITAS, CA 95035	DEPUTY DIRECTOR 40.00	0.
CHARLOTTE WOOD 606 VALLEY WAY MILPITAS, CA 95035	DIRECTOR MARKETING & DEVEL 32.00	119,031.
ANDREA BORCH 606 VALLEY WAY MILPITAS, CA 95035	CHAIR 2.00	0.
DOMINIC MILLS 606 VALLEY WAY MILPITAS, CA 95035	TREASURER 2.00	0.
SHIELENE HUEY-BOOKER 606 VALLEY WAY MILPITAS, CA 95035	SECRETARY 2.00	0.
SACHI PATEL 606 VALLEY WAY MILPITAS, CA 95035	DIRECTOR 2.00	0.

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MALCOLM HUMPHREY
606 VALLEY WAY
MILPITAS, CA 95035

DIRECTOR
2.00

0.

GAGHON SEKHON
606 VALLEY WAY
MILPITAS, CA 95035

DIRECTOR
2.00

0.

JOHNS MANSPERGER
606 VALLEY WAY
MILPITAS, CA 95035

DIRECTOR
2.00

0.

JOELLE HURLSTON
606 VALLEY WAY
MILPITAS, CA 95035

DIRECTOR
2.00

0.

LEE DU
606 VALLEY WAY
MILPITAS, CA 95035

DIRECTOR
2.00

0.

TOTAL TO FORM 199, PART II, LINE 11

444,469.

CA 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION

AMOUNT

SUPPLIES	123,407.
BANK & MERCHANT FEES	67,772.
PENSION PLAN CONTRIBUTIONS	58,438.
OTHER EMPLOYEE BENEFITS	194,642.
MANAGEMENT FEES	14,931.
ACCOUNTING FEES	35,415.
OTHER PROFESSIONAL FEES	42,310.
ADVERTISING AND PROMOTION	68,801.
OFFICE EXPENSES	50,334.
INFORMATION TECHNOLOGY	193,717.
TRAVEL	44,086.
INSURANCE	39,745.

TOTAL TO FORM 199, PART II, LINE 17

933,598.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER INVESTMENTS	1,004,816.	803,122.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,004,816.	803,122.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	215,521.	20,000.
PREPAID EXPENSES AND DEFERRED CHARGES	112,849.	113,926.
DEPOSITS	4,850.	4,850.
INVENTORY	614,717.	599,505.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	947,937.	738,281.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
UNREALIZED GAINS		2,152.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		2,152.

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	3,147,429.	3,020,087.
NET ASSETS WITH DONOR RESTRICTIONS	24,619.	157,898.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,172,048.	3,177,985.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 77-0284682

Corporation name

California corporation number

THE FAMILY GIVING TREE

1685845

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	10	470,806.	320,618.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	38,137

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	<input checked="" type="radio"/>	16	38,137
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	<input checked="" type="radio"/>	17	38,137
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	<input checked="" type="radio"/>	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					<input checked="" type="radio"/>	22

CA 3885

DEPRECIATION

STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNITURES FIXTURES AND EQUIPMENT	VARIOUS	201,493.	88,715.	SL	.000	26,814.	
2 SOFTWARE	VARIOUS	105,018.	105,018.	SL	.000	0.	
3 TENANT IMPROVEMENTS	VARIOUS	44,638.	44,638.	SL	.000	0.	
4 VEHICLES	VARIOUS	119,657.	82,247.	SL	.000	11,323.	
TOTAL TO FORM 3885		470,806.	320,618.			38,137.	

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
THE FAMILY GIVING TREE	77-0284682

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	5,208,668
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	5,208,668
3 Total expenses and disbursements (Form 199, line 9)	3	5,204,884
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number	
11 Account number	
12 Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


Sign Here		_____		_____
	Signature of officer	Date	Title	

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01274743
Must Sign	Firm's name (or yours if self-employed) and address	ROBERT LEE & ASSOCIATES, LLP 999 W TAYLOR STREET, STE A SAN JOSE, CA			Firm's FEIN 27-1155496 ZIP code 95126

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	_____		
				Firm's FEIN ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

THE FAMILY GIVING TREE

Name of Organization

List all DBAs and names the organization uses or has used

606 VALLEY WAY

Address (Number and Street)

MILPITAS, CA 95035

City or Town, State, and ZIP Code

ELF@FAMILYGIVINGTREE. OR

4089463111

Telephone Number

G

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 081821

Corporation or Organization No. _____

Federal Employer ID No. 77-0284682

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2023 ending 04/30/2024) list:

Total Revenue (including noncash contributions) \$ 5,208,668 Noncash Contributions \$ 1,431,106 Total Assets \$ 3,325,467
Program Expenses \$ 4,237,024 Total Expenses \$ 5,204,883

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JESS GUTIERREZ

CFO

Signature of Authorized Agent

Printed Name

Title

Date