** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

ΑI	For the	2010 calendar year, or tax year beginning $APR \ 1$, 2010 and ending	<u>M</u> AR 31, 201	1
В	Check if applicable	C Name of organization	D Employer ident	ification number
_		_		
Ļ	Addres change	THE FAMILY GIVING TREE		
Ļ	Name change			0284682
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
Ļ	Termin ated	000 VALLEI WAI	(40	8)946-3111
Ļ	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,311,537.
L	Applica tion pendin	MILIPITAS, CA 95055	H(a) Is this a group for affiliates?	
	portani	Yes X No		
		SAME AS C ABOVE	─ ─	included? Yes No
				a list. (see instructions)
		FAMILYGIVINGTREE.ORG	H(c) Group exemp	
			ear of formation: 1991	M State of legal domicile: CA
Pa		Summary	MIID WIGHES O	E GUILDDEN
ë		Briefly describe the organization's mission or most significant activities: FULFILL		
Governance	-	IN NEED WHILE INSPIRING PHILANTHROPY, KINDNE		
err		Check this box F if the organization discontinued its operations or disposed of r	1	1
હુ		Number of voting members of the governing body (Part VI, line 1a)		11
જ		Number of independent voting members of the governing body (Part VI, line 1b)		$\frac{10}{5}$
ijes		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		
Activities &		Total number of volunteers (estimate if necessary)		6419
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		
	b l	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
Revenue	1	Contributions and grants (Part VIII, line 1h)	3,262,479	
	1	Program service revenue (Part VIII, line 2g)	52,713 5,724	
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,459	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,323,375	
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,942,150	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,942,130	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	705,155	_
Expenses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	703,133	
en	loai	Professional fundraising fees (Part IX, column (A), line 11e)	0	• •
Ä	170	Total fundraising expenses (Part IX, column (D), line 25) 247,527. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	504,811	. 562,615.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,152,116	
			171,259	
-Se	13	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Yea	
ets (20	Fotal assets (Part X, line 16)	1,706,340	
Ass Bal	21	lotal assets (Part X, line 16) Total liabilities (Part X, line 26)	151,297	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,555,043	
Pá	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of	my knowledge and belief, it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	,
Sig	n	Signature of officer	Date	
Her		▲ JENNIFER CULLENBINE PIETRASIK, EXECUTIVE	DIRECTOR	
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	LYNN A. HENLEY	self-emp	loyed
Pre	parer	Firm's name HOOD & STRONG LLP, CPAS	Firm's EIN	
Use	Only	Firm's address 100 FIRST STREET, 14TH FLOOR		
_		SAN FRANCISCO, CA 94105	Phone no.	(415) 781-0793
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE FAMILY GIVING TREE EXISTS TO PROVIDE THE EXACT HOLIDAY WISH, OR A
	BACKPACK FILLED WITH SCHOOL SUPPLIES TO THOSE CHILDREN IN THE MOST
	NEED IN OUR COMMUNITIES WHILE STRIVING TO INSPIRE THE VALUES OF
	KINDNESS, PHILANTHROPY AND VOLUNTEERISM.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,306,493. including grants of \$ 1,615,075.) (Revenue \$)
	WALTER WAR DROCKING TOO OF WEIGHT TOWN CONTROL TO THE WAR WAR TO THE TANK T
	HOLIDAY WISH PROGRAM - FOR 21 YEARS, THE FAMILY GIVING TREE HAS WORKED
	WITH 244 BAY AREA SOCIAL SERVICE AGENCIES THAT SUPPLY THE ORGANIZATION
	WITH THE NAMES AND WISHES OF THE CHILDREN THEY SERVE YEAR-ROUND. DURING
	THE YEAR ENDED MARCH 31, 2011, WITH THE HELP OF 6,500 VOLUNTEERS, THE
	FAMILY GIVING TREE PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 63,000
	CHILDREN IN 15 BAY AREA COUNTIES AND THE CALIFORNIA CENTRAL VALLEY. A WISH CARD IS PRINTED FOR EACH CHILD, DETAILING AGE, GENDER, FIRST NAME
	AND HOLIDAY GIFT WISH. THESE WISHES ARE THEN DISPLAYED AT OVER 1,000
	BAY AREA HOST COMPANIES AND SCHOOLS AND ON THE FAMILY GIVING TREE
	WEBSITE: WWW.FAMILYGIVINGTREE.ORG. EACH OF OUR GENEROUS DONORS SELECTS
	A WISH CARD AND PLEDGES TO PURCHASE A GIFT FOR A CHILD IN NEED.
4b	(Code:) (Expenses \$853,086 • including grants of \$597,357 •) (Revenue \$)
710	(Code) (Expenses \$\frac{3370000}{0000} including grants of \$\frac{33770000}{0000} \) (Nevenue \$\frac{33770000}{0000} \)
	BACK-TO-SCHOOL BACKPACK PROGRAM - IN ITS 16TH YEAR. USING A SIMILAR
	METHOD OF OPERATION, THE FAMILY GIVING TREE WORKS WITH 117 LOW-INCOME
	BAY AREA SCHOOLS PROVIDING SUPPLY-FILLED BACKPACKS TO STUDENTS ELIGIBLE
	FOR THE FEDERAL FREE OR REDUCED LUNCH MEAL PROGRAM (WHICH QUALIFIES
	THEIR NEED FOR ASSISTANCE). IN LATE SUMMER OF 2010, THE BACK TO SCHOOL
	PROGRAM PROVIDED SCHOOL SUPPLIES AND BACKPACKS TO APPROXIMATELY 18,200
	LOW INCOME CHILDREN. THE ORGANIZATION HOSTED APPROXIMATELY 525
	VOLUNTEERS IN 220,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST
	2010 TO PACK AND DISTRIBUTE THE CHILDREN'S BACKPACKS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,159,579.

032002 12-21-10

Part IV | Checklist of Required Schedules

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

Form **990** (2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	37	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
24	contributions? If "Yes," complete Schedule M	30		- 22
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

ta Enter the number reported in Box 3 of Form 1096. Enter-0 in find applicable 10 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V								
b Enter the number of Forms W2G included in the 1a. Enter o 4 not applicable 10						Yes	No			
b Enter the number of Forms W.26 included in line 1a. Enter of if not applicable OR of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 If all least one is reported on line 2a, did the organization file of all require deed employment tax returns? 11 If all least one is reported on line 2a, did the organization file all require deed employment tax returns? 12 If all least one is reported on line 2a, did the organization file all require deed employment tax returns? 13 If all the organization have unrelated business gross income of \$1,000 or more during the year? 14 If Yes, 1 and it file a form 990 17 for this year? If "Ive," provide an explanation in Schedule 0 15 If Yes, 1 and it file a form 990 17 for this year? If "Ive," provide an explanation in Schedule 0 16 If Yes, 1 and it file a form 990 17 for this year? If "Ive," provide an explanation in Schedule 0 16 If Yes, 2 in the remains of the foreign country; but as a sink account, securities account, or other financial account(9) 17 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 18 If Yes, 1 and the organization and schedule and the organization and the way or a port yield of the organization file form 8888 17 18 Did any taxable party notify the organization file Form 8888 17 19 Did any taxable party notify the organization file Form 8888 17 20 Did any taxable party notify the organization file Form 8888 17 21 If Yes, 1 and	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2						
describing winnings to prize winners? a Effect from time of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? b If If ves, "is sure or lines 1 and 2 as greater than 250, you may be required to e-Mise operations. (see instructions) b If Ves, "is sure if life a Form 990-71 for this year If "Mos," provide an explanation in Schedule O a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Ves, "enter the name of the foreign country. ▶ See instructions for filing requirements for Form 15 90 22.1. Report of Foreign Bank and Financial Accounts. c If Ves, "I live so any object that are organization that it was or is a party to a prohibited tax shelter transaction? c If Ves, "I live so any object that organization if the Gram 8896-17 object than \$100,000, and did the organization solicit any contributions that were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). b If Ves, "I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organization receive a payment in excess of \$75 made partly as a contribution of any orthibutions and every solicitation and partly for goods and services provided to the payor? 7 or granizations that may receive deductible contribution on devised that property, of the organization file a Form 1086-02 and 1 were all the organization receive a payment in excess of \$75 made partly as a contribution of appropriation of the payment of the pa	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to enfiele, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X Yes, * Insist if filed a Form 990 T for this year? If *No. * provide an explanation in Schedule O	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming						
tiled for the calendary year ending with or within the year covered by this return. 2a		(gambling) winnings to prize winners?			1c	X				
b f at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, cleen instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Az b f Yes, "has it filed a Form 90-T for this year? If "No," provide an explanation in Schedule O 3b Az Az my time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b f Yes, "the tree the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b f Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c S Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c S Order than 1 S Order transaction? 5c S Order transaction? 5d Organization are not tax deductible? 6a X b f Yes, "to line 5a or 5b, did the organization file Form 888617 6a X b f Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive deductible contributions under section 170(c). 7c Organization receive a payment in excess of 35 made party as a contribution and party for goods and services provided to the payor? 7d Organization receive a payment in excess of 35 made party as a contribution of services provided? 7d Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, "indicate the number of Forms 8282 filed during the year 9 Organization rece	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a X 3a X 3b 1f **es*, **inst iffied a Form 980 of 1 for this year? If **No*, *provide an explanation in Schedule O 3b 4a 4a **any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶ ↑ See instructions for filing requirements for Form 1D F 90 22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b 3c 3c 3c 3c 3c 3c 3c 3		filed for the calendar year ending with or within the year covered by this return	2a	21						
3a	b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a infancial accountly. 5 If "Yes," enter the name of the foreign country. ► 5 See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 A Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax educutible? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax educutible? 6 B Were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax docutions that the excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 Organizations that may receive apament in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 T Z X 7 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 T S X 9 If the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7 T S X 9 Did the organization received a contribution of cush, beta, and premiums on a personal benefit contract? 7 T S S Sponsoring organ		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)							
All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization ty to a prohibited tax shelter transaction? 5a Was the organization ty to a prohibited tax shelter transaction? 5b Was the organization that the same annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b Was the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes," did the organization notity the donor of the value of the goods or services provided? 7 b If Yes," did the organization notity the donor of the value of the goods or services provided? 7 c Did the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282? 8 b Was the same and the same	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10-							
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_									
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			100	l						
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b							
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a		_	?	12a					
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b										
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ı							
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							v			
							^			
Form 990 (2010	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	eυ			QQ O /	2010)			

Form 990 (2010)

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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	<u>.</u>		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA , OR , WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncial	
19				
19	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			

Form **990** (2010)

Pa	rt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
E ja		Membership dues	·······					
g,E		Fundraising events						
ar a		Related organizations						
S, S		Government grants (contribut						
sir		All other contributions, gifts, gran	· ·					
her	•	similar amounts not included abo		3288731.				
E t		Noncash contributions included in lines		1864655.				
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f			3288731.			
		Total: Add lines 1a-11		Business Code	32007321			
اه	2 2	AGENCY FEES		624100	12,071.	12,071.		
Program Service Revenue	z a			021200	12/0/14	12/0/11		
Ser	C							
E S	d							
Page	е	-						
Pr		All other program service reve	anue.					
		Total. Add lines 2a-2f			12,071.			
\dashv	3	Investment income (including						
	Ü	other similar amounts)			9,286.			9,286.
	4	Income from investment of ta			2,2001			2,=33
	5	Royalties		1				
	Ū	1 loyalilos	(i) Real	(ii) Personal				
	6 a	Gross Rents	(i) Fical	(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	1,449.	(ii) Other				
	h	Less: cost or other basis						
	~	and sales expenses						
		Gain or (loss)	4 4 4 4					
		Net gain or (loss)			1,449.			1,449.
		Gross income from fundraisin			, -			, -
Other Revenue		including \$	-					
eve		contributions reported on line						
Ę.		Part IV, line 18	,					
the	b	Less: direct expenses						
0		: Net income or (loss) from fund		>				
		Gross income from gaming a	-					
		Part IV, line 19						
	b	Less: direct expenses						
		: Net income or (loss) from gan						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b							
	c	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3311537.	12,071.	0.	10,735.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,212,432.	2,212,432.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	267 404	160 060	F4 FF0	42 070
_	trustees, and key employees	267,484.	169,860.	54,552.	43,072.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	473,963.	307,993.	77,452.	88,518.
7	Other salaries and wages	4/3,903.	301,333.	11,452.	00,510.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,100.	6,414.	2,060.	1,626.
9		130,523.	82,886.	26,620.	21,017.
10	Other employee benefits	61,158.	38,837.	12,473.	9,848.
11	Payroll taxes Fees for services (non-employees):	U1,130•	30,037•	12,170	J,040.
	Management	18,906.	12,006.	3,856.	3.044.
	Legal	549.	349.	112.	3,044.
	Accounting	101,251.	64,297.	20,650.	16,304.
	Lobbying	, -	, ,	, , , , ,	
e	Duefore in all foundations and the Condition 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	54,665.	34,714.	11,148.	8,803.
13	Office expenses	79,448.	50,452.	16,203.	12,793.
14	Information technology	23,452.	14,893.	4,783.	3,776.
15	Royalties				
16	Occupancy	31,900.	20,256.	6,507.	5,137.
17	Travel	22,522.	13,997.	8,213.	312.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	04 000	0.070	10.000	84.4
19	Conferences, conventions, and meetings	21,007.	2,073.	18,220.	714.
20	Interest				
21	Payments to affiliates	73,857.	16 001	15 062	11 002
22	Depreciation, depletion, and amortization	9,832.	46,901. 6,244.	15,063. 2,005.	11,893. 1,583.
23	Insurance Other expenses. Itemize expenses not covered	9,034.	0,244.	2,003.	Ι, 303.
24	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	PRINTING	102,390.	65,021.	20,882.	16,487.
b	BANK/MERCHANT CHARGES	15,598.	9,905.	3,181.	2,512.
С	DUES & SUBSCRIPTIONS	7,238.	49.	7,189.	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,718,275.	3,159,579.	311,169.	247,527.
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Farm 900 (0010)

Form **990** (2010)

10330920 758661 24630

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			106,905.	1	277,406.
	2	Savings and temporary cash investments			1,088,355.	2	552,085.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,358.	4	4,422.
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Con	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
w		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net			2,806.	7	2,200.
As	8	Inventories for sale or use			50,954.	8	
	9	Prepaid expenses and deferred charges			13,290.	9	13,661.
	10a	Land, buildings, and equipment: cost or other		100 105			
		basis. Complete Part VI of Schedule D			044.465		222 445
	b	Less: accumulated depreciation	214,167.	10c	200,445.		
	11	Investments - publicly traded securities			128,017.	11	139,136.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	00 400	14	107 100		
	15	Other assets. See Part IV, line 11		99,488.	15	107,128.	
	16	Total assets. Add lines 1 through 15 (must equ	1,706,340.	16	1,296,483.		
	17	Accounts payable and accrued expenses			59,659.	17	39,668.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete				21	
bilit	22	Payables to current and former officers, directo					
Lia		highest compensated employees, and disqualif of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			91,638.		98,248.
	26	Total lightities Add liggs 17 through OF			151,297.	26	137,916.
		Organizations that follow SFAS 117, check h					
ဖွ		lines 27 through 29, and lines 33 and 34.		and complete			
nce	27	Unrestricted net assets			1,555,043.	27	1,158,567.
<u>ala</u>	28	Temporarily restricted net assets	<u> </u>	28	, ,		
g B	29	Permanently restricted net assets		29			
ڃَ		Organizations that do not follow SFAS 117, c					
P.		complete lines 30 through 34.		, I			
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
χ¥	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,555,043.	33	1,158,567.
	34	Total liabilities and net assets/fund balances			1,706,340.	34	1,296,483.
						-	•

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI					X	
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 6	3 3	,31 ,71 <40 ,55	1,5 8,2 6,7 5,0 0,2		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
20	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	IIL	За		Х	
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			Jä			
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b			
	, , , , , , , , , , , , , , , , , , , ,				990 (2010)	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number 77 – 0284682

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.		
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)			
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i).		
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3				tal service organization		in section	170(b)(1)	(A)(iii).			
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
		city, and stat	e:								
5		An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or o	perated by	a govern	mental uni	t describe	ed in
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6		A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7	X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9		An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	o fees, ar	nd gross receipts from
				nctions - subject to certa							
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 30, 1975.
		See section	509(a)(2). (Complete	e Part III.)							
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).		
11		An organizati	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes of one or
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509(a	a)(3). Che	eck the box that
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	ո 11h.				
		a Type I	b	☐ Type II 💢 🔾	: 🔲 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III - Other
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons other than
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	(a)(1) or s	section 509(a)(2).
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		supporting of	rganization, check th	nis box							
g		Since August	t 17, 2006, has the o	organization accepted ar							
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	in (ii) and (i	ii) below,	Yes No
				upported organization?							
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)
				person described in (i) o							
h				about the supported or							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization			(vi) ls		(vii) Amount of
. ,		anization		organization (described on lines 1-9				organizatio (i) organizatio U.S.	ed in the	support	
				above or IRC section	governing	document?	(i) of your	r support?	U.S.	.?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
	_									I	
						<u> </u>					
Tota	ıl										
ΙΗΑ	For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Forn	n 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	` ,	, ,	Ì	.,
	membership fees received. (Do not						
	include any "unusual grants.")	2,969,342.	3,459,023.	3,555,838.	3,262,479.	3,294,245.	16,540,927.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,969,342.	3,459,023.	3,555,838.	3,262,479.	3,294,245.	16,540,927.
5	The portion of total contributions	, ,	, ,	, ,	<u> </u>	, ,	
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							16,540,927.
	Public support. Subtract line 5 from line 4.						10,540,527.
	ndar year (or fiscal year beginning in)	(a) 2006	(h) 2007	(a) 2009	(4) 2000	(e) 2010	(f) Total
		(a) 2006 2,969,342.	(b) 2007 3,459,023.	(c) 2008 3,555,838.	(d) 2009 3,262,479.	3,294,245.	(f) Total 16,540,927.
	Amounts from line 4	2,505,542.	3,433,023.	3,333,030.	5,202,475.	3,234,243.	10,340,327.
ŏ	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	27 220	25 563	14 526	10,022.	0 206	06 627
_	and income from similar sources	27,230.	25,563.	14,536.	10,022.	9,286.	86,637.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		000		0.450	ء ا	2 260
	assets (Explain in Part IV.)		900.		2,459.	3.	3,362.
11	Total support. Add lines 7 through 10						16,630,926.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here					>
<u>Sec</u>	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2010 (•			14	99.46 %
	Public support percentage from 2009					15	98.36 %
16a	33 1/3 % support test - 2010. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	nization did not ch	neck a box on line	13, 16a, or 16b, a	ınd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2009. If the orga	nization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						dule A (Form 990	

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)	-					
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth. or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
·	· ·			•		·
Section C. Computation of Publi	c Support Pe	rcentage				<u> </u>
15 Public support percentage for 2010 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	2009 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2010. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3 % support tests - 2009. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u> ▶□

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization Employer identification number

THE FAMILY GIVING TREE 77-0284682

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	or 990-EZ	X 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
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	aggregate contribu)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checke purpose. Do not co)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year.

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

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

Name of organization

Employer identification number

THE FAMILY GIVING TREE

77-0284682

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE FAMILY GIVING TREE

77-0284682

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
002452 10 22		\$Sahadula B /Earm 0	90 990-F7 or 990-PF) (2010)

HE FAN	MILY GIVING TREE			77-0284682				
Part III	Exclusively religious, charitable, etc., ind more than \$1,000 for the year. Complete Part III, enter the total of exclusively religious, \$1,000 or less for the year. (Enter this info	columns (a) through (e) and the us, charitable, etc., contribution	e following line entry. For o is of	ganizations aggregating				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		ription of how gift is held				
-		(e) Transfer of gi	ft					
-	Transferee's name, address, and	d ZIP + 4	Relationship of trai	nsferor to transferee				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I	(b) Furpose or grit	(c) Ose of gift	(u) Desc	Tipuon of now gift is neid				
_ -		(e) Transfer of gi	<u> </u>					
	Transferee's name, address, and	.,	Relationship of transferor to transferee					
-								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
$- \frac{1}{2}$								
	(e) Transfer of gift							
_	Transferee's name, address, and	Relationship of tra	nsferor to transferee					
-								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
$- \frac{1}{2}$								
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee					
-								

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number 77-0284682

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fun	ds
	are th	e organization's property, subject to the organization's e	exclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
Par	t II	Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storical	ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	fter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne orgar	nization during the tax
	year 🕽				
4	Numb	er of states where property subject to conservation ease	ement is located		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it h			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the or	ganization's accounting for
Da		rvation easements.	Aut Historical Transcript	\	Similar Assats
Par	t III	Organizations Maintaining Collections of		otner :	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		·
		cal treasures, or other similar assets held for public exhil	· · · · · · · · · · · · · · · · · · ·	ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describe			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pi	ublic se	rvice, provide the following amounts
		g to these items:			• •
		evenues included in Form 990, Part VIII, line 1			
_					
2		organization received or held works of art, historical treas		al gain,	provide
		llowing amounts required to be reported under SFAS 110			. .
		ues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			. 🏲 🖔

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

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	r Other	Similar A	ssets	continue	d)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	any of the	following that	t are a sigr	nificant use	of its coll	ection ite	ms
	(check all that apply):									
а	Public exhibition	c	ı 🗆 1	Loan or exc	hange progra	ıms				
b	Scholarly research	e	. 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organization	on's exemp	ot purpose i	n Part XI	/ .	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?			🔲 Y	es 🗆	□ No
Pai	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	on answered "	'Yes" to Fo	orm 990, Pai	rt IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded		_	
	on Form 990, Part X?							L Y	es L	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing 1	table:						
								Ar	nount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L Y	es L	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d	Three years	back (e) Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the year	end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment > 9									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	red for the	organizatio	n		
	by:								Yes	No
	(i) unrelated organizations							[3	Ba(i)	
	(ii) related organizations								a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	dule R?				·····	3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or c			t or other	(c) Acc	umulated	(d)	Book va	lue
	•	basis (investr			(other)		eciation	`-'		
1a	Land									
	Buildings								,	
	Leasehold improvements			1	7,928.	1	0,443	•	7,	485.
	Equipment									
	Other			46	2,198.	26	9,238	•	192,	960.
	. Add lines 1a through 1e. (Column (d) must ed		X, colun				>		200,	

	Y GIVING TREE		77-0	284682	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.			
(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation or end-of-year market		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related	See Form 990, Part X, lin		-> NA-th		
(a) Description of investment type	(b) Book value		c) Method of valuation or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X,	(a) Description			(b) Book va	luo
455/5\ 5555 366556	(a) Description				,248.
					880.
				0,	, 000.
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8) (9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)			107	,128.
Part X Other Liabilities. See Form 990, Part					,
1. (a) Description of liability	17,,	(b) Amount			
(1) Federal income taxes					
(2) 457(F) PLAN PAYABLE		98,248.			
(3)		,			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	line 25.)	98,248.			
Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote. FIN 48 (ASC 740).	ote to the organization's financial sta	atements that reports the organization	tion's liability for uncertain ta	x positions under	
032053 12-20-10				ıle D (Form 9	90) 2010
	_	_	25.7040	_ ,	-,•

	dule D (Form 990) 2010 THE FAMILY GIVING TREE		0284682 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	<u>:emen</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,311,537.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,718,275.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<406,738.
4	Net unrealized gains (losses) on investments		10,262.
5	Donated services and use of facilities 5		
6	Investment expenses 6		
7	Prior period adjustments 7		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		10,262.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<396,476.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Returr	
1	Total revenue, gains, and other support per audited financial statements	1	3,602,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments 2a 10,262		
b	Donated services and use of facilities 280,734		
	Recoveries of prior year grants 2c	-	
d	Other (Describe in Part XIV.)	-	
	Add lines 2a through 2d	2e	290,996.
3	Subtract line 2e from line 1	3	3,311,537.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.) 4b	\dashv	
		4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,311,537.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements		3,999,009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	3,333,0031
	Donated services and use of facilities		
		-	
	, ,	-	
		- !	
d		ا ۱	280,734.
_	Add lines 2a through 2d	2e	3,718,275.
3	Subtract line 2e from line 1	3	3,710,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- !	
	Other (Describe in Part XIV.) Add lives 4 and 4 by	ا ۱	0.
	Add lines 4a and 4b Table was as a Add lines 2 and 4a. This must equal Form 900. Part I line 19.	4c	3,718,275.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information	5	3,110,273.
	• • • • • • • • • • • • • • • • • • • •		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		
	$_{2}$ 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any a RT X, LINE 2: IN JUNE 2006, THE FASB ISSUED ASC $740-10$ (F		
FAI	XI A, DINE Z: IN COME 2000, THE FASE ISSUED ASC /40-10 (F	OKME.	ипт
INT	TERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME	TAX	ES - AN
INT	TERPRETATION OF FASB STATEMENT NO. 109, (FIN 48)). ASC 74	0-10	PROVIDES
GU]	DANCE ON RECOGNITION AND MEASUREMENT OF UNCERTAINTIES IN	INC	OME TAXES
REC	COGNIZED IN FINANCIAL STATEMENTS BY PRESCRIBING A MORE-LI	KELY	-THAN-NOT
REC	COGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF TAX POSI	TION	S TAKEN OR
	PECTED TO BE TAKEN ON A TAX RETURN. EFFECTIVE APRIL 1, 20		
	SANIZATION IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS AS		

Supplemental Information (continued)
UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740-10.
ACCORDINGLY, AN ENTITY SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT
EFFECTS OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT, BASED ON THE
TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. IT
ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND
PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE
ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

► Attach to Form 990.

77-0284682 THE FAMILY GIVING TREE 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 XYes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. if applicable cash grant non-cash assistance or assistance or government non-cash FMV. appraisal, assistance other) ADELANTE DUAL LANGUAGE ACADEMY 2999 RIDGEMONT AVENUE BACKPACKS & ASSISTANCE FOR NEEDY SAN JOSE, CA 95127 77-0016360 501(C)(3) 6 414 FMV SCHOOL SUPPLIES CHILDREN ALUM ROCK EDUCATION FOUNDATION 2475 VAN WINKLE LANE ASSISTANCE FOR NEEDY 501(C)(3) 0. SAN JOSE, CA 95116 77-0523774 7 931 FMV TOYS & CLOTHING CHILDREN ALUM ROCK SCHOOL DISTRICT -MIGRANT EDUCATION - 2930 GAY ASSISTANCE FOR NEEDY 77-0016360 501(C)(3) 0. 6,734.FMV TOYS & CLOTHING CHILDREN AVENUE - SAN JOSE, CA 95127 AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE #626 ASSISTANCE FOR NEEDY SAN JOSE, CA 95129 77-0475365 501(C)(3) 0. 11 523 FMV TOYS & CLOTHING CHILDREN AMERICAN INDIAN EDUCATION CENTER 749 STORY ROAD, SUITE 30 ASSISTANCE FOR NEEDY 5 237 FMV SAN JOSE, CA 95122 77-0457957 501(C)(3) TOYS & CLOTHING CHILDREN ARRIBA JUNTOS 1850 MISSION STREET ASSISTANCE FOR NEEDY 14,965.FMV 94-1663434 501(C)(3) TOYS & CLOTHING CHILDREN SAN FRANCISCO, CA 94103 80. Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations .

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA YOUTH OUTREACH PROJECT							
PRIDE - 224 N 27TH STREET - SAN							ASSISTANCE FOR NEEDY
JOSE, CA 95116	77-0170677	501(C)(3)	0.	5,986.	EM/A	TOYS & CLOTHING	CHILDREN
	77 0170077	301(0)(3)	• • • • • • • • • • • • • • • • • • • •	3,300.		TOTO W CHOTHING	
CALVARY TEMPLE							
1601 COFFEE ROAD							ASSISTANCE FOR NEEDY
MODESTO, CA 95355	32-0251500	501(C)(3)	0.	59,860.	FMV	TOYS & CLOTHING	CHILDREN
,				•			
CARITAS FELICES AT CENTRAL							
APOSTALIC CHURCH - 77 N 5TH STREET							ASSISTANCE FOR NEEDY
- SAN JOSE, CA 95112		501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	CHILDREN
CATHOLIC CHARITIES - WASHINGTON							
UNITED YOUTH CENTER - 921 SOUTH							
FIRST STREET, SUITE B - SAN JOSE,							ASSISTANCE FOR NEEDY
CA 95110	94-2762269	501(C)(3)	0.	8,231.	FMV	TOYS & CLOTHING	CHILDREN
							ASSISTANCE FOR NEEDY
CENTRAL VALLEY PROJECT	94-3454932	501(C)(3)	0.	145,759.	FMV	TOYS & CLOTHING	CHILDREN
CHILD ADVOCATES OF SILICON VALLEY							
509 VALLEY WAY			_				ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	77-0250773	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	CHILDREN
CHILDREN'S SYSTEM OF CARE							
1305 EVANS AVENUE							ACCICMANCE FOR NEEDV
	04 6000417	E01/G)/3\		E 020	EW7	move c cromutive	ASSISTANCE FOR NEEDY
SAN FRANCISCO, CA 94124	94-6000417	501(C)(3)	0.	5,238.	, F FI V	TOYS & CLOTHING	CHILDREN
CITY OF SAN JOSE YOUTH							
INTERVENTION SERVICES - 137 N							ASSISTANCE FOR NEEDY
WHITE ROAD - SAN JOSE, CA 95127	94-6000419	501(C)(3)	0.	5,986.	EW7	TOYS & CLOTHING	CHILDREN
WHILE ROAD - SAN OUSE, CA 33121	74-0000413	501(0/(3)	1	5,300.	T IIV	TOTO & CHOILING	CHILDREN
CITY OF SAN PABLO YOUTH SERVICES							
							ASSISTANCE FOR NEEDY
13831 SAN PABLO AVENUE, BLDG 6							

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY TEAM MINISTRIES - OAKLAND							
772 WASHINGTON STREET							ASSISTANCE FOR NEEDY
OAKLAND, CA 94607	94-1501285	501(C)(3)	0.	14,965.	EM/A	TOYS & CLOTHING	
omming, on stoot	31 1301203	301(0)(3)		11,503.		TOTO W CHOTHING	
CITY TEAM MINISTRIES - SAN JOSE							
2304 ZANKER ROAD							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95131	94-1501285	501(C)(3)	0.	167,608.	FMV	TOYS & CLOTHING	CHILDREN
				,			
COPS THAT CARE (MOUNTAIN VIEW							
POLICE) - 1000 VILLA STREET -							ASSISTANCE FOR NEEDY
MOUNTAIN VIEW, CA 94040	94-6003791	501(C)(3)	0.	44,895.	FMV	TOYS & CLOTHING	CHILDREN
DEPARTMENT OF ALCOHOL & DRUG						TOYS & CLOTHING;	
SERVICES - 976 LENZEN AVENUE, #10						BACKPACKS &	ASSISTANCE FOR NEEDY
- SAN JOSE, CA 95126	94-6000533	501(C)(3)	0.	11,759.	FMV	SCHOOL SUPPLIES	CHILDREN
DORSA ELEMENTARY SCHOOL							
1290 BAL HARBOR DRIVE							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	17,060.	FMV	TOYS & CLOTHING	CHILDREN
EAST PALO ALTO POLICE DEPARTMENT							
141 DEMETER STREET							ASSISTANCE FOR NEEDY
EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	CHILDREN
EGIMENTAN JUNGER PROGRAM							
ECUMENICAL HUNGER PROGRAM							AGGIGMANGE BOD NEEDY
2411 PULGAS AVENUE	04 2476042	E01/G)/3)	0.	74 005	EM7	mova c alomitma	ASSISTANCE FOR NEEDY
EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	74,825.	FMV	TOYS & CLOTHING	CHILDREN
EDEN PALMS APARTMENTS - CATALONIA							
5398 MONTEREY ROAD							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95111	94-3315887	501(C)(3)	0.	7,482.	EM7/	TOYS & CLOTHING	CHILDREN
DIN 0001, CR 73111	74 3313007	501(0)(3)	1	7,402.	T 1.1 A	1019 & CHOIMING	CHILDREN
FAMILY GIVING TREE -							
ADOPT-A-FAMILY - 606 VALLEY WAY -							ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	77-0284682	501(C)(3)	0.	23,196.	FMV	TOYS & CLOTHING	
	1 ,, 0204002	F-1(0/(0/	1 0.	25,150.	· ['	Lord a choming	C

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa T	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEORGE MAYNE SCHOOL							
502 ILLINOIS AVENUE						BACKPACKS &	ASSISTANCE FOR NEEDY
SAN JOSE, CA 95125	77-0219105	501(C)(3)	0.	5,498.	FMV		CHILDREN
GLIDE MEMORIAL CHURCH							
330 ELLIS STREET							ASSISTANCE FOR NEEDY
SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	74,825.	FMV	TOYS & CLOTHING	CHILDREN
IDYLWOOD CARE CENTER							
1002 W FREMONT AVENUE							ASSISTANCE FOR NEEDY
SUNNYVALE, CA 94087	82-0586436	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	CHILDREN
bonnivina, on sive,	02 0300130	501(0)(3)		3,000.		TOTO & CHOTHING	
INNVISION OPPORTUNITY CENTER							
CLOTHES CLOSET - 33 ENCINA AVENUE							ASSISTANCE FOR NEEDY
- PALO ALTO, CA 94301	77-0033628	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	CHILDREN
·				·			
INNVISION THE WAY HOME							
974 WILLOW STREET							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95125	77-0033628	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	CHILDREN
WARRA ALDUA DOT EDAMEDNIMU INC							
KAPPA ALPHA PSI FRATERNITY INC.							AGGIGMANGE BOD MEEDY
(BERKELEY ALUMNI) - UNIVERSITY OF	04 2520705	E01/Q\/3\	0.	E 006	EW7	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
CALIFORNIA - BERKELEY, CA 94720	94-2529785	501(C)(3)	0.	5,986.	FMV	TOYS & CLOTHING	CHILDREN
KINGZ KIDZ							
799 ELLERBROOK STREET							ASSISTANCE FOR NEEDY
MOUNTAIN HOUSE, CA 95391		501(C)(3)	0.	15,264.	FMV	TOYS & CLOTHING	CHILDREN
KINSHIP RESOURCE CENTER - CATHOLIC							
CHARITIES - 1908 SENTER ROAD - SAN							ASSISTANCE FOR NEEDY
JOSE, CA 95112	94-2762269	501(C)(3)	0.	11,224.	FMV	TOYS & CLOTHING	CHILDREN
LONGER C BIGURG BANTLY TIMOURY							
LOAVES & FISHES FAMILY KITCHEN							AGGIGMANGE BOD VEEDV
508 VALLEY WAY	77 0270074	E01/G)/3)		0.000		mova a gromutiva	ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	77-0370874	bot(c)(3)	0.	8,829.	L.W∧	TOYS & CLOTHING	CHILDREN

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	inited States (Sch	iedule I (Form 990), Pa T	art II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCHA ELEMENTARY SCHOOL							
1250 SOUTH KING ROAD						BACKPACKS &	ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,773.	FMV	SCHOOL SUPPLIES	CHILDREN
MERCY HOUSING							
1360 MISSION STREET, SUITE 300							ASSISTANCE FOR NEEDY
SAN FRANCISCO, CA 94103	94-3081666	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	CHILDREN
MILPITAS FIREFIGHTERS 777 SOUTH MAIN STREET							ACCICMANCE EOD NEEDV
MILPITAS, CA 95035	94-6019192	501(C)(3)	0.	11,972.	PM7	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
MILIFITAS, CA 93033	94-0019192	501(0/(3/	0.	11,972.	FMV	TOTS & CHOTHING	CHILDREN
MILPITAS UNIFIED SCHOOL DISTRICT							
2225 EDSEL DRIVE							ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	22,448.	FMV	TOYS & CLOTHING	CHILDREN
				,			
MISSION NEIGHBORHOOD CENTERS /							
HEAD START - 362 CAPP STREET - SAN							ASSISTANCE FOR NEEDY
FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	11,373.	FMV	TOYS & CLOTHING	CHILDREN
VOVENERAL TOD VENERAL VIETNERA							
MOMENTUM FOR MENTAL HEALTH							AGGIGMANGE HOD MEEDY
2001 THE ALAMEDA	04 1406052	E01/C)/2)		0 070	EW7	MOVE & CLOMHING	ASSISTANCE FOR NEEDY
SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	CHILDREN
MOTHER BRANCH HOMELESS SHELTER							
2584 FARRINGTON WAY							ASSISTANCE FOR NEEDY
EAST PALO ALTO, CA 94303		501(C)(3)	0.	43,398.	FMV	TOYS & CLOTHING	
-							
NEW LIFE CHRISTIAN DAY CARE							
37048 CONTRA COSTA AVENUE							ASSISTANCE FOR NEEDY
FREMONT, CA 94536	94-3402980	501(C)(3)	0.	5,417.	FMV	TOYS & CLOTHING	CHILDREN
NEW MISSION OUTREACH							
3098 FLORENCE AVENUE							ASSISTANCE FOR NEEDY
	77-0184095	501(C)(3)	0.	8,380.	EM7/	TOYS & CLOTHING	
SAN JOSE, CA 95127	11-0104033	POTICI(3)	1 0.	0,300.	F. 1.1 A	TOID & CHOILING	CITTIDUEN

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT DOOR SOLUTIONS TO DOMESTIC							
VIOLENCE - 234 EAST GISH ROAD,							ASSISTANCE FOR NEEDY
SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	0.	17,060.	EM7	TOYS & CLOTHING	CHILDREN
DOTTE 200 DAN CODE, CA 33112	J4 2420700	501(0)(3)		17,000.	r m v	TOTS & CHOTHING	CHILDREN
OAKLAND CHILDREN'S SERVICES							
7200 BANCROFT AVE, SUITE 125-D							ASSISTANCE FOR NEEDY
OAKLAND, CA 94605	94-3123480	501(C)(3)	0.	5,238.	FMV	TOYS & CLOTHING	CHILDREN
ommine, on side	31 3123100	301(0)(3)		3,230,		TOTO W CHOIMING	
OHLONE CHYNOWETH COMMONS, CITY OF							
SAN JOSE - 5300 TERNER WAY - SAN							ASSISTANCE FOR NEEDY
JOSE, CA 95136	94-3315887	501(C)(3)	0.	5,836.	FMV	TOYS & CLOTHING	CHILDREN
				, , , , , ,			
OUTREACH 95117 PROGRAM							
3207 WILLIAMSBURG DRIVE, #4							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95117	94-2598855	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	CHILDREN
				, , , , , ,			
PARENT PROJECT							
70 WEST HEDDING ST., WEST WING							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95110	94-2864814	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	CHILDREN
PRENATAL ADVANTAGE BLACK INFANT				, , , , , ,			
HEALTH - 2415 UNIVERSITY AVENUE,							
2ND FLOOR - EAST PALO ALTO, CA							ASSISTANCE FOR NEEDY
94303	94-6000532	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	CHILDREN
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			.,		1012 4 020111110	
RANCHO MIDDLE SCHOOL							
1915 YELLOWSTONE AVENUE						BACKPACKS &	ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	6,873.	FMV	SCHOOL SUPPLIES	CHILDREN
•				,			
RENAISSANCE ACADEMY							
1720 HOPKINS DRIVE						BACKPACKS &	ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,635.	FMV	SCHOOL SUPPLIES	CHILDREN
			1	,,,,,,,,			
RESOLVE TO STOP VIOLENCE							
1 DR. CARLTON GOODLETT PLACE						BACKPACKS &	ASSISTANCE FOR NEEDY
SAN FRANCISCO, CA 94102	94-6000417	501(C)(3)	0.	6,414.	FMV	SCHOOL SUPPLIES	CHILDREN
	1	1 - 1 - 1 - 1	<u> </u>	-,	I		0

(a) Name and address of organization or government ROBERT RANDALL ELEMENTARY SCHOOL 300 EDSEL DRIVE MILPITAS, CA 95035 ROGERS ELEMENTARY SCHOOL 2999 RIDGEMONT AVENUE SAN JOSE, CA 95127 SACRED HEART COMMUNITY SERVICES 381 SOUTH FIRST STREET SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE 859 N 4TH STREET	(b) EIN 36-1327510 77-0016360	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A300 EDSEL DRIVE MILPITAS, CA 95035 ROGERS ELEMENTARY SCHOOL ROSE, CA 95127 SACRED HEART COMMUNITY SERVICES ROSE, CA 95110 SALVATION ARMY - SAN JOSE		501(C)(3)	0.				
A300 EDSEL DRIVE MILPITAS, CA 95035 ROGERS ELEMENTARY SCHOOL ROSE, CA 95127 SACRED HEART COMMUNITY SERVICES ROSE, CA 95110 SALVATION ARMY - SAN JOSE		501(C)(3)	0.				i
ROGERS ELEMENTARY SCHOOL ROGERS ELEMENTARY SCH		501(C)(3)	0.		I	BACKPACKS &	ASSISTANCE FOR NEEDY
2999 RIDGEMONT AVENUE SAN JOSE, CA 95127 SACRED HEART COMMUNITY SERVICES 381 SOUTH FIRST STREET SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE	77-0016360			6,414.	FMV		CHILDREN
2999 RIDGEMONT AVENUE SAN JOSE, CA 95127 SACRED HEART COMMUNITY SERVICES 381 SOUTH FIRST STREET SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE	77-0016360						
SAN JOSE, CA 95127 SACRED HEART COMMUNITY SERVICES 381 SOUTH FIRST STREET SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE	77-0016360					BACKPACKS &	ASSISTANCE FOR NEEDY
381 SOUTH FIRST STREET SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE		501(C)(3)	0.	6,873.	FMV		CHILDREN
381 SOUTH FIRST STREET SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE							
SAN JOSE, CA 95110 SALVATION ARMY - SAN JOSE							AGGIGMANGE HOD MEEDY
SALVATION ARMY - SAN JOSE	23-7179787	501(C)(3)	0.	60,668.	EM77	TOYS & CLOTHING	ASSISTANCE FOR NEEDY CHILDREN
	23-1119101	501(0/(3/	<u> </u>	00,000.	FHV	TOTS & CHOTHING	CHILDREN
							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95112	94-1170408	501(C)(3)	0.	44,895.	FMV	TOYS & CLOTHING	CHILDREN
SAN FRANCISCO RESCUE MISSION							
230 JONES STREET							ASSISTANCE FOR NEEDY
SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	89,790.	FMV	TOYS & CLOTHING	CHILDREN
SAN JOSE UNIFIED SCHOOL DISTRICT							
HOMELESS CHILDREN PROGRAM - 1149							
EAST JULIAN STREET, BUILDING G -	04 5000505	504 (5) (2)		5 000	L	BACKPACKS &	ASSISTANCE FOR NEEDY
SAN JOSE, CA 95116	94-6002606	501(C)(3)	0.	5,028.	FMV	SCHOOL SUPPLIES	CHILDREN
SANTA CLARA COUNTY PUBLIC HEALTH							
DEPARTMENT REGION 5 - 614 TULLY							ASSISTANCE FOR NEEDY
ROAD - SAN JOSE, CA 95111	94-6000533	501(C)(3)	0.	9,159.	FMV	TOYS & CLOTHING	CHILDREN
				-			
SJB CHILD DEVELOPMENT CENTERS							
.400 PARKMOOR AVENUE, SUITE 220							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95126	94-1747079	501(C)(3)	0.	14,964.	FMV	TOYS & CLOTHING	CHILDREN
SNI - EDENVALE ROUNDTABLE	í			1	l	1	i
COMMUNITY ASSOCIATION - 285 AZUCAR							
AVENUE - SAN JOSE, CA 95111							ASSISTANCE FOR NEEDY

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNI - GARNDER COMMUNITY CENTER							
520 WEST VIRGINIA STREET							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95124	77-0427923	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	CHILDREN
SNI - HANK LOPEZ COMMUNITY CENTER							
1694 ADRIAN WAY							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	8,979.	FM7/	TOYS & CLOTHING	CHILDREN
5AN 005E, CA 75122	77 0427323	501(0)(3)	· · ·	0,575.	PITV	TOTS & CHOTHING	CHILDREN
SNI - KONA NEIGHBORHOOD							
ASSOCIATION - 1535 SANTEE DRIVE -							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	CHILDREN
SNI - MCKINLEY BONITA ASSOCIATION							
651 MACREDES AVENUE							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95116	77-0427923	501(C)(3)	0.	14,366.	FMV	TOYS & CLOTHING	CHILDREN
SNI - OLINDER NEIGHBORHOOD							
ASSOCIATION - 848 EAST WILLIAM							ASSISTANCE FOR NEEDY
STREET - SAN JOSE, CA 95116	77-0427923	501(C)(3)	0.	17,538.	FMV	TOYS & CLOTHING	CHILDREN
BIR CODE, ON 35110	,, 012,323	501(0)(3)	· ·	17,330.		TOTO & CHOTHING	
SNI - SANTEE CAT							
1535 SANTEE DRIVE							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,482.	FMV	TOYS & CLOTHING	CHILDREN
CALL MAGNITAGEON ELEMENERADA GOLIOOT							
SNI - WASHINGTON ELEMENTARY SCHOOL 100 OAK STREET							ASSISTANCE FOR NEEDY
	77-0427923	501(C)(3)	0.	10 604	EW7	TOYS & CLOTHING	CHILDREN
SAN JOSE, CA 95110	11-0421323	001(0/(3/	1	19,604.	T. T.T. A	TOTS & CHOILING	CHILDREN
SNI - WINCHESTER/BLACKFORD							
3707 WILLIAMS ROAD							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95117	77-0427923	501(C)(3)	0.	8,979.	FMV	TOYS & CLOTHING	CHILDREN
SOMOS MAYFAIR							
370-B SOUTH KING ROAD							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95116	77-0499913	501(C)(3)	0.	10,475.	FMV	TOYS & CLOTHING	CHILDREN

Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	art II.)	_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANGLER ELEMENTARY SCHOOL							
140 NORTH ABBOTT						BACKPACKS &	ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	6,873.	FMV	SCHOOL SUPPLIES	CHILDREN
· · · · · · · · · · · · · · · · · · ·				,			
ST. VINCENT DE PAUL SOCIETY							
1375 CARLTON AVENUE							ASSISTANCE FOR NEEDY
MENLO PARK, CA 94025	94-1376833	501(C)(3)	0.	23,944.	, FMV	TOYS & CLOTHING	CHILDREN
SUNNYVALE COMMUNITY SERVICES							
725 KIFER ROAD							ASSISTANCE FOR NEEDY
SUNNYVALE, CA 94086	94-1713897	501(C)(3)	0.	85,001.	FMV	TOYS & CLOTHING	CHILDREN
THE							
TAFT ELEMENTARY SCHOOL 903 10TH AVENUE						DAGKDAGKG 6	AGGIGMANGE HOD MEEDY
REDWOOD CITY, CA 94063	94-3084018	501(C)(3)	0.	5,040.	EMZ1	BACKPACKS & SCHOOL SUPPLIES	ASSISTANCE FOR NEEDY CHILDREN
REDWOOD CITT, CA 94003	34-3004010	501(0/(3/	0.	3,040.	FMV	SCHOOL SUFFLIES	CHILDREN
TODAY'S YOUTH MATTER							
469 VALLEY WAY							ASSISTANCE FOR NEEDY
MILPITAS, CA 95035	94-3176545	501(C)(3)	0.	5,986.	, FMV	TOYS & CLOTHING	CHILDREN
				·			
VALLEY CHURCHES UNITED MISSIONS							
9400 CALIFORNIA 9							ASSISTANCE FOR NEEDY
BEN LOMOND, CA 95005	77-0163322	501(C)(3)	0.	17,958.	, FMV	TOYS & CLOTHING	CHILDREN
VALLEY HOUSE CARE CENTER							
991 CLYDE AVENUE	00 00-00-	504 (5) (3)	_		L		ASSISTANCE FOR NEEDY
SANTA CLARA, CA 95054	23-2779765	501(C)(3)	0.	5,088.	, ⊮'MV	TOYS & CLOTHING	CHILDREN
VINCI PARK ELEMENTARY SCHOOL							
1311 VINCI PARK WAY						BACKPACKS &	ASSISTANCE FOR NEEDY
SAN JOSE, CA 95131	58-2173450	501(C)(3)	0.	5,498.	EM7	SCHOOL SUPPLIES	CHILDREN
	30 21,3430	501(0)(0)	· ·	3,450.	, +	CONSOL BOILDIES	OHI DENDIN
VOVINAM VIET VO DAO AMERICA							
1821 QUIMBY ROAD							ASSISTANCE FOR NEEDY
SAN JOSE, CA 95122	77-0126463	501(C)(3)	0.	5,687.	, FMV	TOYS & CLOTHING	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WEST EVERGREEN NEIGHBORHOOD									
ASSOCIATION/WHALEY ELEMENTARY									
SCHOOL - 2655 ALVIN AVENUE - SAN							ASSISTANCE FOR NEEDY		
JOSE, CA 95121	77-0527857	501(C)(3)	0.	5,088.	FMV	TOYS & CLOTHING	CHILDREN		
WORLD ACADEMY									
1700 28TH AVENUE		L	_			BACKPACKS &	ASSISTANCE FOR NEEDY		
OAKLAND, CA 94601	20-2204424	501(C)(3)	0.	6,873.	FMV	SCHOOL SUPPLIES	CHILDREN		
-									
-									
	L	L	L		1	ı	l .		

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	recipients	cash grant	casn assistance	(book, Fivry, appraisal, other)	
Part IV Supplemental Information. Complete this part to provi	do the circle was ation	n ve avvive d in David	line O and any other		
SCHEDULE I, PART I, LINE 2: AGENCI	ES CONTA	CT FAMILY	GIVING TRE	E WITH	
REQUEST FOR PROGRAM RELATED ASSIST	ANCE. WE	REQUEST P	ROOF OF 50	1(C)(3)	
STATUS OR CONFIRMATION OF STATUS A	AS A PUBL	TC SCHOOL.			
printed on continuation of printed i	<u></u>	10 20110011			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number 77-0284682

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9	1	1

032111

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

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F)
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
JENNIFER CULLENBINE (i)	99,900.	0.	11,250.	26,016.	15,444.	152,610.	0.
1 PIETRASIK (ii)		0.	0.	0.	0.	0.	0.
(i)							
2 (ii)							
(i)							
_3 (ii)							
(i)							
4 (ii)							
(i)							
(i)							
<u>6</u> (ii)							
(i)							
(i)							
8 (ii)							
(i)							
9 (ii)							
(i)							
10 (ii)							
11 (ii)							
12 (ii)							
(i)							
13 (ii)							
(i)							
14 (ii)							
(i)							
15 (ii)							
(i)							

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 4B: THE ORGANIZATION MADE A CONTRIBUTION OF \$15,516 TO THE
IRC 457(F) PLAN ESTABLISHED FOR JENNIFER CULLENBINE PIETRASIK, THE
EXECUTIVE DIRECTOR.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

 \blacktriangleright Attach to Form 990 or Form 990-EZ. \blacktriangleright See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

	\mathbf{E} FAMIL							7-02	8468	2	
Part I Excess Benefit	Transact	ions (section	on 501(c)(3) and section	n 501(c)(4) organizatio	ns only).					
Complete if the orga	anization ans	wered "Yes	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b.		
1										(c) Corr	ected?
(a) Name of dis	squalified per	son			(b) Description	of transa	ction	lon			No
2 Enter the amount of tax imp	osed on the	organization	manager	s or disqualifi	ed persons during the	year un	der				
section 4958								. 🕨 \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	ıtion			. 🕨 \$			
Part II Loans to and/o											
Complete if the orga			on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	, line 38	3a.			
(a) Name of interested (b) Loan to or fi				nal principal	(d) Balance due	(e) In default?		(f) Approved by board or		(g) Written	
person and purpose	the organization?		ا ا	mount		deta	luit ?	cómm	ittee?	agreement?	
	To Fr					Yes	No	Yes	No	Yes	No
			1					<u> </u>			
			1					<u> </u>			
			1								
			-								
			1								
			-								
			1								
			1								
				. .							
^{[otal} Part III │ Grants or Assis	tance Re	nofitina l	ntoroeta	> \$	•						
		_									
Complete if the orga (a) Name of interested		wered "Yes"			een interested person	and		(a) Am	ount on	d tuno of	.
(a) Name of interested	person		(b) Relati		ganization	and		(c) Amount and type of assistance			
							+				
_HA For Paperwork Reduction	Act Notice,	see the Ins	tructions	for Form 99	0 or 990-EZ.		chedul	e L (For	m 990 c	r 990-E2	Z) 2010

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involv	ring Interested Persons.				r age z
Complete if the organization answered	l "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
DODEDE GUI I ENDINE	DELAMINE OR EXECUTE	7 200	DDOMESTON O	Yes	No
ROBERT CULLENBINE	RELATIVE OF EXECUTI	7,299.	PROVISION O		Х
Dort V. O					
Part V Supplemental Information		0			
Complete this part to provide additionate	al information for responses to question	is on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVE	NG TNTEREST	ED PERSONS:		
Ben I, IIMI IV, Bobinibb I	THE	NO INTEREST	LD I LINDOND:		
(A) NAME OF PERSON: ROBERT	CULLENBINE				
(B) RELATIONSHIP BETWEEN 1	INTERESTED PERSON AN	D ORGANIZAT	ION:		
	CEOD AND EODMED OFF	TOED OF ODG	3 NT 7 3 MT 6N		
RELATIVE OF EXECUTIVE DIRE	CTOR AND FORMER OFF	ICER OF ORG	ANIZATION		
(D) DESCRIPTION OF TRANSAC	TTTON: PROVISION OF	CONSIILTING	SERVICES TO	тне	
(B) BEBERTITION OF TRANSPORT	ZIION: IROVIBION OI	CONDULTING	DERVICED TO	11111	
ORGANIZATION.					

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d			
		Check if	Number of contributions or	Noncash contribution amounts reported on				_
		applicable		Form 990, Part VIII, line	noncash contrib	oution ai	Hourit	S
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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	v	10,000	1 072 655	. COST			
25	Other (HOLIDAY GIFTS)	X	10,000	1,872,655	. COST			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		-					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
				=			Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of			•				37
	the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.					31		77
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							X
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							
ΙЦΛ	For Panerwork Reduction Act Notice see	the Instruc	tions for Earm 00	^	Schedule M	I (Earm	OOOL /	2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number 77-0284682

FORM 990, PART VI, SECTION B, LINE 11: EACH BOARD MEMBER IS PROVIDED A

COPY OF THE 990. THE AUDIT AND THE FINANCE COMMITTEES OF THE BOARD OF

DIRECTORS REVIEW AND APPROVE THE FORM 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD MEETING. COMPLETED

DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY

FOR COMPLETION.

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

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

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

NET UNREALIZED GAINS ON INVESTMENTS:

10,262.

FORM 990, PART XII, LINE 2C: THE ROLE AND FUNCTION OF THE AUDIT

COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2010)