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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

lacktriangle Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

_		enue Service Information about Form 990 and its instructions			Inspection				
<u>A</u>	For t	he 2014 calendar year, or tax year beginning 09/01, 2014	, and ending		2/31, 20 14				
В	Check (f	C Name of organization		D Employer Identific					
_	Add	GIVEDIRECTLY, INC.		27-166199	97				
<u> </u>	chan	Doing business as							
<u> </u>	Nam	e change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number					
⊢		PO BOX 3221 - CHURCH ST. STATION		(646) 504-/	4837				
⊢	term	City or town, state or province, country, and ZIP or foreign postal code]					
 -	Ame	NEW TORK, NY 10008		G Gross receipts \$					
L	beug	· I		H(a) is this a group rel subordinates?	tum for Yes X No				
_		PO BOX 3221-CHURCH ST STATION NEW YORK, NY	10008	H(b) Are an subord nates					
<u> </u>		cempt status: X 501(c)(3)	or 527	If "No," attach a li	lst (see instructions)				
<u>J</u>		hte: ► WWW.GIVEDIRECTLY.ORG	,	H(c) Group exemption					
K		of organization, X Corporation Trust Association Other	L Year of forma	ition 2009 M State	e of legal domicile MA				
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities THE OF	RGANIZATION	S MISSION IS	S TO REDUCE				
ş	1	POVERTY BY PROVIDING FINANCIAL ASSISTANCE DIRECTI							
Ę		AND ALLOWING THEM - NOT THE DONOR - TO CHOOSE WHE							
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose							
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		3	6.				
95 95	4	Number of independent voting members of the governing body (Part VI, line 1b) _		4	6.				
Ē	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	9.				
댨	6	Total number of volunteers (estimate if necessary)		6					
ď	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0				
	ь	Net unrelated business taxable income from Form 990-T, line 34	 	7b	0				
				Prior Year	Current Year				
9	8	Contributions and grants (Part VIII, line 1h)		17,351,471.	14,489,804.				
ē	9	Program service revenue (Part VIII, line 2g)		0	0				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d),		11,996.	116,097.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,561	150,695.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		17,397,028.	14,756,596.				
	13	Grants and similar amounts paid (Part-IX, column (A), lines 1-3)		6,888,170.	5,547,741.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0				
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),		574,261.	280,138.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	59,804.				
Ğ.	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 236,,208	 1						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d=11f=24e)		653,429.	394,827.				
	18	Total expenses Add lines 13-17 (must equal Part X, column (A): line 25)	., Ç∥	8,115,860.	6,282,510.				
	19	Revenue less expenses Subtract line 18 from line 12	. 13.1.	9,281,168.	8,474,086.				
S Of	1	Total assets (Part X line 16) NOV 1 9 2015	Begin	nning of Current Year	End of Year				
Assets Balanc	20	Total assets (Part X line 16) NOV 1 9 2015		15,494,593.	26,674,246.				
A B		Total liabilities (Part X, line 26)	er 20	3,073,901.	5,779,468.				
25	22	Net assets or fund balances Subtract line 21 from line 20. OCOF. U		12,420,692.	20,894,778.				
Pa	rt II	Signature Block							
Uni	der per	natities of perjury, I declare that I have examined this return, including accompanying schedu	iles and statements,	and to the best of my	knowledge and beilef, it is				
	, curre	ct, and complete Declaration of preparer (other than officer) is based on all information of whice	ch preparer has any k	noweage .					
~ :-				11/12//	15				
Sig		Signature of officer		Date					
He	re	PAUL NIEHAUS PRESIDENT	_						
		Type or print name and title							
Paic		Print/Type preparer's name Preparer's signature	PATE OF C	Check if	PTIN				
) Darer	FREDERICK DAVIS	(11/11/11)	self-employed	P00446023				
	Only	Firm's name ►MITCHELL & TITUS, LKP		Firm's EIN ▶ 13 - 2	2781641				
		Form's address ▶ONE BATTERY PARK PLAZA NEW YORK, NY 100	04	Phone no 212	-709-4500				
May	the II	RS discuss this return with the preparer shown above? (see instructions)			. X Yes No				
For	Paper	work Reduction Act Notice, see the separate instructions.			Form 990 (2014)				

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Part	IV Checklist of Required Schedules			-0-
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	١ . ا		.,
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	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,"		-	
u	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	110		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
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	-	Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	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 and XII is optional	12b		X
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	_
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l l		
4.5	foreign investments valued at \$100,000 or more? 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 other assistance to or			.,
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	.	v	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	X	
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_ X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III.	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\rightarrow	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, 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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			i
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			$\overline{}$
-	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	 		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled			i
	entity or family member of any of these persons? 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,	<u></u>		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		 -
U	Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	205		
С	was an officer, 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	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			 -
٥.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
02	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	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, Part II, III,	•••		
34	or IV, and Part V, line 1	34		x
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ja		<u> </u>
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		\vdash
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	10		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		 -	<u> </u>
30	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13. Note: All 1 only 330 file 3 are required to complete Schedule O			(2014)
				·

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Part V	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
1a Ente	er the number reported in Box 3 of Form 1096 Enter -0- if not applicable		_,,,,	
	er the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did	the organization comply with backup withholding rules for reportable payments to vendors and			
repo	rtable gaming (gambling) winnings to prize winners?	1c		
	r the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	ements, filed for the calendar year ending with or within the year covered by this return . 2a 9			
	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Х
	ny time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	
	, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	punt)?	4a	x	
b If "Y	es," enter the name of the foreign country ATTACHMENT 2			
	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
(FBA	· · · · · · · · · · · · · · · · · · ·			
5a Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	es" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	s the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	nization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	es," did the organization include with every solicitation an express statement that such contributions or	١		
	were not tax deductible?	6b		
_	anizations that may receive deductible contributions under section 170(c).		ļ	
	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?	7a		X
	es," did the organization notify the donor of the value of the goods or services provided?	7b		
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	ired to file Form 8282?	7c	l	Х
	es," indicate the number of Forms 8282 filed during the year			
	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
_ f _ Did t	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
-	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	soring organization have excess business holdings at any time during the year?	8		
-	nsoring organizations maintaining donor advised funds.			
	the sponsoring organization make any taxable distributions under section 4966?	9a		
	the sponsoring organization make a distribution to a donor, donor advisor, or related person?ion 501(c)(7) organizations. Enter	9b		
	tion fees and capital contributions included on Part VIII, line 12		ł	
	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		İ	
	ion 501(c)(12) organizations. Enter		İ	
	ss income from members or shareholders	1	ŀ	
	s income from other sources (Do not net amounts due or paid to other sources			
	nst amounts due or received from them)			
	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Y	es," enter the amount of tax-exempt interest received or accrued during the year 12b			
	ion 501(c)(29) qualified nonprofit health insurance issuers.			
	e organization licensed to issue qualified health plans in more than one state?	13a		
	s. See the instructions for additional information the organization must report on Schedule O			
	r the amount of reserves the organization is required to maintain by the states in which		- 1	
	organization is licensed to issue qualified health plans			
	r the amount of reserves on hand			
c Ente		امما		Х
c Ente 14a Did t	the organization receive any payments for indoor tanning services during the tax year?	14a 14b		

Sect	ion A. Governing Body and Management			
	1.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · <u>1a</u>	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u>	9		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		,,
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			.,
	stockholders, or persons other than the governing body?	7 <u>b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	_	v	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Saati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cou	Yes	No
		40=	163	X
_	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		_
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
43	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
•	The organization's CEO, Executive Director, or top management official	15a	Х	1
a h	· · · · · · · · · · · · · · · · · · ·	15b	Х	\vdash
b	Other officers or key employees of the organization	100		\vdash
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			l
104	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		Γ-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	,		
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, MA, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016		only)
	available for public inspection. Indicate how you made these available. Check all that apply	. 551(J)(U)3	Oilly)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
. •	financial statements available to the public during the tax year	.5.551	P-110)	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recon	ds ▶		
	REGINA IULO FINANCIAL COMFORT, INC 150 BROADWAY, #1208 NEW YORK, NY 10038 646-638-4700			

7 01111 000 (201-	<u> </u>		04.00	7111001017	1110.				2, 10	01331	1 agc 1
Part VII	Compensation	of (Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntra	ctors								
	Check if Schedu	le C	contains	a response	or note to	any li	ne in this Part	VII			
Section A.	Officers, Directors	s, Tr	rustees, K	ey Employee	s, and High	est Co	mpensated Em	ployees			

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization i	nor any related	orga	nıza	tion	COI	npen	sate	d any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any						an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)MICHAEL_FAYE CHAIRMAN OF THE BOARD	20.00	X						() 0	(
(2)ROHIT WANCHOO TREASURER	5.00	Х						(0	
(3)CHRIS HUGHES	_1.00	Х		_	-		-		0	(
(4) JACQUELLINE FULLER DIRECTOR	1.00							C	0	(
	1.00	Х						(0	(
(6) PAUL NIEHAUS PRESIDENT	30.00	Х		х				87,200.	0	12,474.
	40.00					Х		120,833.	0	4,951.
_(8)										
_(9)										
(10)										
(11)										<u> </u>
(12)		-								
(13)										
(14)					-					
			<u> </u>		Ц_	<u> </u>			<u> </u>	L

_		-0
² a0	e	0

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	ligl	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than obox, unless person is both officer and a director/trus					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
					-	-				
	 -									
				-	l					<u> </u>
		-	_	 	lacksquare					
				-		-	-			
			-	_	_		_			ļ
1b Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	ection A ·····	· · ·		 	· ·	· -:	▶ ▶	208,033. 0 208,033.	(
reportable compensation from the organization			1						——————	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007	i If	"Yes	s," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Scl	satı hedu	on ile	fron <i>I for</i>	n any such	un per	related organizations on	on or individual	5 X
Complete this table for your five highest com- compensation from the organization. Report of year.										
(A) Name and business add	fress				_			(B) Description of se	ervices	(C) Compensation
		-					}			
		-		_			+			
2 Total number of independent contractors (iii	neludina hi	ut no	t lin	nuto	d +-	the		usted about who	received	
more than \$100,000 in compensation from th						0	۱۱ ټ.		10001760	ro 000
6950IF F253										Form 990 (201

		Check if Schedule O contains a response	<u>or note to an</u>	<u>y line in this Part V</u>	<u>////</u>	<u> </u>	<u></u>]
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a	1,309.				
Grai	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
	d	Related organizations 1d			Ī		
ons, Sir	e	Government grants (contributions) 1e					
utic	f	All other contributions, gifts, grants,					
Ę5		and similar amounts not included above . 1f	14,488,495				
Con	g	Noncash contributions included in lines 1a-1f \$	3,117,467		ŧ		
	<u>h</u>	Total. Add lines 1a-1f		14,489,804			+
Program Service Revenue		Bu	isiness Code				
ě	2a						
Se F	b					 _	
Ž	С						+
Š	ď						
Irar	е						+
õ	f	All other program service revenue L. Total. Add lines 2a-2f					 -
	9			0			
	3	Investment income (including dividends, and other similar amounts)		15,968			15,968
	4	Income from investment of tax-exempt bond pro		15,300			13,900
	5	Royalties		0			
		<u> </u>	(ii) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income or (loss)					
	ď	Net rental income or (loss)	🕨	0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
	 	assets other than inventory					}
	b	Less cost or other basis	1				
	1	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	· · · · · • [100,129			100,129
re	8a	Gross income from fundraising					
evenue	ļ	events (not including \$					ļ
		of contributions reported on line 1c)					
ř		See Part IV, line 18					1
Other F	b	Net income or (loss) from fundraising events					
0	C	Gross income from gaming activities		0			
) 9a	See Part IV, line 19					
	ь	Less direct expenses b					
	C	Net income or (loss) from gaming activities.	. , ▶	0			
	10a						
		returns and allowances					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory		0			
	<u> </u>	Miscellaneous Revenue Bu	usiness Code				
	11a	FOREIGN EXCHANGE GAIN	900099	136,264.	136,264.		
	ь	OTHER INCOME	900099	14,431	14,431		
	C						
	ď	All other revenue					
	е	Total. Add lines 11a-11d		150,695			
	12	Total revenue. See instructions	<u> ▶</u>	14,756,596	150,695		116,097.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 5,547,741. 5,547,741. individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 6,645. trustees, and key employees 66,449 59,804. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 188,472 100,090 53,932 34,450. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 38,827. 19,843. 12,881 6,103. 46,194 34,280 3,550 8,364. 11 Fees for services (non-employees) a Management 13,589. 12,986 603. 49,207. 2,184. 47,023. d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 78,381. 814. 77,567. 27,572. 22,050 1,104 4,418. 11,926 3,504. 8,422. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 21 Payments to affiliates 1,364. 1,364. 22 Depreciation, depletion, and amortization 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule () 54,708. 54,708 aFIELD STAFF EXPENSES 111,652. 111,652. bTRANSFER FEES 38,954 3,628. 341. 34,985. c PAYMENT PROCESSING & BANK FE 3,173. 3,320 147. dOTHER REGULATORY FEES 4,154 402. 1,657. 2,095. e All other expenses ______ 6,282,510. 5,903,010. 143,292 236,208. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 4,348,383. Cash - non-interest-bearing 2,374,656. 1 13,063,992. 2 21,293,321. Savings and temporary cash investments 3 3 1,000,000. Accounts receivable, net 4 1,928. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 Complete Part II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 organizations (see instructions) Complete Part II of Schedule L 6 **Assets** Notes and loans receivable, net 0 Inventories for sale or use ______ 27,007. R 5,581. 11,464. 7,680. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 12,018.10c 0 11 0 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 a 12 0 12 Investments - program-related See Part IV, line 11 0 13 13 0 14 14 5,456. **15** 5,456. 15 15,494,593. 16 26,674,246. Total assets. Add lines 1 through 15 (must equal line 34) 16 46,063. 17 79,449. Accounts payable and accrued expenses 17 3,027,838. 18 5,700,019. 18 Grants payable 0 19 19 ō 20 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 22 Secured mortgages and notes payable to unrelated third parties 23 0 23 0 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. of Schedule D 25 3,073,901. 5,779,468. 26 Total liabilities. Add lines 17 through 25.......... 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Balances 27 17,770,463. Unrestricted net assets 11,733,233. 27 28 687,459. 28 3,124,315. 29 29 0 Fund Organizations that do not follow SFAS 117 (ASC 958), check here 5 complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Ř 20,894,778. 33 12,420,692. 33 Total liabilities and net assets/fund balances.......... 15,494,593. 26,674,246.

Form 990 (2014)

Form 990 (2014)

JSA 4E1054 1 000

SCHEDULF A (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.

Department of the Treasury Internal Revenue Service

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

Onen to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number 27-1661997 GIVEDIRECTLY, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (IV) is the organization (vi) Amount of (described on lines 1-9 support (see other support (see listed in your gove above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2010 (b) 2011 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (c) 2012 (d) 2013 grants, contributions, membership fees received (Do not 191,980 504,062 5,423,136 17, 351, 471 14,489,804 37,960,453. include any "unusual grants") revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 191,980 504,062 5,423,136 17,351,471 14,489,804 37,960,453 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)..... 20, 399, 537 Public support. Subtract line 5 from line 4 17,560,916 Section B. Total Support (a) 2010 Calendar year (or fiscal year beginning in) (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 191,980 5,423,136 14,489,804 Amounts from line 4 504.062 17,351,471 37,960,453 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,000 13,692 15,968 30,660 Net income from unrelated business activities, whether or not the business 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH . 1 184,256 38,175,369. 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 60.83% 15 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check X b 331/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Page 3

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.)

Calen	tion A. Public Support	4-1-00-10	(1) 0044	(1) 60:10	44.6646		10041	40 7
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(е) 2014	(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		1					
	furnished in any activity that is related to the			}				
	organization's tax-exempt purpose						_ i	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513		1	İ				1
4	Tax revenues levied for the		T					
	organization's benefit and either paid							
	to or expended on its behalf		ļ	l	ļ			1
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5		<u> </u>					
	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		 					
_	Add lines 7a and 7b		 	_	-			-
0	line 6)							
8001	tion B. Total Support		L	L	L			<u> </u>
		(a) 2010	(b) 2011	(c) 2012	(d) 2013		2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(5) 2011	(0) 2012	(4) 2013	10	7 20 14	(i) iotai
	Amounts from line 6							
iva	payments received on securities loans,							
	rents, royalties and income from similar							
	sources		<u> </u>					
b	Unrelated-business-taxable income (less	_	_	_				
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b		<u> </u>					
11	Net income from unrelated business							
	activities not included in line 10b,					i		
	whether or not the business is regularly							
	whether or not the business is regularly carried on							
12	carried on							
12								
12	carried on							
12 13	Carried on							
	carried on							
	carried on	the organizatio	n's first, second.	third, fourth, or	fifth tax year a	s a s	ection 501	(c)(3)
13	carried on	•			•			```
13 14	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u> </u>		•			```
13 14	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here.tion C. Computation of Public Sup	port Percent	age		<u></u>	· · ·		`▶ [
13 14 Sect	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Sup	port Percent	age ed by line 13, colur	mn (f))		15		► [
13 14 Sect 15 16	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche	port Percent column (f) divid dule A, Part III, lin	age ed by line 13, colur	mn (f))		· · ·		%
13 14 Sect 15 16 Sect	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schettion D. Computation of Investment	port Percent column (f) divid dule A, Part III, In at Income Per	age ed by line 13, colui ne 15	mn (f))		15 16		% %
13 14 Sec 15 16 Sec	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schettion D. Computation of Investment Investment income percentage for 2014 (line)	port Percent column (f) dividudule A, Part III, lin at Income Per ne 10c, column (age ed by line 13, columne 15 rcentage (f) divided by line	mn (f))		15 16		% %
13 14 Sect 15 16 Sect 17 18	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Income percentage for 2014 (line Investment income percentage from 2013 Schetinestment income percentage from 2014 (linestment income percentage from 2013 Schetinestment income percentage from 2014 (linestment income percentage from 2014 Schetinestment income percentage from 201	port Percent column (f) divid dule A, Part III, Im at Income Per ne 10c, column (Schedule A, Part	age ed by line 13, coluine 15	mn (f))		15 16 17 18		% % % % %
13 14 Sect 15 16 Sect 17 18	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Income percentage for 2014 (line Investment income percentage from 2013 331/3% support tests - 2014. If the organization of the same percentage from 2013 331/3% support tests - 2014.	port Percent column (f) divid- dule A, Part III, Im at Income Per ne 10c, column (Schedule A, Part ganization did n	age ed by line 13, coluine 15 rcentage (f) divided by line till, line 17 ot check the box	mn (f))	d line 15 is more	15 16 17 18 e than	331/3%,	% % %
13 14 Sec: 15 16 Sec: 17 18	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage from 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Income percentage from 2013 3 331/3% support tests - 2014. If the organization more than 331/3%, check the	port Percent column (f) dividedule A, Part III, Im nt Income Per ne 10c, column (Schedule A, Part ganization did no is box and sto	age ed by line 13, coluine 15 rcentage (f) divided by line till, line 17 ot check the box p here. The org	mn (f))	d line 15 is more	15 16 17 18 e than	331/3 %,	% % % % and line
13 14 Sec 15 16 Sec 17 18	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Supplic support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Income percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2013 Saliva Support tests - 2014. If the organization was support tests - 2014. If the organization was support tests - 2013. If the organization in the salivation of the sal	port Percent column (f) divided A, Part III, Int int Income Per ne 10c, column (Schedule A, Part ganization did no inization did not	age ed by line 13, columne 15 rcentage (f) divided by line till, line 17 ot check the box p here. The org check a box on	mn (f)) 13, column (f)) x on line 14, an anization qualifie	d line 15 is mons as a publicly	15 16 17 18 e than suppo	331/3 %, rted organ than 331/	% % % and line ization 3%, and
13 14 Sec 15 16 Sec 17 18 19 a	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Supplic support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Income percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2013 Statistical Statist	port Percent column (f) dividual A, Part III, Int int Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto inization did not this box and s	age ed by line 13, columne 15 rcentage (f) divided by line 11, line 17 ot check the box p here. The org check a box on top here. The or	mn (f)) 13, column (f)) x on line 14, an anization qualifie line 14 or line 1: ganization qualifie	d line 15 is mons as a publicly Pa, and line 16 is es as a publicly	15 16 17 18 e than suppo more suppo	331/3 %, rted organ than 331/	% % % and line ization 3%, and
13 14 Sec 15 16 Sec 17 18	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Supplic support percentage for 2014 (line 8, Public support percentage from 2013 Schetion D. Computation of Investment Income percentage from 2013 Schetion D. Computation of Investment Investment income percentage from 2013 Saliva Support tests - 2014. If the organization was support tests - 2014. If the organization was support tests - 2013. If the organization in the salivation of the sal	port Percent column (f) dividual A, Part III, Int int Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto inization did not this box and s	age ed by line 13, columne 15 rcentage (f) divided by line 11, line 17 ot check the box p here. The org check a box on top here. The or	mn (f)) 13, column (f)) x on line 14, an anization qualifie line 14 or line 1: ganization qualifie	d line 15 is mores as a publicly ea, and line 16 is es as a publicly o, check this bo	15 16 17 18 e than suppo more suppo ex and	331/3%, rted organ than 331/ rted organ	% % % and line ization 3%, and

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion A. All Supporting Organizations		_	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a_		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	ļ	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	İ	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	_	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10ь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			T
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		Ţ
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			1
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			Ţ -
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		T
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	_		_ Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		L
7 Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting	organization (see
instructions)	. •	,,	• • • • • • • • • • • • • • • • • • • •

Schedule A (Form 990 or 990-EZ) 2014

GIVEDIRECTLY, INC. 27-1661997 Schedule A (Form 990 or 990-EZ) 2014 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C. line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 а b C d From 2013 е Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)

Schedule A (Form 990 or 990-EZ) 2014

b

instructions)

Breakdown of line 7

d Excess from 2013 **e** Excess from 2014

Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015 Add lines 3

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

SCHEDULE A, PART II - OTHER INCOME					ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
FOREIGN EXCHANGE GAIN			30,549	136,264.	166,813	
OTHER INCOME				3,012	14,431	17,443.
TOTALS				33, 561	150,695	184,256.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GIVEDIRECTLY, INC 27-1661997 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register................. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014

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

(b) Cost or other basis

12,485.

3,071.

(c) Accumulated

depreciation

3,126

533

(a) Cost or other basis

(investment)

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schadula	D (Form	aanı	2014

9,359.

2,538.

11.897.

(d) Book value

Description of property

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990	Part IV line 11h See Form 990 Par	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	1174, 1110 12.
	(including name of security)		Cost or end-of-year market va	alue
	al derivatives			
	-held equity interests			_
(3) Other		-		
(N)			<u>.</u>	
<u>(B)</u>				
(D)		-		
<u>(E)</u>				
<u>\</u> (F)				
(G)		·		
(H)		——————————————————————————————————————		
` _	n (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
T WIT VIII	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990, Par	t X, line 13.
-	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market va	alue
(1)			-	
(2)				
(3)	-			
(4)				
(5)				
_(6)				
_(7)				
(8)		 .		
_(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d See Form 990, Par	t X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)		_ -		
(3)				
(4)				
_(5)	,			
(6)				
(7)				
(8)				·
(9)		45)		
	umn (b) must equal Form 990, Part X, col (B) li	ne 15)		
Part X	Other Liabilities. Complete if the organization answered	"Voo" to Form 000	Dort IV line 11e or 11f Can Form Of	00 Dad V
	line 25		raitiv, line the of the See Form 98	90, Pari A,
1.	(a) Description of liability	(b) Book valu	<u>e</u>	
	ral income taxes			
(2)				
(3)				
<u>(4)</u>	· · · · · · · · · · · · · · · · · · ·			
(5)			 	
(6)				
(7)		_		
(8)			 	
(9)	nn (b) must equal Form 990, Part X, col (B) line 25)			
	or uncertain tax positions. In Part XIII provide the			4- 41

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS THAT
GIVEDIRECTLY TAKES. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE
RECOGNIZED WHEN THE POSITION IS MORE-LIKELY-THAN-NOT, BASED ON THE
TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT
HAS ANALYZED THE TAX POSITIONS TAKEN BY GIVEDIRECTLY, AND HAS CONCLUDED
THAT AS OF DECEMBER 31, 2014, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN
OR EXPECTED TO BE TAKEN. GIVEDIRECTLY HAS RECOGNIZED NO INTEREST OR
PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS SUBJECT
TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY
NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO
LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No 1545-0047 2014

27-1661997

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIVEDIRECTLY, INC.

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

Employer identification number

Par	General Information Form 990, Part IV, line 1	on Activities 4b	Outside the l	Jnited States. Complete	if the organization answ	ered "Yes" on			
1	For grantmakers. Does the organistance, the grantees' eligibility grants or assistance?	ity for the grant	ts or assistance	e, and the selection criteri	a used to award the	X Yes No			
2	For grantmakers. Describe in assistance outside the United St		ganization's pi	rocedures for monitoring	the use of its grants	and other			
3	Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)								
<u>-</u>	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)	SUB-SAHARAN AFRICA	2	54	PROGRAM SERVICES	SEE PART V	5,547,741			
(2)						3,5,			
(3)	· · · · · · · · · · · · · · · · · · ·								
(4)									
(5)									
(6)									
(7)									
(8)				_					
(9)									
(10)									
(11)									
(12)									
(13)									
(14)					-				
(1 <u>5)</u>		1							
(16)									
(17)			11	-					
3a b		2	54			5,547,741			
С	Totals (add lines 3a and 3b)	2	54			5,547,741			

Schedule F (Form 990) 2014

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (11) (10) (12)(3) 9 9 3 6 Ξ (2) 3 8

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

(13)

(14)

(15)

(16)

~

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2014

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 16 Part III can be duplicated if additional space is needed Schedule F (Form 990) 2014

Part III Grants an

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) DIRECT CASH ASSISTANCE TO POOR HOUSEHOLD	SUB-SAHARAN AFRICA	6019	5,547,741.	SEE PART V			
(2)							
(3)							
(4)							
(5)					7730m		:
(9)							
(7)							
(8)			İ				
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
		-				Sche	Schedule F (Form 990) 2014

<u>Part</u>	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

PROCEDURES FOR MONITORING THE USE OF ITS GRANTS OUTSIDE THE U.S.

SCHEDULE F, PART I, LINE 2:

TO MONITOR THE USE OF THE GRANTS, GIVEDIRECTLY CALLS ALL RECIPIENTS AFTER EACH TRANSFER IS SENT TO ENSURE IT WAS RECEIVED AND THERE WERE NOT ANY ADVERSE EVENTS. IT ALSO CONDUCTS RANDOMIZED CONTROLLED TRIALS TO MEASURE THE IMPACT OF THE GRANTS.

SPECIFIC TYPE OF SERVICES IN REGION

SCHEDULE F, PART I, LINE 3, COL(E):

WE IDENTIFY POOR HOUSEHOLDS AND DELIVER CASH DIRECTLY TO THEM.

MANNER OF CASH DISBURSEMENT

SCHEDULE F, PART III, COL(E):

MANNER OF CASH DISBURSEMENT - ELECTRONIC TRANSFER

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990.

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

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

GIVEDIRECTLY, INC

Employer identification number 27-1661997

0.00	Tunes of December	_	_					
Par	Types of Property	г — —	 					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art			<u> </u>				
2	Art - Historical treasures		- 11 -					
3	Art - Fractional interests				}			
4	Books and publications							
5	Clothing and household		<u> </u>					
	goods							
6	Cars and other vehicles							
7	Boats and planes	_	· · ·					
8	Intellectual property	I .						
9	Securities - Publicly traded	X	42,611.	3,117,467.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic	ļ						
	structures				Į			
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			<u> </u>		-		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ▶()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29			
					1		Yes	No
30a	During the year, did the organizat							ĺ
	28, that it must hold for at least th							ĺ
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	<u> </u>	_		=				1
	contributions?					31	X	-
32a	Does the organization hire or use	e third part	ies or related organization	is to solicit, process, or s	ell noncash			ĺ
	contributions?					32a	<u> </u>	Х
b	If "Yes," describe in Part II							
33	If the organization did not report ar	n amount in	column (c) for a type of pro	pperty for which column (a) is checked,			1
_	describe in Part II				_		1	ĺ

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014)

Part II

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GIVEDIRECTLY, INC

Employer identification number 27–1661997

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

A QUALIFIED AND AUTHORIZED PERSON SHALL REVIEW THE ANNUAL FORM 990

RETURN, PREPARED BY ITS ACCOUNTANTS, UNDER THE DIRECTION OF THE BOARD.

THE RETURN SHALL BE PRESENTED TO ALL BOARD MEMBERS FOR APPROVAL, EITHER

VIA E-MAIL OR BY PAPER COPY, PRIOR TO ITS FILING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST EACH DIRECTOR, PRINCIPAL AND OFFICER, SHALL ANNUALLY REVIEW THE CONFLICTS OF INTEREST POLICY AND DISCLOSE ANY KNOWN CONFLICTS.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO INCLUDED A REVIEW BY
THE TREASURER AND REST OF THE BOARD OF THE SALARIES OF CEOS AT COMPANIES
OF SIMILAR SIZE.

AVAIL OF GOV. DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. FORM 990S ARE AVAILABLE ON THE WEBSITE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

GIVEDIRECTLY OFFERS A SERVICE ALLOWING OTHERS - GOVERNMENTS,

FOUNDATIONS, INDIVIDUAL DONORS - TO PROVIDE DIRECT CASH TRANSFERS

TO THE POOR. THE ORGANIZATION'S PROPRIETARY MODEL RE-ENGINEERS

FIELDWORK FOR THE DIGITAL ERA, ALLOWING IT TO COMPLETE THESE

Name of the organization GIVEDIRECTLY, INC. Employer identification number 27-1661997

ATTACHMENT 1 (CONT'D)

TRANSFERS SECURELY, EFFICIENTLY AND TRANSPARENTLY. USING THE LATEST TECHNOLOGY AT EVERY STEP, GIVEDIRECTLY LOCATES RECIPIENTS, INTEGRATES THEM INTO ELECTRONIC PAYMENTS NETWORKS, AND MONITORS TRANSFERS END-TO-END. THE ORGANIZATION CHARGES DONORS THE FULL COST OF DELIVERING THIS SERVICE AND NOTHING MORE. SINCE 2009, GIVEDIRECTLY HAS REACHED APPROXIMATELY 19,000 EXTREMELY POOR HOUSEHOLDS IN KENYA AND UGANDA. WE ENROLLED A TOTAL OF 10,631 HOUSEHOLDS THROUGH THE END OF 2014.

ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

KENYA

UGANDA