Form 990

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 private foundations)

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.

OMB No. 1545-0047

A	For t	he 201	3 calendar year, or tax year beginning 09/01, 2013,	and ending		08/31, 20 14		
R		app cable	C Name of organization		D Employer Ide	entification number		
_	_	200	GIVEDIRECTLY, INC.	27-1661997				
	Add		Doing Business As GIVEDIRECTLY			5.5		
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone nu	ımber			
	Init	return	PO BOX 3221 - CHURCH ST. STATION		(646) 504	4-4837		
	Terr	ninated	City or town, state or province, country, and ZIP or foreign postal code		10107 50	1 1007		
	Ame	nded	NEW YORK, NY 10008		G Gross receipt	s \$ 17,397,028.		
		cation	F Name and address of principal officer: PAUL NIEHAUS		H(a) Is this a grou			
		, mg	PO BOX 3221-CHURCH ST STATION NEW YORK, NY 1	0000	subordinates?			
ī	Tax-e	xempt sta		T	H(b) Are all subordin	nates included? Yes No		
J			atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or WWW.GIVEDIRECTLY.ORG	1 321				
K			ization: X Corporation Trust Association Other	I . v	H(c) Group exemp			
-	artl		nmary	L Year of form	ation: 2009 M 8	State of legal domicile: MA		
gu.au	1			GANTERMICA				
di	30	DOM	describe the organization's mission or most significant activities. THE ORGANIZATION DESCRIPTION OF THE ORGANIZATION OF THE OR	GANIZATION	'S MISSION	IS TO REDUCE		
Activities & Governance		AND	ERTY BY PROVIDING FINANCIAL ASSISTANCE DIRECTLY	Y TO THE E	XTREME POOF			
Ë			ALLOWING THEM - NOT THE DONOR - TO CHOOSE WHEN					
8	2	Check	this box if the organization discontinued its operations or disposed	of more than 25	% of its net assets			
S	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3 6.		
Se	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4 6.		
Ž	5	Total r	number of individuals employed in calendar year 2013 (Part V, line 2a)		L	5 9.		
cti	6	Total r	number of volunteers (estimate if necessary)	ADMINISTRAÇÃO DE COMPANSION DE	20 407000 COURTS	6 7.		
⋖	1 a	lotal t	inrelated business revenue from Part VIII, column (C), line 12			7a 0		
_	b	Net un	related business taxable income from Form 990-T, line 34			7b 0		
					Prior Year	Current Year		
9	8	Contril	butions and grants (Part VIII, line 1h)		5,404,686	5. 17,351,471.		
Revenue	9	Progra	m service revenue (Part VIII, line 2g)			0 0		
Se V	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,000	11,996.		
IL.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,450			
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,424,136			
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	****	2,119,874			
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		-//	0 0,000,170.		
un	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		138,425			
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	••••	130,123	0 0 0		
ē.	b	Total fi	undraising expenses (Part IX, column (D), line 25) 325, 360.	· · · · · -		0		
ũ	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200 621	CE2 400		
	18	Total a	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		208,631			
	19	Payani	up less expenses. Subtract line 19 from line 19		2,466,930			
r s	10	IVE VEIII	ue less expenses. Subtract line 18 from line 12	112.712.512	2,957,206			
anc	20	Total a	conta (Part V. See 40)		nning of Current Ye			
Net Assets or Fund Balances	21	Total II	ssets (Part X, line 16)		4,406,460			
at a	22	Notal II	abilities (Part X, line 26)		1,266,936			
	rt II		sets or fund balances. Subtract line 21 from line 20		3,139,524	. 12,420,692.		
true	, corre	ct, and c	perjury, I declare that I have examined this return including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which	s and statements, preparer has any l	and to the best of r	ny knowledge and belief, it is		
			NEA			4/2015		
Sig	n	Ī	Gnature of officer			12013		
Her		/		2000	Date			
		III -	PAUL NIEHAUS PRESIDEN Type or print name and title	VT				
_	-	-						
Paid			ype preparer's name Preparer's/signature	Date	Check ii			
	parer		ERICK DAVIS	111411)	self-employed	P00446023		
	Only	-	name ▶MITCHELL & TITUS, LLP		Firm's EIN ▶ 13	-2781641		
			address ►ONE BATTERY PARK PLAZA NEW YORK, NY 1000	4	Phone no. 21	2-709-4500		
			uss this return with the preparer shown above? (see instructions)			X Yes No		
For	Paper	work R	eduction Act Notice, see the separate instructions.			Form 990 (2013)		

Form 8868	(Rev. t-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-i	Month Exter	nsion, complete only Part	Il and check this box	N X
Note. On	ly complete Part II if you have already been gr	ranted an au	Itomatic 3-month extension	n on a previously filed Form 886	
• If you	are filing for an Automatic 3-Month Extension	complete	only Part I (on page 1)	in on a previously med Point ood	30 .
Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the ori	ginal (no copies needed)	
	Name of exempt organization or other filer, see	instructions.		Enter filer's Identifying number, s Employer identification number	
Type or	i				(2117) 01
print	GIVE DIRECT, INC.			27-1661997	
Princ	Number, street, and room or suite no. If a P.O. t	oox see instru	ections	Social security number (SSN)	
File by the due date for				Cooler Security Harrison (GOI4)	
filing your	City, town or post office, state, and ZIP code F		idress see instructions		
return. See instructions.	NEW YORK, NY 10008	or a foreign at	an eas, ace man doctoria.		
	Return code for the return that this application	n ie for /file	a congrate application for a	anch roturn)	
Applicat	ion	Return		sach return)	
Is For	1011		Application		Return
	0 or Form 990 E7	Code	Is For		Code
	0 or Form 990-EZ	01			
Form 99		02	Form 1041-A		08
Form 99	(20 (individual)	03	Form 4720 (other than i	ndividual)	09
		04	Form 5227		10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870		12
STOPT DO	not complete Part II if you were not already	granted ar	n automatic 3-month exte	nsion on a previously filed Fo	rm 8868.
• The bo	oks are in the care of ▶THE_ORGANIZATIO	N. 139 F	ULTON ST #810 NEW	YORK, NY 10038	
	one No. ▶ 646 504-4837		Fax No. ▶		
e if the o	rganization does not have an office or place of	f business ir	the United States, check t	this box	▶ 🔲
• If this is	s for a Group Return, enter the organization's f	our digit Gro	oup Exemption Number (GE	N) If t	his is
for the wh	nole group, check this box	If it is for pa	art of the group, check this	box ▶ and a	ttach a
	e names and EINs of all members the extension				
	uest an additional 3-month extension of time			07/15 , 20 15 .	
	calendar year, or other tax year begin	ning	09/01,20 13,a		, 20 14 .
6 If the	e tax year entered in line 5 is for less than 12 i	months, ched	ck reason: Initial re	eturn Final return	
	Change in accounting period				
7 State	e in detail why you need the extension THE	INFORMAT	ION NECESSARY TO F	ILE A COMPLETE	
AND	ACCURATE RETURN IS NOT YET AVA	ILABLE.			
-					
0 - 14 -11					
	is application is for Forms 990-BL, 990-PF,	990-T, 4720	o, or 6069, enter the ter	ntative tax, less any	
-	efundable credits. See instructions.			8a \$	0
	is application is for Forms 990-PF, 990-T				
	nated tax payments made. Include any p	rior year o	verpayment allowed as	a credit and any	
	unt paid previously with Form 8868.			8b \$	0
	nce Due. Subtract line 8b from line 8a. Include		ent with this form, if requi	red, by using EFTPS	
(Elec	ctronic Federal Tax Payment System). See instr			8c \$	0
	Signature and Verific				-X
Under pen knowledge	alties of perjury. I declare that I have examined and belief, it is true, correct, and complete, and that	this form, including the same authorization of the same authorization	cluding accompanying sched ed to prepare this form	dules and statements, and to the	e best of my
	11 60. 5		520		1 - 1 - m
Signature >	I'm the		Title ▶ CSP	Date > 2-4	11
				Form 8868	(Rev. 1-2014)

Statement of Program Service Accomplishments Check if Schedule Contains a response or note to any line in this Part III	
THE ORGANIZATION'S MISSION IS TO REDUCE POVERTY BY PROVIDING FINANCIAL ASSISTANCE DIRECTLY TO THE EXTREME POOR AND ALLOWING THEM - NOT THE DONOR - TO CHOOSE WHERE THEY INVEST. 2 Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-E2? If Yes, describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any prog services? If Yes, describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services? If Yes, describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services? If Yes, describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services? If Yes, describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services? If Yes, describe these changes on Schedule O. 5 Describe the organization's program service accomplishments for each of its three largest program services? If Yes, describe the service and the service and the total expenses, and revenue, if any, for each program service economics are required to report the amount of grants at the total expenses. If Yes, describe the service and the service and the total expenses of the amount of grants at the total expenses. If Yes, describe the service and the service and the total expenses. If Yes, describe the service and the service	
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Total	
Total program service expenses ► 7,556,798.	

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 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, X 5 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 6 X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. X 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 9	00 (2013)	1371		Page
Part	Checklist of Required Schedules (continued)			ago
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? 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 individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
24 a	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
10.80	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2000		
6	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
D	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?			**
26	If "Yes," complete Schedule L, Part I	25b		X
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	- 20	Λ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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			
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		Х
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	X
•	or IV, and Part V, line 1	24		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	_	Λ
11277	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	300	\neg	
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	The serious contains a response of note to any line in this Part V			•
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	_	Yes	3
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	Aco.	
c	Did the organization comply with backup withhelding and applicable	9		
10.00	Did the organization comply with backup withholding rules for reportable payments to vendors and	TO IN	TO THE	
2a	reportable gaming (gambling) winnings to prize winners?	1c		
-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	300		
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	9	1818	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	7
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2010	
h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At 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			
b	account)? If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1	4a	Х	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	boes the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	if res, did the organization include with every solicitation an express statement that such contributions or	- Ou		
	girts were not tax deductible?	6b		
7	organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	in res, did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,		
	required to file Form 8282?	7c		
d	if Yes, indicate the number of Forms 8282 filed during the year 7d	,,,	LINGS	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
en 1	organizations. Did the supporting organization or a depart advised funds and section 509(a)(3) supporting	RES		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
9	organization, have excess business holdings at any time during the year?	8		
a	Did the organization make any tayable distributions and the organization make any tayable distribution make any tayable dist	1		
h	Did the organization make any taxable distributions under section 4966?	9a		ļ
U	bld the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	har a	1	۱
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	0		
	Section 501(c)(12) organizations. Enter:	175.13		
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	- 5 -		
·a ·	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a		
ו מ	The Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
•	Section 501(c)(29) qualified nonprofit health insurance issuers.	Lagran		
a	s the organization licensed to issue qualified health plans in more than one state?	13a		
- 1	Note. See the instructions for additional information the organization must report on Schedule O		DAG!	
D	inter the amount of reserves the organization is required to maintain by the states in which			
Ţ	ne organization is licensed to issue qualified health plans		133	
C	inter the amount of reserves on hand	173		
a [JID THE OFGANIZATION receive any nayments for indoor tenning considered distinct the tenning of the second of the	14-		
bl	I TES DAS II TILED A FORM (20) to report these neumonted if IIV-II	14a	\dashv	
1	, The Ho, provide an explanation in schedule U	14b		

Form 990 (2013) GIVEDIRECTLY, INC. 27-1661997 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI Section A. Governing Body and Management

			165	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing	S. c		T.
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	the manual of voting members included in line 1a, above, who are independent	6	111	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			100
	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			
	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		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		110	
	the year by the following:		1	7 70
а	The governing body?	8a	Х	
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			
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chanters			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take stens to safeguard the			
Cook	organization's exempt status with respect to such arrangements?	16b		
	on 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	501(c)(3)s	only)
	available for public inspection. Indicate now you made these available. Check all that apply.	,,-		37
2500	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 inte	rest r	olicy	and
-00.0	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
26	organization: ▶ REGINA IULO FINANCIAL COMFORT, INC.150 BROADWAY, #1208 NEW YORK, NY 10038 646-638-4700	25		

JSA

Form	990	(2013)	
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GIVEDIRECTLY, INC.

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Page 7

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Daul VI		
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee. (C) (A) (B) Position (D) Name and Title (do not check more than one Average Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of week (list an officer and a director/trustee) from other related hours for the organizations compensation Individual Officer nstitutional Key employee employee fighest compensated related organization from the (W-2/1099-MISC) director (W-2/1099-MISC) organization and related below dotted l trustee organizations line) trustee (1)MICHAEL FAYE 10.00 CHAIRMAN OF THE BOARD X 0 (2)ROHIT WANCHOO 1.00 TREASURER 0 X 0 0 (3)CHRIS HUGHES 1.00 DIRECTOR 0 X 0 (4)JACQUELLINE FULLER 1.00 DIRECTOR 0 X 0 0 (5)BILL MEEHAN 1.00 DIRECTOR 0 Х (6)PAUL NIEHAUS 50.00 PRESIDENT 0 X X _(7)_ _(8)_ _(9)_ (10) $(11)_{-}$ (12)(13) (14)

Dan		2
r ay	C	u

Part VII	013)	uetoes V					and a second			27-166	215735421CE/
	(B) Average hours for					e than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from	(F) Estimated	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	
							(
								1			
d Total (a 2 Total nu	om continuation sheets to Part VII, Se add lines 1b and 1c)	imited to th				ove	 	▶ ▶	0 0 0 ceived more than \$	0 0 0	
B Did the	e organization list any former office	er director	0	true	stoo		ov. 68	mml			Yes No
For any organiza	ee on line 1a? If "Yes," complete Schedur individual listed on line 1a, is the sation and related organizations great	um of repo ater than	rtable \$150	e co	al. omp	ens	ation	and	d other compense	ation from the	3 X
for servi	ces rendered to the organization? If "Yes	accrise com	none	atio	n fr	am	anu .		.latad		4 X
Comple	Independent Contractors te this table for your five highest comp sation from the organization. Report co	ensated in	lener	der	nt co	ontr	actor	, the	at received many	th 0.4.00 000	
	(A) Name and business addre	ess							(B) Description of serv	rices C	(C) ompensation
2 Total nu more tha	mber of independent contractors (inc an \$100,000 in compensation from the	cluding but	not l	imit	ted	to t		list	ted above) who re	eceived	
1055 1.000		J	nt like			U					Form 990 (2013

Part VIII Statement of Revenue

1	THE PERSON		Check if Schedule O contains a response or n		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Business Code Trust	nts	2 1a	Federated campaigns 1a	1,082.	THE REPORT OF THE PARTY.	THE PERSON		
Business Code Trust	Gra	2 E						
Business Code Trust	ts,	E 0		45				
Business Code Trust	5	<u> </u>						C COLUMN
Business Code Trust	ns,	. e		137				
Business Code Trust	e it	j f		1				
Business Code Trust	편	5		50 280				
Business Code Trust	ontr	2 0						
Business Code Business Code			Total. Add lines 1a-1f		12 221 121			
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	venue	20	Busines		17,351,471.			
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	8	h						
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	ice	"						
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	er.	6						
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	E	a						
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	gra	e						
3 Investment income (including dividends, interest, and other similar amounts). 13,692. 13	Š	T C	All other program service revenue					
other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents c Rental income or (loss) d Net rental income or (loss) Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) -1,696 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses b Less: circle of controlly line 18 b Less: direct expenses b Less: direct expenses b Less: direct openses c Net income or (loss) from gaming activities. D Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses b Less: direct openses c Net income or (loss) from sales of inventory, less returns and allowances a b Less: cost of goods sold b Less: cost of goods sold 10a Gross asles of inventory, less returns and allowances a b Less: direct expenses c Net income or (loss) from sales of inventory miscellaneous Revenue Business Code 11a FOREIGN EXCHANGE GAIN 900099 30,549 30,		_		▶	0			E BURNEY
Second From Investment of tax-exempt bond proceeds Companies		3		79/7				
Secondary Seco					13,692.			13,692
(i) Real (ii) Personal		.100			0			
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 19 a b Less: direct expenses . b c Net income or (loss) from gaming activities		5	Royalties · · · · · · · · · · · · · · · · · · ·	▶	0			
b Less: rental expenses				sonal				
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		6a						
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		b			No Philadelphia			
Tag Gross amount from sales of assets other than inventory		55.	Rental income or (loss)					No. of Concession,
a size other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)		d			0			
b Less: cost or other basis and sales expenses		7a	Gross amount from sales of	her				
and sales expenses		b	The state of the s	86				
C Gain or (loss)								
d Net gain or (loss)		c						
8a Gross income from fundraising events (not including \$		d			1 606		CHEST OF STATE OF STA	NAME OF TAXABLE PARTY.
See Part IV, line 18	0	8a		0.00	-1,696.			-1,696.
See Part IV, line 18	Ę	- Control						
See Part IV, line 18	Š							
b Less: direct expenses	ď							
9a Gross income from gaming activities. See Part IV, line 19	je	b						
9a Gross income from gaming activities. See Part IV, line 19	Ħ	100	Net income or (loss) from fundraising events	N	18			ON STREET STORY
b Less: direct expenses	Ŭ	9a	Gross income from gaming activities.		0			The Assistance
10a Gross sales of inventory, less returns and allowances			Less: direct expenses b	- 100				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory		1000	Gross sales of inventory, less		0			
Miscellaneous Revenue Business Code			Less: cost of goods sold b					
11a FOREIGN EXCHANGE GAIN b OTHER INCOME d All other revenue		С			0			
b OTHER INCOME 900099 3,012. 3,012. c All other revenue			Miscellaneous Revenue Business	Code				
b OTHER INCOME 900099 3,012. 3,012. c		11a	FOREIGN EXCHANGE GAIN 900099		30,549.	30,549.		
d All other revenue		b	OTHER INCOME 900099		SC 196500 1			
e Total. Add lines 11a-11d		С				-/		
e Total. Add lines 11a-11d		d	All other revenue					
12 Total revenue. See instructions		е	Total. Add lines 11a-11d		33,561.	STATE OF THE	Street Co.	1-10-77
		12	Total revenue. See instructions		The second second	33,561.		11 005

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b. 7b.	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	6,888,170.	6,888,170.		
4 Benefits paid to or for members	0,000,170.	0,000,170.		
5 Compensation of current officers, directors,	-			
trustees, and key employees	33,224.		3,322.	29,902
6 Compensation not included above, to disqualified	00/2211		3,322.	23,302
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	o			
7 Other salaries and wages	429,258.	208,611.	87,025.	133,622
8 Pension plan accruals and contributions (include section	,		07,0231	100/022
401(k) and 403(b) employer contributions)	o			
9 Other employee benefits	59,619.	43,908.	7,445.	8,266
10 Payroll taxes	52,160.	36,730.	4,319.	11,111
11 Fees for services (non-employees):			·	•
a Management	0			
b Legal	19,261.		19,261.	
c Accounting	97,351.		97,351.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	31,965.	4,546.	600.	26,819
15 Royalties	0			
16 Occupancy	78,548.	39,691.	10,880.	27,977
17 Travel	47,619.	35,656.		11,963
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,294.	2,294.		
23 Insurance	U			
24 Other expenses. Itemize expenses not covered		1 - 5 - 6 6		
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	100000000000000000000000000000000000000			
(A) amount, list line 24e expenses on Schedule O.)				
aFIELD STAFF EXPENSES	120 550	120 550		
bTRANSFER FEES	129,559.	129,559.		
cPAYMENT_PROCESSING & BANK FE	147,338. 81,121.	147,338.	1 260	72 426
dOTHER REGULATORY FEES	13,511.	6,426. 13,511.	1,269.	73,426
	4,862.	358.	2,230.	2 274
e All other expenses	8,115,860.	7,556,798.	2,230.	2,274 325,360
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 if following SOP 98-2 (ASC 958-720)	0,223,000.	1,330,130.	233,702.	323,300
tollowing SOD OF 2 (ASC OFF 720)	O	11		

-		GIVEDIRECTLY, INC.		27-	1661997
	n 990 (Page 1 1
P8	art X		D-4 V		
_		Check if Schedule O contains a response or note to any line in this l	20000	• • •	
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,389,760.	1	2,374,656
	2	Savings and temporary cash investments		2	13,063,992
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,327.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			P15 13 11 11
		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			
60		organizations (see instructions). Complete Part II of Schedule L		6	(
Assets	7	Notes and loans receivable, net	(7	
Ass	8	Inventories for sale or use	7,573.	8	27,007.
	9	Prepaid expenses and deferred charges	3,300.		11,464.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 14,312		111	
	b	Less: accumulated depreciation		10c	12,018.
	11	Investments - publicly traded securities		11	(
	12	Investments - other securities. See Part IV, line 11		12	(
	13	Investments - program-related. See Part IV, line 11		13	(
	14	Intangible assets		14	(
	15	Other assets. See Part IV, line 11	1,500.	15	5,456.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,406,460.	16	15,494,593.
	17	Accounts payable and accrued expenses	30,353.	17	46,063.
	18	Grants payable	1,236,583.	18	3,027,838.
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
jab		trustees, key employees, highest compensated employees, and		187	
_		disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
_	26	Total liabilities. Add lines 17 through 25	1,266,936.	26	3,073,901.
Ø		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
nce	27		2 740 605		11 722 222
ala	28	Unrestricted net assets Temporarily restricted net assets	2,748,695.	27	11,733,233.
d B	29	Permanently restricted net assets	390,829.	28	687,459.
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here	-	29	0
F		complete lines 30 through 34.	To the year		
s	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	3,139,524.	33	12,420,692.
777	34	Total liabilities and net assets/fund balances	4,406,460.	34	15,494,593.
			1,100,100.	04	13,494,393.

Form 990 (2013)

Form **990** (2013)

Par	t XI Reconciliation of Net Assets			Pa	ge 12
rai					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		397,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		115,	
3	Revenue less expenses. Subtract line 2 from line 1	3		281,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	139,	524.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Dont	33, column (B))	10	12,4	20,6	592.
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
120				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		la l		
	If the organization changed its method of accounting from a prior year or checked "Other," e.	cplain in			100
19200	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	HEE!		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		100	1	
b	Were the organization's financial statements audited by an independent accountant?	12 E E	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c		х
	If the organization changed either its oversight process or selection process during the tax year, e.	mlain in	- 149		
	Schedule O.	piairi iri			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?	iorui in	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao the			
14.500	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	lits	3b		

SCHEDULE 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization GIVEDIRECTLY, INC.

Employer identification number

Part I	Reason for Bul	olic Charity Stat	us (All organizations					<u> </u>	21	-1661997
	anization is not a nr	ivate foundation h	us (All organizations m	ust co	mplet	e this p	art.) S	ee insti	uction	S
1	A church convent	ivate foundation b	ecause it is: (For lines 1 t	nrough	111, ch	neck onl	y one be	ox.)		
2	A cohool donoribe	don or churches, c	or association of churches	descr	bed in	section	170(b)	(1)(A)(i).	
3	A bosnital as a sa	u in section 170(b)(1)(A)(ii). (Attach Sched	ule E.)						
4	A medical recen	operative nospital	service organization desc	ribed in	secti	on 170(b)(1)(A)(iii).		
7	hospital's name, c	ity and state:	perated in conjunction v	vith a	hospit	al desc	ribed in	section	n 170(b)(1)(A)(iii). Enter t
5	An organization of	ity, and state:								
•	costion 170/h\/1\	AVIII (Complete	enefit of a college or uni	versity	owne	d or op	erated	by a go	vernme	ental unit described
6	section 170(b)(1)				mare control or a second	windless to a representation				
7 X	An organization th	ot parmally rese	nt or governmental unit de	scribed	in sec	tion 17	0(b)(1)	(A)(v).		
, [Y	described in secti	at normally receives a substantial part of its support from a governmental unit or from the general public in 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust	described in seed). (Complete Part II.)	0000001 4 00000						
9	An organization th	at permelly recei	tion 170(b)(1)(A)(vi). (Cor	npiete	Part II.)				
• 🗀	receipts from acti	hat normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross								
	support from are	ivities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its iss investment income and unrelated business taxable income (less section 511 tax) from businesses								
	acquired by the or	ganization after lu	ine 30, 1975. See section	ness	axable	ncom	le (less	sectio	n 511	tax) from business
10	An organization or	ganization after Ju	ated exclusively to test for	1 509(8	1)(2). (Comple	te Part	III.)		
11	An organization of	ganized and open	areted exclusively to test to	public	sarety	. See se	ection	09(a)(4).	
	purposes of one of	or more nublicly s	erated exclusively for the	e bene	tit or,	to per	form th	e funct	ions of	f, or to carry out t
	509(a)(3). Check t	he hav that descri	upported organizations d bes the type of supporting	escribe	d in s	section	509(a)(1) or se	ection 5	009(a)(2). See section
	a Type I	b Type II	c Type III-Function	orgar	ization					
е			ne organization is not cor	trolled	direct	eu bu or in	a	Type II	I-Non-fi	unctionally integrated
	other than founda	tion managers and	other than one or more	nublic	v eun	orted o	rappiza	by one	or mor	e disqualified perso
	or section 509(a)(2	2).	suiter that one of more	Public	y supp	Joneu C	nyaniza	ations d	escribe	ed in section 509(a)(
f			en determination from th	e IRS	that if	ie a T	vne I	Type II	or Two	o III ournastina
	organization, check	k this box						ype II,	ог гур	e III supporting
g			anization accepted any gif	t or co	ntribut	ion from		the		
	following persons?	,	manager and gu	. 0, 00	intribut		i ally U	i i i e		
	(i) A person who	directly or indirect	ctly controls, either alone	or tog	ether v	with ne	reone d	escribe	d in (ii)	and Yes N
	(iii) below, the	governing body o	f the supported organizati	on?						11g(i)
	(ii) A family mem	ber of a person de	scribed in (i) above?	•				,.		11g(ii)
	(iii) A 35% control	led entity of a per-	son described in (i) or (ii) a	bove?						11g(iii)
h	Provide the following	ng information abo	out the supported organiz	ation(s).					
	ame of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did v	ou notify	(vi) I	s the	(vii) Amount of monetar
	organization		(described on lines 1-9 above or IRC section		zation in listed in		anization	organiz	ation in	support
			(see instructions))	your g	overning ment?		of your	col. (i) or in the		
				Yes	No	Yes	No	Yes	No	
(A)										
(B)						2.				
,										
(C)										
· ·										
(D)										
(E)										
Total										

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	tion A. Public Support	XA					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,000.	191,980.	504,062.	5,423,136.	17,351,471.	23,510,649.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	40,000.	191,980.	504,062.	5,423,136.	17,351,471.	23,510,649.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						9,179,172.
_	tion B. Total Support						14,331,477.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	40,000.	191,980.	504,062.	5,423,136.	17,351,471.	23,510,649.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,000.	191,900.	304,002.	1,000.	13,692.	14,692.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1					33,561.	33,561.
11	Total support. Add lines 7 through 10			70.57.017653		00/5011	23,558,902.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	20/000/5021
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizati	on's first, second	d. third. fourth.	or fifth tax vea	er as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percentag	ge				
14	Public support percentage for 2013 (lin	ne 6, column (f)	divided by line	11, column (f))		14	60.83%
15	Public support percentage from 2012	Schedule A, Par	rt II, line 14			15	%
16a	331/3% support test - 2013. If the o	rganization did	not check the b	ox on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly support	ted organization	١		▶ X
b	331/3% support test - 2012. If the o	rganization did	not check a bo	x on line 13 o	r 16a, and line	15 is 331/3 %	or more,
	check this box and stop here. The orga	inization qualifie	es as a publicly s	supported organ	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets the	meets the "fac he "facts-and-ci	cts-and-circumsta rcumstances" te	ances" test, che st. The organiz	eck this box an	id stop here. E as a publicly su	xplain in ipported
b	organization	2012. If the organization meets on meets the "f	anization did no the "facts-and acts-and-circum	ot check a box -circumstances" stances" test. T	on line 13, 16a test, check th The organization	a, 16b, or 17a, nis box and sto n qualifies as a	and line op here. publicly
18	supported organization	did not check a	box on line 13,		or 17b, check	this box and see	▶□
	instructions						• 🗀

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.)

Sec	ction A. Public Support								_
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(0)	2013	/f\ Total	
1	Gifts, grants, contributions, and membership fees		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 2011	(4) 2012	(e)	2013	(f) Total	0
	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						1		
	organization's tax-exempt purpose					1			
3	Gross receipts from activities that are not an					-			
UDIES	unrelated trade or business under section 513								
4	Tax revenues levied for the								
- 22	organization's benefit and either paid								
	to or expended on its behalf			l :					
5	The value of services or facilities								
	furnished by a governmental unit to the								
6	organization without charge								
72	Total. Add lines 1 through 5								
/ a	Amounts included on lines 1, 2, and 3	1							
b	received from disqualified persons Amounts included on lines 2 and 3								
	received from other than disqualified	1							
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
1	Add lines 7a and 7b								
8	Public support (Subtract line 7c from						1100		
	line 6.)								
	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	2013	(f) Total	
9	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								_
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
C	Add lines 10a and 10b								_
11	Net income from unrelated business								_
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12	Other income. Do not include gain or					-			_
	loss from the sale of capital assets								
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,			73					_
	and 12.)		2						
14	First five years. If the Form 990 is for the	the organization	's first second	third fourth or	fifth tour				_
	organization, check this box and stop here.		s mst, second,	tillia, fourth, or	min tax year as	a sect	ion 501(c))(3)	_
Sect	ion C. Computation of Public Supp	ort Percenta	ge				* * * * *		
15	Public support percentage for 2013 (line 8,	column (f) divided	d by line 13 colum	up (f\)				V-g	
16	Public support percentage from 2012 Sched	ule A Part III line	a 15			15			%_
Sect	ion D. Computation of Investment	Income Perc	entage			16		9	%_
				2 (6)					
18	Investment income percentage for 2013 (line	shodulo A. Bort II	i divided by line 1.	s, column (f))		17			%_
19a	Investment income percentage from 2012 So	nization did	ii, iine 1/		L	18		9	6
	331/3% support tests - 2013. If the orga	mization did not	cneck the box	on line 14, and	line 15 is more	than 3	31/3 %, an	d line _	_
h	17 is not more than 331/3%, check this	box and stop	nere. The orga	nization qualifies	as a publicly s	upporte	d organiza	ition 🕨	
U	331/3% support tests - 2012. If the organ	ization did not c	neck a box on li	ne 14 or line 19a	, and line 16 is	more th	an 331/3%	6, and	
20	line 18 is not more than 331/3%, check t	nis box and sto	p here. The org	anization qualifies	s as a publicly s	upporte	d organiza	ition 🕨	
	Private foundation. If the organization di	a not check a	box on line 1	4, 19a, or 19b,	check this box	and s	e instruc	tions >	
E1221	1.000				Sc	hedule /	(Form 990	or 990-EZ) 20	013

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV 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	Е			ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
FOREIGN EXCHANGE GAIN					30,549.	30,549.
OTHER INCOME					3,012.	3,012.
TOTALS					33,561.	33,561.

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2013

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

	Andread 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ampioyar racininatation number
	EDIRECTLY, INC.		27-1661997
Pa	Organizations Maintaining Donor Advised Fund Complete if the organization answered "Yes" to F	s or Other Similar Funds of Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	in writing that the secots hold	in dense advised
5			
6	funds are the organization's property, subject to the organization inform all greatest denote and denote		
0	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the d		
Do	conferring impermissible private benefit?		Yes No
1	Conservation Easements. Complete if the organ	ization answered "Yes" to h	-orm 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or e		n of an historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified historic si	tructure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a	
	historic structure listed in the National Register		_ 2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or term	ninated by the organization during the
	tax year ▶	garante a factorial and a fact	and by the organization during the
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.	and enforcing conservation a	assements during the year
	▶	and emorning conservation e	sasements during the year
7	Amount of expenses incurred in monitoring, inspecting, and	onforcing conservation cases	nonto durina the year
•		emorching conservation easen	nents during the year
8	Doos and conservation accoment reported on line 2(d) -b		
0	Does each conservation easement reported on line 2(d) about and easting 170(b)(4)(P)(ii)2		
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	note to the organization's fina	ncial statements that describes the
Par		listaviasi Tuasavuas au Oti	han Olmillan A I
rai	till Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	ner Similar Assets.
10			
Iu	works of art, historical treasures, or other similar assets	held for public exhibition. e	ducation, or research in furtherance of
	If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets public service, provide, in Part XIII, the text of the footnote to	its financial statements that d	lescribes these items.
b	If the organization elected, as permitted under SFAS 116	3 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar assets	held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relating to the		N2 12
	(i) Revenues included in Form 990, Part VIII, line 1		
10-27	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic		
	following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		> \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition B Scholarly research C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Pa	art III Organizations Maintaining Col	lections of A	rt Histori	cal Treasu	roc or O	ther Cimilan Ass	-4- /1	Page 2
a Public exhibition d Loan or exchange programs Other Cherrovide a Scholarly research Cherrovide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, accellection items (check all that apply):	ession, and othe	er records,	check any	of the follo	wing that are a si	gnificant us	se of its
b Scholarly research e Other Porvide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а			d l	oan or exch	ange progra	ams		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b				Other	5 , 5			
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations							
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization' XIII.	s collections an	nd explain	now they fu	rther the o	rganization's exem	pt purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization solicit	or receive dona	ations of ar	, historical to	easures, or	other similar		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather than	to be maintaine	d as part o	the organiz	ation's colle	ection?	Yes	□ No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Pa	Escrow and Custodial Arrangen	nents. Comple	ete if the c	rganization	answered	"Yes" to Form 9	90. Part IV	line 9
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		or reported an amount on Form	990, Part X, Iir	ne 21.					,
c Beginning balance It c Amount d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2 Did the organization include an amount on Form 990, Part X, line 217 b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Fort V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back C Not investment earnings, gains, and losses (a) Grants or scholarships C West investment earnings, gains, and losses (a) Grants or scholarships C Other expenditures for facilities and programs f Administrative expenses (a) Four years back g End of year balance (b) Prior year g End of year balance (b) Prior year g End of year balance (b) Four years back g End of year balance (b) Prior year g End of year balance (b) Four years back g End of year balance (b) Prior year g End of year balance (c) Four years back g End of year balance (e) Four years back g End of year balance (e) Four years back g End of year balance (e) Four years back g End of year balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four years back g End of years balance (e) Four yea		included on Form 990, Part X?	STATE OF PARTIES OF TAXABLE			ons or othe	er assets not	□ Ves	□ No.
c Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	b	If "Yes," explain the arrangement in Part XII	I and complete	the followir	g table:		**** * * * * * * * *	res	NO
c Beginning balance 1d 1d 1d 1d 1d 1d 1d 1							Amount		
d Additions during the year e Distributions during the year f Ending balance 12a Did the organization include an amount on Form 990, Part X, line 217 13b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships d Horden expenditures for facilities and programs f Administrative expenses g End of year balance c Temporarily restricted endowment ▶ % For errorentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (I) unrelated organizations (II) related organizations (III) can Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, Iine 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Buildings Complete if the organization answered "Yes" to Form 990, Part IV, Iine 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, Iine 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, Iine 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Fo	C	Beginning balance				1c			
f Ending balance	d	Additions during the year				1d			
2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (Distributions during the year				1e			
Part V Endowment Funds. Complete if the explanation has been provided in Part XIII. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions (d) Three years back (e) Four years back contributions (e) Contributions (e) Contributions (f) Two years back (d) Three years back (e) Four years back contributions (e) Contributions (f) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four ye		Ending balance				1f			
Part V Endowment Funds. Complete if the explanation has been provided in Part XIII. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions (d) Three years back (e) Four years back contributions (e) Contributions (e) Contributions (f) Two years back (d) Three years back (e) Four years back contributions (e) Contributions (f) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four ye	2a	Did the organization include an amount on	Form 990, Part	X, line 21?		nesenia Nesenia espesi		Yes	No
Contributions Contribution	-	ii res, explain the arrangement in Part XII	I. Check here if	the explan	ation has be	en provided	in Part XIII		H
1a Beginning of year balance	Pai	Endowment Funds. Complete if	the organization	on answei	ed "Yes" to	Form 990), Part IV, line 10.		
beginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment \(\bigcirc \bigcir		(a) Cu	irrent year	(b) Prior year	(c) Tw	years back			ars back
c Net investment earnings, gains, and losses	10000000								
and losses	1770								
d Grants or scholarships	С								
e Other expenditures for facilities and programs	70								
and programs									
f Administrative expenses	е								
g End of year balance.		and programs							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % Permanent endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation a Land. b Buildings c Leasehold improvements. d Equipment c Other 11,241. 212. 11,029. 989.									
b Permanent endowment	1.0								
b Permanent endowment		Provide the estimated percentage of the cur		alance (line	g 1g, column	(a)) held as	:		
Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other 3,071 2,082 989.		Pormanent and automated of quasi-endowment	%						
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	D								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land b Buildings c Leasehold improvements d Equipment c Other 3,071 2,082 989.	C								
organization by: (i) unrelated organizations. (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1 Land	20	Are there endeument finds 2a, 2b, and 2c sho	uld equal 100%.	93 Mari	NET 100 100 100				
(ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value 11,241. 212 11,029. e Other 3,071. 2,082. 989.	Sa	organization by:	ession of the or	ganization	that are held	and admir	nistered for the		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (d) Book value (d)								Ye	s No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (a) Cost or other basis (other) (a) Cost or other basis (other) (a) Buildings (other) (b) Buildings (other) (a) Buildings (other) (b) Buildings (other) (c)		(ii) related organizations						3a(i)	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment Other 11,241. 212. 11,029. e Other 3,071. 2,082. 989.	h	If "Ves" to 30/ii) are the related experient						3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (investment) (other) (a) Cost or other basis (other) (d) Book value (d) Book value (other) (d) Buildings (e) Accumulated depreciation (d) Book value (other) (d) Buildings (e) Accumulated depreciation (d) Book value (other) (d) Buildings (e) Accumulated depreciation (d) Book value (other) (e) Buildings (e) Accumulated depreciation (d) Book value (e) Buildings (e) Accumulated depreciation (d) Book value (e) Buildings (e) Accumulated depreciation (d) Book value (e) Buildings (e) Accumulated depreciation (e) Book value (e) Buildings (e) Accumulated depreciation (e) Book value (e) Buildings (e) Accumulated depreciation (e) Book value (e) Book value (e) Buildings (e) Accumulated depreciation (e) Book value (e) Book value (e) Buildings (e) Accumulated depreciation (e) Book value (e) Boo	4	Describe in Part VIII the intended was a fitter	s listed as requi	red on Sche	edule R?			3b	
tay cost of other basis (investment) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (e) Accumulated depreciation (finvestment) (investment) (finvestment)	Por	Land Buildings and Equipment	e organization's	endowmer	t funds.			10.	
tay cost of other basis (investment) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (e) Accumulated depreciation (finvestment) (investment) (finvestment)	rai	Complete if the organization ans	wered "Yes" to	Form 990) Part IV li	no 110 Co	00 Form 000 Day	. V . II 40	
ta Land		Description of property	(a) Cost or other i	basis (b)	ost or other bas	is (c) Acc	ee Form 990, Par	t X, line 10)
b Buildings	10	Land		1-7				a) book value	
c Leasehold improvements d Equipment e Other 5 Cotal. Add lines 1a through 1e. (Column (d) must occup Form 000 Part V and (D)									
d Equipment									
e Other					4.0-				
Total. Add lines 1a through 1e. (Column (d) must occup! Form 200, Bort V. and W. (D) III.								11	•
12,018.	[Otal	Add lines 1a through 1a (Caluma (1)			3,07	1.	2,082.		989.
	otal	i. Add liftes Ta till bugli Te. (Column (d) must	equal Form 990	, Part X, co	umn (B), line	10(c).)	▶	12	,018.

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" to Form 99	0, Part IV, line 11b. See Form 990, Part X, line 12.	Page
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	3
(1) Financia	al derivatives		Sect of one of your market value	_
(2) Closely-	-held equity interests			
(3) Other				_
(A)				
(B)				_
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			_
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" to Form 990	D, Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			OSST OF GRO-OF-Year Market Value	_
(2)				_
(3)				_
_(4)				
(5)	(Total			
(6)				
(7)				
(8)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
		"Yes" to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.	
		Description		
(1)			(b) Book value	_
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15)		_
Part X	Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book valu	e Para de la companya del companya de la companya del companya de la companya de	21,5
	I income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	>		
	Uncertain tay positions. In Bort VIII provide the to			

Part	XI Reconciliation of Povenue per Audited Financial Chil		Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	. 1	17 562 140
2	Amounts included on line 1 but not on Form 990 Part VIII line 12	1	17,563,148.
а	Net unrealized gains on investments		
b	26 120	-	
С	recoveries of prior year grants		
d	Other (Describe in Fait Aill.)		
е	ridd mies za dirough zu	2e	166,120.
3		3	17,397,028.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		11,001,020.
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lifes 4a and 4b	4c	
5	rotal revenue: Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	E	17,397,028.
Part	All Reconciliation of Expenses per Audited Financial Statements With Expenses per Detur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1 2	Total expenses and losses per audited financial statements	1	8,281,980.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
b	Donated services and use of facilities Prior year adjustments 2a 166,120.		
c	Other lesses		
d	Other (Describe in Part VIII.)		
e	Other (Describe in Part XIII.) Add lines 2a through 2d		
3	Subtract line 2e from line 1	2e	166,120.
4	Subtract line 2e from line 1	3	8,115,860.
а	Investment expenses not included on Form 000, Doct VIII line 71		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c	
	XIII Supplemental Information.	5	8,115,860.
Provid	e the descriptions required for Part II, lines 3, 5, and 0; Part III, lines 4, and 1, 1, 2, and 1, 1, 2, and 1, 1, 2, and 1,	11 E	15 13 1
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	tion.	e 4, Part X, line
SEE	PAGE 5		
SA			

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. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

The second liverage of the second	EDIRECTLY, INC.				27-166199	7
Pai	General Information Form 990, Part IV, line 1	on Activities 4b.	Outside the	United States. Complete	e if the organization answ	ered "Yes" on
1	For grantmakers. Does the org	anization mainta	ain records to	substantiate the amount o	of its grants and other	
	assistance, the grantees' eligibi	lity for the gran	ts or assistance	e, and the selection criter	ia used to award the	
	grants or assistance?	* * * * * * * *				X Yes No
2	For grantmakers. Describe in	Part V the or	ganization's p	rocedures for monitoring	the use of its grants	and other
	assistance outside the United St	tates.				
3	Activities per Region. (The follo	wing Part I, line	3 table can b	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients	(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
			in region	located in the region)		
_(1)	SUB-SAHARAN AFRICA	2.	54.	PROGRAM SERVICES	SEE PART V	6,888,170.
_(2)						
_(3)						
(5)						
(6)						
(7)						
(8)	_					
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	2.	54.	t feeting though		6,888,170.
b	Total from continuation sheets to Part I					2,200,2101
С	Totals (add lines 3a and 3b)	2.	54.			6 888 170

6,888,170.

GIVEDIRECTLY, INC.

Schedule F (Form 990) 2013

Part II

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal,
(1)								Ollei
(2)								
(3)								
(4)								
(5)								
(9)								
(1)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
101								

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 N

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2013

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JSA

Page 3

GIVEDIRECTLY, INC.

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(1) DIRECT CASH ASSISTANCE TO POOR HOUSEHOLD SUB-SAMARAN AFRICA 6886. 6,888,170. SEE (2) (3) (4) (5) (6) (8) (10) (11) (12) (14)	SEE PART V	other)
		1
		f
(15)		
(16)		
(17)		
(18)		

Pari	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)		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)	Yes	X No

Schedule F (Form 990) 2013

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization
GIVEDIRECTLY, INC.

Department of the Treasury

Internal Revenue Service

Employer identification number

27-1661997 Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art. Art - Historical treasures Art - Fractional interests 3 Books and publications 5 Clothing and household goods........... 6 Cars and other vehicles Boats and planes..... 7 Intellectual property 8 Securities - Publicly traded X 11,492. 616,918. FMV 10 Securities - Closely held stock . . . 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Food inventory 19 Drugs and medical supplies 20 21 22 Historical artifacts 23 Scientific specimens..... Archeological artifacts..... 24 Other ►(_____) 25 26 Other ►(_____) 27 Other ►(_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X b If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any non-standard

contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

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

Schedule M (Form 990) (2013)

31

32a

X

X

contributions?

b If "Yes," describe in Part II.

Schedule M (Form 990) (2013)

Page 2

Part II 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.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GIVEDIRECTLY, INC.

Employer identification number 27–1661997

FORM 990, PART VI, LINE 11B

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.

FORM 990, PART VI, LINE 12C

EACH DIRECTOR, PRINCIPAL AND OFFICER, SHALL ANNUALLY REVIEW THE CONFLICTS OF INTEREST POLICY AND DISCLOSE ANY KNOWN CONFLICTS.

FORM 990, PART VI, LINE 15A&B

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.

FORM 990, PART VI, LINE 19

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.

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

ATTACHMENT 1

KENYA

UGANDA