Form	9	9	0
Departm	ent of	the -	Treasury

## 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.

2018 Open to Public

OMB No. 1545-0047

Interr	al Rever	nue Servi	ice	► Info	rmation about Fo	rm 990 and its	instruction	s is at wu	w.irs.gov	/form990.		Inspect	on
A F	or the	e 2018	8 caler	dar year, or tax ye	ar beginning		, 2018	B, and en	ding	_		, 20	
_			C Name	of organization						D Employer	r identific	cation number	
Bc	heck if app	plicable:	GIV	EDIRECTLY, IN	IC.								
	Addres change		Doing	Business As						27-16	61997	7	
	1 1	change	Numb	er and street (or P.O. bo	ox if mail is not delivere	ed to street addres	ss)	Room/su	ite	E Telephon	e numbe	r	
	Initial r		PO	BOX 3221						(646)	504-4	837	
-	Termin		City c	r town, state or province	e, country, and ZIP or f	foreign postal code	э			. ,			
-	Amend			YORK, NY 100		0 1				G Gross red	eints \$	61,813	.125.
-	return Applica	ation		and address of principal		HAEL FAYE				H(a) Is this a			
	pendin	ng		IE AS "C" ABOV	-					subordina H(b) Are all su	ates?		
	Tox oxo	empt sta				(insert no.)	40.47(a)(4)		507			t. (see instructions)	
		· ·		GIVEDIRECTLY.C		(Insert no.)	4947(a)(1)	01	527	-			
						n Othor		LVa	or of formo	H(c) Group ex		of legal domicile:	MA
_	art I	-	nmary		rust Associatio	n Other		Lite	aronoma		W State	or regar domicile:	MA
							דעד ה	DCANTZ		C MTCCT	NT TC	יייט אייט	<u> </u>
-	1			be the organization's r BY PROVIDING									
nce			<u></u>		ASSISIANCE		10 1805						
rna													
ove				x ▶ if the organ		•	•						-
Ŭ	3	Numbe	er of vo	ting members of the g	governing body (Par	rt VI, line 1a)					. 3		5.
ŝ				lependent voting men									5.
Activities & Governance				of individuals employ									25.
cti	6	Total r	number	of volunteers (estimate	e if necessary)						. 6		8.
۲				d business revenue fro									0
	b	Net un	related	business taxable inco	me from Form 990	-T, line 34 🔒			<u></u>		. 7b	4	1,897
										Prior Year		Current Y	ear
e	8	Contri	butions	and grants (Part VIII, li	ine 1h)				¬ 🗀	50,505,		52,904	
enue	8 9	Contril Progra	butions am servi	and grants (Part VIII, li ce revenue (Part VIII, l	ine 1h) ine 2g)			Y FOR		50,505,	598. 0.	52,904	1,845 0
sevenue	9	Progra	am serv	and grants (Part VIII, li ce revenue (Part VIII, li come (Part VIII, colum	ine 2g)		COP PUBLIC I	-		50,505,	598. 0. 530.	52,904	1,845 0 5,763
Revenue	9 10	Progra Investi	am servi ment in	ce revenue (Part VIII, I	ine 2g) nn (A), lines 3, 4, an	nd 7d)	PUBLIC I	NSPECTIO		50,505, 526, 444,	598. 0. 530. 879.	52,904 1,526 700	1,845 0 5,763 0,912
Revenue	9 10 11	Progra Investi Other	am servi ment in revenue	ce revenue (Part VIII, li come (Part VIII, colum	ine 2g) nn (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d	nd 7d) c, 10c, and 11e)	PUBLIC I	NSPECTIO		50,505,	598. 0. 530. 879.	52,904	1,845 0 5,763 0,912
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Revenue	9 10 11 12 13	Progra Investi Other Total r Grants	am servi ment in revenue evenue s and si	ce revenue (Part VIII, I come (Part VIII, colum e (Part VIII, column (A - add lines 8 through milar amounts paid (Pa	ine 2g) nn (A), lines 3, 4, an .), lines 5, 6d, 8c, 90 <u>11 (must equal Pa</u> art IX, column (A), li	nd 7d) c, 10c, and 11e) rt VIII, column (/ ines 1-3)	PUBLIC I	NSPECTIO	  	50,505, 526, 444, 51,477,	598. 0. 530. 879. 007.	52,904 1,526 700 55,132	1,845 0 5,763 0,912 2,520
	9 10 11 12 13 14	Progra Investi Other Total r Grants Benefi	am servi ment in revenue s and si its paid	ce revenue (Part VIII, I come (Part VIII, colum e (Part VIII, column (A - add lines 8 through milar amounts paid (Pa to or for members (Pa	ine 2g) nn (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d <u>11 (must equal Pa</u> art IX, column (A), li rt IX, column (A), lir	nd 7d) c, 10c, and 11e) rt VIII, column (/ ines 1-3) ne 4)	PUBLIC I	NSPECTIO	 • • • • • • • • •	50,505, 526, 444, 51,477,	598. 0. 530. 879. 007. 241. 0.	52,904 1,526 700 55,132	4,845 0 5,763 0,912 2,520 5,465 0
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	9 10 11 12 13 14 15 16a b 17	Progra Investi Other Total r Grants Benefi Salarie Profes Total f Other	am servi ment in revenue s and si its paid es, othe ssional f undrais expens	ce revenue (Part VIII, I come (Part VIII, column e (Part VIII, column (A <u>- add lines 8 through</u> milar amounts paid (Pa to or for members (Pa r compensation, empl undraising fees (Part IZ ing expenses (Part IX, es (Part IX, column (A)	ine 2g) in (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d <u>11 (must equal Pa</u> art IX, column (A), lir rt IX, column (A), lir oyee benefits (Part X, column (A), line column (D), line 25 ), lines 11a-11d, 11	nd 7d) c, 10c, and 11e) <u>rt VIII, column (/</u> ines 1-3) ne 4) IX, column (A), 11e) j) ▶1, f-24e)	A), line 12)	NSPECTION		50,505, 526, 444, 51,477, 30,700, 4,269,	598. 0. 530. 879. 007. 241. 0. 330. 0. 664.	52,904 1,526 700 55,132 59,805 4,871	4,845 0 5,763 0,912 2,520 5,465 0 1,220 0 0 9,614
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Expenses	9 10 11 12 13 14 15 16a 16a 17 18 19	Progra Investi Other <u>Total r</u> Grants Benefi Salarie Profes Total f Other Total e	am servi ment in revenue s and si ts paid es, othe sional f undrais expense expense	ce revenue (Part VIII, I come (Part VIII, column e (Part VIII, column (A <u>- add lines 8 through</u> milar amounts paid (Pa to or for members (Pa r compensation, empl undraising fees (Part IZ ing expenses (Part IX, es (Part IX, column (A)	ine 2g) in (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d 11 (must equal Pa art IX, column (A), lir tr IX, column (A), line column (A), line column (D), line 25 ), lines 11a-11d, 11 sust equal Part IX, co	and 7d) c, 10c, and 11e) rt VIII, column ( $i$ ines 1-3) the 4) IX, column (A), 11e) 5) $\blacktriangleright$ 1, f-24e) column (A), line 2	PUBLIC I A), line 12) . lines 5-10) 870 , 448	NSPECTION		50,505, 526, 444, 51,477, 30,700, 4,269, 3,545, 38,515,	598. 0. 530. 879. 007. 241. 0. 330. 0. 664. 235. 772.	52,904 1,526 700 55,132 59,805 4,871 4,355 69,036	4,845 0 5,763 0,912 2,520 5,465 0 1,220 0 0 1,220 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Expenses	9 10 11 12 13 14 15 16a 16a 17 18 19	Progra Investi Other <u>Total r</u> Grants Benefi Salarie Profes Total f Other Total e Reven	am servi ment in revenue s and si its paid es, othe esional f undrais expense expense ue less	ce revenue (Part VIII, I come (Part VIII, column e (Part VIII, column (A <u>- add lines 8 through</u> milar amounts paid (Pa to or for members (Pa r compensation, empl undraising fees (Part IZ ing expenses (Part IZ, es (Part IX, column (A) s. Add lines 13-17 (m expenses. Subtract lin	ine 2g) in (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d <u>11 (must equal Pa</u> art IX, column (A), lir tr IX, column (A), line oyee benefits (Part X, column (A), line column (D), line 25 ), lines 11a-11d, 11 nust equal Part IX, c ne 18 from line 12	nd 7d) c, 10c, and 11e) <u>rt VIII, column (/</u> ines 1-3) ne 4) IX, column (A), 11e) 5) ▶1, f-24e) column (A), line 3	PUBLIC I A), line 12) . ilines 5-10) 870 , 448	NSPECTION		50,505, 526, 444, 51,477, 30,700, 4,269, 3,545, 38,515, 12,961,	598. 0. 530. 879. 007. 241. 0. 330. 0. 664. 235. 772. nt Year	52,904 1,526 700 55,132 59,805 4,871 4,355 69,036 -13,903 End of Yea	4,845 0 5,763 0,912 2,520 5,465 0 1,220 0 1,220 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Expenses	9 10 11 12 13 14 15 16a 16a 17 18 19	Progra Investi Other <u>Total r</u> Grants Benefi Salarie Profes Total f Other Total e Reven	am servi ment in revenue s and si its paid es, othe esional f undrais expense ue less	ce revenue (Part VIII, l come (Part VIII, column e (Part VIII, column (A <u>- add lines 8 through</u> milar amounts paid (Pa to or for members (Pa r compensation, empl undraising fees (Part IZ ing expenses (Part IZ, es (Part IX, column (A) s. Add lines 13-17 (m expenses. Subtract lin Part X, line 16)	ine 2g) in (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d <u>11 (must equal Pa</u> art IX, column (A), lir tr IX, column (A), lir oyee benefits (Part X, column (A), line column (D), line 25 ), lines 11a-11d, 11 bust equal Part IX, co ine 18 from line 12	nd 7d) c, 10c, and 11e) <u>rt VIII, column (/</u> ines 1-3) ne 4) IX, column (A), 11e) 5) ▶1, f-24e) column (A), line 2	PUBLIC I A), line 12).	NSPECTION		50,505, 526, 444, 51,477, 30,700, 4,269, 3,545, 38,515, 12,961, nning of Curre 84,710,	598. 0. 530. 879. 007. 241. 0. 330. 0. 664. 235. 772. nt Year 648.	52,904 1,526 700 55,132 59,805 4,871 4,871 4,355 69,036 -13,903 End of Yea 87,072	4,845 0 5,763 0,912 2,520 5,465 0 1,220 0 1,220 0 0 2,614 5,299 3,779 ar 2,544
Expenses	9 10 11 12 13 14 15 16a 16a 17 18 19	Progra Investi Other <u>Total r</u> Grants Benefi Salarie Profes Total f Other Total e Reven	am servi ment in revenue s and si its paid es, othe sional f undrais expense ue less assets (f iabilities	ce revenue (Part VIII, I come (Part VIII, column e (Part VIII, column (A <u>- add lines 8 through</u> milar amounts paid (Pa to or for members (Pa r compensation, empl undraising fees (Part IX, ing expenses (Part IX, es (Part IX, column (A) s. Add lines 13-17 (m expenses. Subtract lin Part X, line 16) s (Part X, line 26)	ine 2g) in (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d <u>11 (must equal Pa</u> art IX, column (A), lir tr IX, column (A), line column (A), line column (D), line 25 ), lines 11a-11d, 11 nust equal Part IX, co ne 18 from line 12	nd 7d) c, 10c, and 11e) <u>rt VIII, column (/</u> ines 1-3) ne 4) IX, column (A), 11e) 5) ▶ 1, f-24e) column (A), line 3	PUBLIC I A), line 12) . lines 5-10) 870 , 448	NSPECTION		50,505, 526, 444, 51,477, 30,700, 4,269, 4,269, 3,545, 38,515, 12,961, ming of Curre 84,710, 5,936,	598. 0. 530. 879. 007. 241. 0. 330. 0. 664. 235. 772. nt Year 648. 017.	52,904 1,526 700 55,132 59,805 4,871 4,871 4,355 69,036 -13,903 End of Yea 87,072 22,225	4,845         0         5,763         9,912         2,520         5,465         0         5,465         0         1,220         0         0,614         5,299         3,779         ar         2,544         3,584
Net Assets or Expenses	9 10 11 12 13 14 15 16a 17 16a 17 18 19 20 21 22	Progra Investi Other <u>Total r</u> Grants Benefi Salarie Profes Total f Other Total e Reven Total a Total a	am servi ment in revenue s and si ts paid es, othe ssional f undrais expense ue less assets (f iabilities sets or	ce revenue (Part VIII, I come (Part VIII, column e (Part VIII, column (A <u>- add lines 8 through</u> milar amounts paid (Pa to or for members (Pa r compensation, empl undraising fees (Part IX ing expenses (Part IX, es (Part IX, column (A) s. Add lines 13-17 (m expenses. Subtract lin Part X, line 16) s (Part X, line 26) fund balances. Subtrace	ine 2g) in (A), lines 3, 4, an .), lines 5, 6d, 8c, 9d <u>11 (must equal Pa</u> art IX, column (A), lir tr IX, column (A), line column (A), line column (D), line 25 ), lines 11a-11d, 11 nust equal Part IX, co ne 18 from line 12	nd 7d) c, 10c, and 11e) <u>rt VIII, column (/</u> ines 1-3) ne 4) IX, column (A), 11e) 5) ▶ 1, f-24e) column (A), line 3	PUBLIC I A), line 12) . lines 5-10) 870 , 448	NSPECTION		50,505, 526, 444, 51,477, 30,700, 4,269, 3,545, 38,515, 12,961, nning of Curre 84,710,	598. 0. 530. 879. 007. 241. 0. 330. 0. 664. 235. 772. nt Year 648. 017.	52,904 1,526 700 55,132 59,805 4,871 4,871 4,355 69,036 -13,903 End of Yea 87,072	4,845         0         5,763         9,912         2,520         5,465         0         5,465         0         1,220         0         0,614         5,299         3,779         ar         2,544         3,584
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	Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN					
Paid Bronoror	MARC BERGER	Marcik	Ser_	11/13/19	self-employed	P01871563					
Preparer Use Only	Firm's name 🕨 BDO USA, LLP	/ / E	$\leq$		Firm's EIN 🕨 13	5381590					
	Firm's address 🕨 8401 GREENSBORO	DRIVE, #800 MCL	EAN, VA	22102	Phone no. 70	3-893-0600					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
For Paper	For Paperwork Reduction Act Notice, see the separate instructions.										

GIVEDIRECTLY,	INC.
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7	-	1	6	6	1	9	9	7	

	GIVEDIRECTLY, INC.	27-1661997
For	m 990 (2018)	Page
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO REDUCE POVERTY BY PROVIDING	
	FINANCIAL ASSISTANCE DIRECTLY TO THOSE IN NEED.	
2	Did the organization undertake any significant program services during the year which were not li	isted on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3		ny program
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest pro	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of $c$ the total expenses, and revenue, if any, for each program service reported.	grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.	
40	(Code: ) (Expenses \$ 66,054,141. including grants of \$ 59,805,465. ) (Revenue	~ <del>*</del> )
4a	GIVEDIRECTLY OFFERS A SERVICE ALLOWING OTHERS - GOVERNMENTS,	3 ⊅)
	FOUNDATIONS, INDIVIDUAL DONORS - TO PROVIDE DIRECT CASH TRANSFERS	
	TO THE POOR. THE ORGANIZATION'S PROPRIETARY MODEL RE-ENGINEERS	
	FIELDWORK FOR THE DIGITAL ERA, ALLOWING IT TO COMPLETE THESE	
	TRANSFERS SECURELY, EFFICIENTLY AND TRANSPARENTLY. USING THE	
	LATEST TECHNOLOLGY AT EVERY STEP, GIVEDIRECTLY LOCATES RECIPIENTS,	
	INTEGRATES THEM INTO ELECTRONIC PAYMENTS NETWORKS, AND MONITORS	
	TRANSFERS END-TO-END. THE ORGANIZATION CHARGES DONORS THE FULL	
	COST OF DELIVERING THIS SERVICE AND NOTHING MORE. SINCE 2009, GIVE	
	DIRECTLY HAS REACHED MORE THAN 100,000 HOUSEHOLDS IN NEED ACROSS 6	
	COUNTRIES IN AFRICA AND THE UNITED STATES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ə\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe in Schedule O.)	
. •1	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 66,054,141.	,
JSA		Form <b>990</b> (2018

Form 990 (2018)

27-1661997

	V Checklist of Required Schedules			
			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
		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, Part III	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			
	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
f	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			t
	complete Schedule D, Part III	8		
	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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		+
	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.	10		
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
,	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			T
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			╈
		44.4		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		+
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		+
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	4
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
2 a 🛛	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b '	Was the organization included in consolidated, independent audited financial statements for the tax year? If			T
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		+
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	+
		140		+
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
1	fundraising, business, investment, and program service activities outside the United States, or aggregate		37	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
1				
1	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
1 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		+
1 5   1		15		
5   1 6	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15 16	x	
5   1 6	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x	
5   1 6   7	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	X	
5   6   7	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		x	
5   6   7   8	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	16 17	x	
5   6   7   8	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	16	X	
5   6   7   8   9	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	16 17 18	X	
5   6   7   8   9	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	16 17 18 19	X	
5    6    7    8    9   20a	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	16 17 18 19 20a	x	
15   16   17   18   19   20 a   b	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16 17 18 19	x	
15   16   17   18   19   20 a   b	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	16 17 18 19 20a	x	

Form 990 (2018)

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Page **4** 

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		X
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			
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• ·	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part		_ 33		
i ait	Check if Schedule O contains a response or note to any line in this Part V.			X
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	х	
				(2018)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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 account)?	4a	X	
b	If "Yes," enter the name of the foreign country:  ATTACHMENT 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does 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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form 9	990 (2018) GIVEDIRECTLY, INC. 27-1661	997	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		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	_		37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	•	Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	-	)	
Jecu	on b. Policies (This Section B requests information about policies not required by the internal Revenue		.) Yes	No
40-	Did the encoderation have been been been able on officience	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	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		Х
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 steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <a>CA, DC, FL, MA, NH, NY, PR,</a>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MICHAEL WARD, BDO 8401 GREENSBORD DRIVE, SUITE 800 MCLEAN, VA 22102 703-770-1029	s 🕨		

JSA 8E1042 1.000

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than c is both cor/trust employee Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MICHAEL FAYE	39.00									
PRESIDENT	0.	x		х				0.	0.	0.
(2)ROHIT WANCHOO	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(3)BILL MEEHAN	1.00									
DIRECTOR (UNTIL 11/28/18)	0.	x						0.	0.	0.
(4) JACQUELINE FULLER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5) <sup>ALY</sup> JEDDY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) PAUL NIEHAUS	7.00									
CHAIR	0.	Х		Х				0.	0.	0.
(7) PIALI MUKHOPADHYAY	40.00									
COO - INTERNATIONAL	0.				Х			213,531.	0.	7,626.
(8)JOSEPH HUSTON	40.00									
CFO	0.				Х			185,715.	0.	4,224.
(9)ISOBEL COLEMAN	40.00	-								
COO - DOMESTIC	0.				Х			150,829.	0.	0.
(10)ERIC FRIEDMAN	40.00	-								
COUNTRY DIRECTOR	0.					X		173,835.	0.	8,124.
(11) MEYLAKH BARSHAY	40.00	-						1 4 2 1 4 1		
TECHNOLOGY MANAGER	0.					X		143,141.	0.	7,626.
<u>(12)</u>										
(13)										
(14)										

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Form 99							<u> </u>							Page 8
Part V			ey En	nplo			and I	lig			yees (c	ontinue	ed) (F)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	Es arr com	of	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio d relate anizatio	on ed
		+												
1b Su	b-total							►	867,051.		0.		27,6	600
	tal from continuation sheets to Part VII, S	-		•••		•••			0.		0.		07	0
<b>2</b> To	tal (add lines 1b and 1c) tal number of individuals (including but not portable compensation from the organizatio	limited to t	hose	liste	d al	bove	e) who	► re	867,051. eceived more than	\$100,000	0. of		27,6	500.
10			-	<u> </u>									Yes	No
	d the organization list any <b>former</b> offic ployee on line 1a? If "Yes," complete Sched											3		X
<b>4</b> Fo	r any individual listed on line 1a, is the ganization and related organizations gr	sum of rep	oortab	ole d	com	per	satio	n ai	nd other compens	sation from	the			
ind	<i>lividual</i>											4	X	
for	services rendered to the organization? <i>If "Y</i> n B. Independent Contractors											5		Х
1 Co	mplete this table for your five highest com mpensation from the organization. Report of													
	(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens		
ATTZ	ACHMENT 2								-					
													_	_
	tal number of independent contractors (i ore than \$100,000 in compensation from the				nite		thos 2	ie li	isted above) who	received				

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		Check if Schedule O cont			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	11,647.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Aπ	с	Fundraising events						
liar Git	d	Related organizations	1d					
Sir	е	Government grants (contribution	ns) 1e	2,624,146.				
er utio	f	All other contributions, gifts, gra	ants,					
l d l		and similar amounts not included ab	ove 1f	50,269,052.				
u pu	g	Noncash contributions included in lin		14,574,289.				
	h	Total. Add lines 1a-1f	<u> </u>		52,904,845.			
Program Service Revenue	2a			Business Code				
a K	b							
<u>, vi</u>	с							
Ser	d							
am	е							
ogr	f	All other program service reven	ue					
۲.	g	Total. Add lines 2a-2f		<u></u>	0.		1	
	3	Investment income (inclue	ding dividen	ds, interest,				
		and other similar amounts)		▶	1,703,307.			1,703,307
	4	Income from investment of tax	•	· .	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)			-			
	_d	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of	()					
		assets other than inventory	6,504,061.					
	b	Less: cost or other basis	6 690 605					
		and sales expenses	6,680,605.					
		Gain or (loss)			-176,544.			-176,544
	d	Net gain or (loss)	Ì		-170,544.			-170,544
an	8a	Gross income from fundraisin						
Other Revenue		events (not including \$						
۳, R		of contributions reported on line See Part IV, line 18		0.				
the	b	Less: direct expenses		0.				
0	c	Net income or (loss) from fund			0.			
		Gross income from gaming ac See Part IV, line 19	ctivities.	0.				
	h	Less: direct expenses						
		Net income or (loss) from gam			0.			
1	0a	Gross sales of inventory	-					
		returns and allowances	a	0.				
	b C	Less: cost of goods sold Net income or (loss) from sales	of inventorv		0.			
		Miscellaneous Revenue		Business Code				
1	1a	FOREIGN EXCHANGE GAIN		900099	699,082.			699,082
'	b	OTHER INCOME		900099	1,830.			1,830
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			700,912.			
		Total revenue. See instructions.			55,132,520.			2,227,675

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Form 990 (2018) GIVEDIREC'I			27-16	61997 Page <b>1</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	600,000.	600,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,029,517.	6,029,517.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	53,175,948.	53,175,948.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,		250 610	20 1 6 4	170 151
trustees, and key employees	561,925.	359,610.	29,164.	173,151
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,395,136.	2,172,754.	176,210.	1,046,172
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	36,476.		36,476.	
9 Other employee benefits	522,305.	387,829.	39,514.	94,962
10 Payroll taxes	355,378.	236,756.	12,897.	105,725
11 Fees for services (non-employees):				
a Management	0.			
<b>b</b> Legal	113,999.	63,012.	50,256.	731
c Accounting	316,372.	9,898.	306,474.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	288,923.	240,186.	13,197.	35,540
12 Advertising and promotion	0.			
13 Office expenses	427,851.	331,125.	87,757.	8,969
14 Information technology	799,567.	542,189.	126,036.	131,342
15 Royalties	0.			
16 Occupancy	314,573.	177,620.	136,953.	
17 Travel	896,536.	748,225.	43,875.	104,436
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	26,738.	22,977.	2,401.	1,360
23 Insurance	36,749.	5,017.	31,732.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aMOBILE MONEY AND BANKING	833,295.	661,463.	10,721.	161,111
<b>b</b> EQUIPMENT	86,800.	77,816.	2,042.	6,942
cMISCELLANEOUS EXPENSES	218,211.	212,199.	6,005.	7
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	69,036,299.	66,054,141.	1,111,710.	1,870,448
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			

0.

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following SOP 98-2 (ASC 958-720)

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-	n 990 (2 <b>rt V</b>	Balance Sheet			Page <b>11</b>
Pa	rt X	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,881,306.	1	11,805,754.
	2	Savings and temporary cash investments	55,581,841.	2	31,690,363.
	3	Pledges and grants receivable, net	8,814,318.	3	6,578,819.
	4	Accounts receivable, net	42,145.	4	619,939.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	5 6	0
ete	7	Notes and loans receivable, net	0.	7	0 .
Assets	8	Inventories for sale or use	132,680.	8	86,220.
	9	Prepaid expenses and deferred charges	258,613.	9	313,885.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 148,628.			
	b	Less: accumulated depreciation	77,140.		85,637.
	11	Investments - publicly traded securities	2,961,672.		1,285,081.
	12	Investments - other securities. See Part IV, line 11	4,758,032.	12	34,421,566.
	13	Investments - program-related. See Part IV, line 11	0.	10	0.
	14	Intangible assets	0.	17	0.
	15	Other assets. See Part IV, line 11	202,901.	15	185,280.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	84,710,648.	16	87,072,544.
	17	Accounts payable and accrued expenses	313,470.	17	277,270.
	18	Grants payable	5,494,025.	18	21,865,286.
	19	Deferred revenue	0.	10	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
ilit		trustees, key employees, highest compensated employees, and	0		0
Lial	~~	disqualified persons. Complete Part II of Schedule L	0.		0.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0.		0.
	24 25	Other liabilities (including federal income tax, payables to related third	0.	24	0.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	128,522.	25	87,028.
	26	Total liabilities. Add lines 17 through 25	5,936,017.	26	22,229,584.
es	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	, , , , , , , , , , , , , , , , , , , ,
DC	27	Unrestricted net assets	55,325,136.	27	54,108,525.
3alź	28	Temporarily restricted net assets	23,449,495.	28	10,734,435.
<u>a</u> E	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances	78,774,631.	33	64,842,960.
	34	Total liabilities and net assets/fund balances	84,710,648.	34	87,072,544.

Form 990 (2018)

Form 9	90 (2018)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	Ę	5,1	32,5	520.
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	.3,9	03,7	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	8,7	74,6	531.
5	Net unrealized gains (losses) on investments	5		-	27,8	392.
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					
	33, column (B))	10	e	54,8	42,9	960.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	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 con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversi	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the [			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

Form **990** (2018)

SCHE	ÐU	LE	Α
(Form	990	or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6

		t of the Treasury evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of ti	ne organization						Employer identif	cation number
GI	/ED	IRECTLY, II						27-16619	-
	rt I			•	organizations must o			,	j
The	orga		•		is: (For lines 1 through				
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-		rganization described				
4			•	•	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam							
5		-	-	complete Part II.)	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
6		A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7	Х	An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	l research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	griculture (see instruct	tions). Ei	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investme organizatio	ted to its exempt f nent income and u in after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11		0	0	•	usively to test for publi			( )( )	
12		-	-			-			carry out the purposes
									See section 509(a)(3).
				-				-	nes 12e, 12f, and 12g.
а				-	, supervised, or contr	-			
			-		regularly appoint or e		ajority of	the directors or truste	es of the
			-		e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control of mar	lage the supported
~		-			, Sections A and C. ng organization operation	tod in a	onnoctio	n with and functions	lly intograted with
С					ns). You must comple				ny megrateu with,
d			-		porting organization of				ted organization(s)
u		••	•		nization generally mus	•			• • • • • •
			•	•	omplete Part IV, Sect	•			
е			-		a written determinatio				I. Type III
			-		ionally integrated sup				., ., ., .
f	En								
g	Pro	ovide the follow	ing informatio	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	
(A)									
(B)									
(D) 									
(C)									
(D)									
(E)									
Tota	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u>.</u>			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,489,804.	50,462,033.	45,118,192.	50,505,598.	52,904,845.	213,480,472.
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	14,489,804.	50,462,033.	45,118,192.	50,505,598.	52,904,845.	213,480,472.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						28,027,514.
6	Public support. Subtract line 5 from line 4						185,452,958.
	tion B. Total Support	() 00 ( (	(1) 00/5	() 00 (0	( )) 00 ( 7	() 00 (0	
_	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,489,804.	50,462,033.	45,118,192. 643,608.	50,505,598. 485,681.	52,904,845.	213,480,472. 3,067,731.
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 VI.) ATCH 1	150,695.	452,954.	196,126.	447,879.	700,912.	1,948,566.
11	Total support. Add lines 7 through 10 .						218,496,769.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li	ne 6, column (f)	) divided by line	11, column (f)).		14	84.88 <b>%</b>
15	Public support percentage from 2017					15	85.82 <b>%</b>
16a	331/3% support test - 2018. If the org	ganization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3% or more, c	
	box and stop here. The organization q			-			
b	331/3% support test - 2017. If the org	ganization did n	ot check a box o	n line 13 or 16a	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-	•				
	10% or more, and if the organization						
	Part VI how the organization meets to organization						►
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati supported organization						· ► 🗌
18	Private foundation. If the organization						
	instructions						<u> r 🗆</u>

Schedule A (Form 990 or 990-EZ) 2018

c Add lines 10a and 10b 11 Net income from unrelated business

8E1221 1.00	00																					•	
JSA																				Sc	hedule	) A (F	orm 990
20	Private	found	ation.	If the	e organi:	zation	did	not	check	са	box	on	line	14,	19a,	or	19b,	checl	c this	box	and	see	instruc
	line 18	is not	more	than	331/3 %,	check	this	s box	and	sto	p hei	e.	The o	organ	ization	qu	alifies	as a	public	cly si	uppor	ted o	organiza
b	331/3%	suppo	ort tes	ts - 2	<b>017.</b> If the	ne orga	anıza	ation	aia no	ot cr	песк	ар	ox oi	n line	14 or	line	e 19a,	and	line 1	o is r	nore	than	331/39

Sche	dule A (Form 990 or 990-EZ) 2018						Pag
Pa	t III Support Schedule for Organ	nizations Des	scribed in Sec	tion 509(a)(2)			
	(Complete only if you check	ed the box or	n line 10 of Pa	rt I or if the org	anization faile	d to qualify une	der Part II.
	If the organization fails to qua	alify under the	e tests listed be	elow, please c	omplete Part I	l.)	
Sec	tion A. Public Support						
_	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ũ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	-						
1 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(u) 2014	(6) 2010	(0) 2010	(4) 2011	(0) 2010	(i) i otai
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
ivu	payments received on securities loans,						
	rents, royalties, and income from similar						
L	Sources						
α	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		1	1	1	1	

	activities not included in line 10b, whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13							
	and 12.)						
14				•			
	organization, check this box and <b>stop here</b>					· · · · · <b>P</b>	
Sec	Section C. Computation of Public Support Percentage						
15	15 Public support percentage for 2018 (line 8, column (f), divided l	by line 13, colun	nn (f))		. 15		%
16	16 Public support percentage from 2017 Schedule A, Part III, line 1	15			16		%
Sec	Section D. Computation of Investment Income Percen	ntage					
17	17 Investment income percentage for 2018 (line 10c, column (f), o	divided by line 1	3, column (f))		17		%
18	18 Investment income percentage from 2017 Schedule A, Part III,	line 17			18		%
19 a	19a 331/3% support tests - 2018. If the organization did not o	check the box	on line 14, and	line 15 is more	e than 331/3%,	and line	
	17 is not more than 331/3%, check this box and stop h	h <b>ere.</b> The orga	nization qualifies	as a publicly s	supported orga	nization 🛛 🕨 [	
b	b 331/3% support tests - 2017. If the organization did not che	neck a box on li	ne 14 or line 19	a, and line 16 is	more than 331	/3 %, and	
	line 18 is not more than 331/3%, check this box and stop	here. The org	anization qualifie	s as a publicly	supported orga	nization 🕨 📔	
20	20 Private foundation If the organization did not check a h	hoy on line 1	1 10a or 10h	check this ho	v and see ins	tructions	

27-1661997

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

27-1661997

### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

V 18-7.6F

10b Schedule A (Form 990 or 990-EZ) 2018

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	GIVEDIRECTLY, INC. 27-16	561997		
Schedu	ile A (Form 990 or 990-EZ) 2018			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prio tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	r f 1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			

activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2018

2b

3a

Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	trust or	n Nov. 20, 1970 (expla	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Observed the second state of the second stat		· · · · · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
5ect 1	Amounts paid to supported organizations to accomplish ex	vompt purposos		Current Year
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity	inpr purposes of support	eu	
3	Administrative expenses paid to accomplish exempt purpo	sees of supported organi	zatione	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	20110115	
- <del>4</del> 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in <b>Part VI</b> ). See instructions.	the organization is roop		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
<u>с</u>	Excess from 2016			
d	Excess from 2017			

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#### Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
FOREIGN EXCHANGE GAIN	136,264.	446,292.	195,466.	443,469.	699,082.	1,920,573.
OTHER INCOME	14,431.	6,662.	660.	4,410.	1,830.	27,993.
TOTALS	150,695.	452,954.	196,126.	447,879.	700,912.	1,948,566.

# Schedule B

or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

## Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

27-1661997

GIVEDIRECTLY, INC.

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

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

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

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

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$2,881,305.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$4,999,965.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$10,558,726.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$2,624,145.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Sched	lule B	(Form	990,	990-EZ, or 990-PF) (2018)

Name of organization GIVEDIRECTLY, INC.

Employer identification number 27-1661997

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES		
		\$2,881,305.	12/18/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	XRP CRYPTOCURRENCY		
		\$10,558,726.	03/01/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	rganization GIVEDIRECTLY, INC.			Employer identification number 27-1661997				
Part III	<i>Exclusively</i> religious, charitable, etc., co (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one co s completing Part III, ente ear. (Enter this information	ntributor. Con er the total of e	ed in section 501(c)(7), (8), or nplete columns (a) through (e) and exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address, and Z	(e) Transfer of gift IP + 4	Relationsh	ip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			_					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and Z	Relationsh	ip of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			_					
	(e) Transfer of gift							
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee				
				•				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

SCHEE	DULE	D
(Form	990)	

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

20

OMB No. 1545-0047

18

Employer identification
27-166199

~	
GIVEDIRECTLY,	INC.

Department of the Treasury Internal Revenue Service

Name of the organization

ployer identificati	ion number
27-166199	7

Pa	Art I Organizations Maintaining Donor Advised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	s held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal contr	ol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	rant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, o	r for any other purpose
	conferring impermissible private benefit?	YesNo
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		vation of a historically important land area
		vation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not c	
2	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the
	tax year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring, in	espection handling of
3	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforc	
Ū		ing conservation casemonia during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year
-	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements c	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rever	
	balance sheet, and include, if applicable, the text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report works of art, historical treasures, or other similar assets held for public exhibition	in its revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements th	<ol> <li>education, or research in furtherance of at describes these items.</li> </ol>
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	
~	works of art, historical treasures, or other similar assets held for public exhibition	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other si	<b>.</b>
	following amounts required to be reported under SFAS 116 (ASC 958) relating to thes	
a ⊾	Revenue included on Form 990, Part VIII, line 1.	· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X	
- or	raperwork Reduction Act Notice, see the instructions for Form 990.	Schedule D (Form 990) 2018

27	-1	.66	519	99	7

Part IIII       Organizations 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       d       Lean or exchange programs       e       Ditter (check all that apply):         b       Scholarly research       e       Ditter (check all that apply):       e       Ditter (check all that apply):         c       Provide a description of the organization's collections and explain how they further the organization's owempt purpose in Part XIII.       During the year, did the organization able to receive donations of art, historical treasures, or other similar assets to be sold to raise funds raher than to be maintained as part of the organization's collection?       Yes       No         Part VI       Excorv and Custodial Arrangements.       Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for early avainating during the year.       Yes       No         1a       Is the organization answered Yes' on Form 990, Part X, line 24, for escrow or Custodial account liability?       Yes       No         2       Addition during the year.       14       Induced an amount on Form 990, Part X, line 24, for escrow or custodial account liability?       Yes       No         2       Beginning balance	Schee	lule D (Form 990) 2018									Page	2
a	Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures	, or Othe	r Similar A	ssets (Co	ontinue	d)	
a       Public exhibition       d       □ Coan or exchange programs         b       □ Cohortry researching       c       □ Other	3	Using the organization's acquisitio	n, accession, and	other recor	ds, checl	k any of	the follo	wing that ar	e a signi	ficant us	se of it	s
b       Scholarly research       e       Other         c       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.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part XI       Escrew and Custofial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Bistributions during the year.       1d       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for exerve or custofial account liability?       Yes       No         b       If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Complete if the organization answered 'Yes' on Form 990, Part V, line 10.       Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Caranty or scholarships		collection items (check all that appl	y):		_							
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 scellection? Yes No PartIV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,	а	Public exhibition		d	Loan							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     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		е	Other							_
XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         PartW       Escrow and Custodial Arrangements. Complete if the organization an aswered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X,       Ive       No         1       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Iin 21.       Ive       No         0       Berlining balance,	С	Preservation for future gener	rations									
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part/W       Excrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         14       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes," explain the arrangement in Part Xill and complete the following table:       Amount       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes, 'explain the arrangement in Part Xill. Check here if the explanation has been provided on Part Xill       No         complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1       Beginning of year balance       (a) Three years back (d) Three years back (e) Four years back in the prosession of the currenty	4	Provide a description of the organ	nization's collections	s and expla	ain how t	they furt	her the o	rganization's	exempt	purpose	in Pa	rt
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         PartIV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization angement in Part XIII and complete the following table:       Image: Complete if the organization angement in Part XIII and complete the following table:         C Baginning balance,		XIII.										
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?,	5	During the year, did the organizatio	n solicit or receive	donations c	of art, hist	orical tre	easures, or	r other simila	ır _	_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance       1         d Additions during the year.       1         e Distributions during the year.       1		assets to be sold to raise funds rath	er than to be maint	ained as pa	art of the o	organiza	tion's colle	ection?	<u></u>	Yes	N	0
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 980, Part X?         • b       If "Yes," explain the arrangement in Part XIII and complete the following table:         • C       Beginning balance         • Additions during the year       1d         • Distributions       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         • Other expenditures for facilities       1d         • Decontributions cons <td< td=""><td>Ра</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Ра											
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Additions during the year,       Id       Id       Id         d       Additions during the year,       Id       Id       Id       Id         c       Distributions during the year,       Id       Id <td></td> <td></td> <td>tion answered "Ye</td> <td>es" on For</td> <td>m 990, F</td> <td>Part IV, I</td> <td>ine 9, or</td> <td>reported ar</td> <td>1 amoun</td> <td>t on For</td> <td>m</td> <td></td>			tion answered "Ye	es" on For	m 990, F	Part IV, I	ine 9, or	reported ar	1 amoun	t on For	m	
included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year.       1d         e       Distributions during the year.       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year back       (d) Three years back       (e) Four years back         1a       Beginning of year balance												
b If 'Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year, d Additions during the year, f Ending balance f Ending bala	1a				-					_		
c       Beginning balance       Ic         d       Additions during the year									L	Yes	N	0
c       Beginning balance       1c         d       Additions during the year       1d         Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         No       If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         14       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         15       Contributions       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         16       Grants or scholarships       (a)       (a) Three years back       (e) Four years back       (e) Four years back         16       If diministrative expenses       (b) Charting and programs       (c) Three yeanting and programs	b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing tab	ole:						
d Additions during the year       1d         e Distributions during the year       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (a) Current year         b Contributions       (a) Current year         b Contributions       (a) Current year         c Not tinvestment earnings, gains, and losses       (a) Current year end balance (line 1g, column (a)) held as:         a Beginning of year balance       %         f Administrative expenses       %         g End of year balance       %         t Administrative expenses       %         g End of year balance       %         t Regrand the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment >       %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment trunds not in the possession of the organization that are held and administered for the organizations         (i) unrelated organizations       3a(i)         (i) related organizations       3a(i)         (i) a the organizations       3a(i)									Amount			
e       Distributions during the year	С						1c					
f       Ending balance,	d						1d					
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back for four types (e) Corter or her part year (e) Torgenty (e) Corter or her part year (e) Four years back (e) Four years back (e) Four years back (e) Four years back for four partity regrestrated or ganization s endowment founds.         2       Provide the estimated percentage of the organiza												
b       If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         b       Contributions         c       Net investment earnings, gains, and losses         and losses	-											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance		-										0
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Section 2016 S			h Part XIII. Check h	ere if the e	xplanation	has bee	en provideo	d on Part XIII	<u> </u>			
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       Image: State	Ра		tion on worod "V	oo" on Eor	- 000 F	Dort IV/	line 10					
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contritons       Image: Contributions										(-) =		
b       Contributions		-	(a) Current year	(b) Pric	or year	(c) 1wo	years back	(d) Three ye	ars back	(e) Four y	ears back	( 
c       Net investment earnings, gains, and losses	1a											
and losses	b											
d Grants or scholarships       e       c       c         e Other expenditures for facilities and programs	С	Net investment earnings, gains,										
e       Other expenditures for facilities and programs												
and programs	d	-										
f       Administrative expenses	е											
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         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       3a(i)         3b       3a(ii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis       (b) Cost or other basis       (c) Accumulated depreciation       (d) Book value         1a       Land	f	-										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	•											
b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b</li> <li>If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>3a(ii)</li> <li>3a(ii)</li> <li>3a(ii)</li> </ul> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> <li>Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property         <ul> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> </li> <li>Description of property         <ul> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> </li> <li>Leasehold improvements.</li> <li>(cher)</li> <li>(d) Equipment.</li> <li>(e) Uther</li> <li>(f) Solo (cost or other basis</li> <li>(f) Solo (cost or other basis</li> <li>(f) Book (cost or other basis</li>					e (line 1g,	column	(a)) held a	s:				
c       Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				70								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization</li> <li>(a) Cost or other basis</li></ul>												
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>3b</li> </ul> <ul> <li>3a(i)</li> <li>3a(ii)</li> <li>3a(ii)</li> <li>3b</li> <li>3b</li> </ul> <ul> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation</li> <li>depreciation</li> <li>depreciation</li> <li>function of property</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation</li> <li>(c) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> </ul> 4 Equipment.       54,002.       23,428       30,574.         e Other       94,626.       39,563.       55,063.	U			100%								
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)       3a(ii)       3b       3c	39				ation that	are held	and adm	inistered for t	the			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a Land.	Ju			ne organize						Y	es No	5
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.												_
b       If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	h	· · ·										
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.			0									—
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	_	rt VI Land, Buildings, and Equ	lipment.									
Ia     Land     (investment)     (other)     depreciation       b     Buildings		Complete if the organization	ation answered "Y		1			1				
1a Land		Description of property							(d)	Book valu	е	
b Buildings	1a	Land	, ,									
c       Leasehold improvements												_
d Equipment         54,002         23,428         30,574           e Other         94,626         39,563         55,063		-										—
e Other		•				54,00	2.	23,428.		3	0,574	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
		I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, colum	n (B), line	e 10c.)	<b>&gt;</b>		8	5,637	

Schedule D (Form 990) 2018

#### Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) US GOVERNMENT OBLIGATIONS 32,864,244. FMV (B) CORPORATE BONDS 1,557,322. FMV (C) (D) (E) (F) (G) (H) 34,421,566. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8)

#### Part IX Other Assets.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

(9)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ►	

#### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	87,028.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	87,028.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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GIVEDIRECTLY,	INC.
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Schedu	le D (Form 990) 2018		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	55,417,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	284,974.
3	Subtract line <b>2e</b> from line <b>1</b>	3	55,132,520.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	55,132,520.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	69,349,165.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	312,866.
3	Subtract line <b>2e</b> from line <b>1</b>	3	69,036,299.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	69,036,299.
	XIII Supplemental Information.	1	
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, li nation.	ne 4; Part X, line

SEE PAGE 5

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, 2018 AND 2017, 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 2015.

	IEDULE F	Staten	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(For	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					2018	
Depart	ment of the Treasury	► G	io to www.irs.go		to Form 990. nstructions and the latest in	formation	Open to Public
	I Revenue Service		ie te inninge				Inspection ntification number
	EDIRECTLY, IN	IC.				27-16	
Part		formation o		Outside the	United States. Compl	lete if the organizati	on answered "Yes" or
1	For grantmakers.	Does the orga	nization mainta	ain records to s	substantiate the amount o	f its grants and other	
	-	-			e, and the selection criter		X Yes No
	For grantmakers. outside the United		Part V the org	anization's pro	ocedures for monitoring	the use of its grants	s and other assistance
3		on. (The follov	ving Part I, line	3 table can be	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 in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (c a program service, describe specific type service(s) in the regio	of expenditures for and investments
(1)	SUB-SAHARAN AFRIC	A	6.	201.	PROGRAM SERVICES	SEE PART V	56,992,223.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
(17)							
3a	Subtotal		6.	201.			56,992,223.
b	Total from sheets to Part I	continuation					
с	Totals (add lines		6.	201.			56,992,223.

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

Schedule F (Form 990) 2018

organization     section and EN (if applicable)     grant     grant     cash grant     cash grant     noncash disbursement     of noncash assistance     of noncash assistan	ו 990,
1       (a) Name of organization       (b) RS code sector and EIN (if applicable)       (c) Region       (d) Purpose of grant       (b) Maner of cash grant       (b) Manuer of disburseent       (b) Amount of procesh assistance       (b) Description (b) (bod assistance       (b) Manuer of procesh assistance       (b) Description (b) Description       (b) Manuer (b) (bod assistance         (1)       Image: Company of the policable       Image: Company of the p	
(2) $(3)$ <td< th=""><th>ethod of uation k, FMV, sal, other)</th></td<>	ethod of uation k, FMV, sal, other)
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
(4) $(5)$ $(6)$ <th< th=""><th></th></th<>	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	
(6)	
(7)       (8)       (9)       (	
(8)       (9)       (9)       (9)       (10) <th< th=""><th></th></th<>	
(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	

2 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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

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Page 2

GIVE	DIR	ECTI	ĽΥ,	INC.

Part II

Part III

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	54685.	53,175,948.	MOBILE MONEY			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

## 27-1661997 Page **3**

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Schedule F (Form 990) 2018

Part IV

1

e F (Form 990) 2018	Page 4
V Foreign Forms	
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 separately 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; don't file with Form 990)	Yes	X	Νο
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X	Νο
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	Νο
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	Νο

Schedule F (Form 990) 2018

Page 5

Schedule F (Form 990) 2018

Part V Supplemental Information 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).

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 PARTICIPATES IN RANDOMIZED CONTROLLED TRIALS TO

MEASURE THE IMPACT OF THE GRANTS.

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

TRANSFER TO PEOPLE IN POVERTY. WE IDENTIFY POOR HOUSEHOLDS AND DELIVER

CASH DIRECTLY TO THEM.

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)				ndividuals in				2018
	Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go	-	ttach to Form 990 / <i>Form990</i> for the I				Inspection
Name of the organization		₽ 00	to www.iis.gov				Employer identificat	
GIVEDIRECTLY, I	INC.						27-166199	
	nformation on Grants and	d Assistanc	e					<u>·</u>
	zation maintain records to su			e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant							X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants a	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
	ne 21, for any recipient th		-					,
<b>1 (a)</b> Name an	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INNOVATIONS FOR E	POVERTY ACTION							
	ND FL NEW HAVEN, CT 06510	06-1660068	501(C)(3)	600,000.				POVERTY ASSIST
(2)		_						
(3)		_						
(4)		_						
(5)		_						
(6)		-						
(7)		-						
(8)		_						
(9)		_						
(10)		-						
(11)		_						
(12)		-						
	per of section 501(c)(3) and	0	0					1.
	per of other organizations list on Act Notice, see the Instruct			<u></u>		<u></u>		nedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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

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

SCHEDULE I, LINE 2

BEGINNING IN OCTOBER 2017 AND CONCLUDING IN APRIL 2018, GIVEDIRECTLY

CONDUCTED TWO PILOT PROJECTS IN THE UNITED STATES TO DELIVER CASH

TRANSFERS TO PEOPLE AFFECTED BY HURRICANES HARVEY AND MARIA. PRIOR TO

THE ISSUANCE OF FUNDS TO RECIPIENTS, GIVEDIRECTLY CAPUTURED DATA &

PICTURES REGARDING THE ADDRESS AND DAMAGE LEVEL TO THE RECIPIENTS HOMES.

AFTER DISTRIBUTION, GD STAFF MEMBERS CONTACT THE RECIPIENT AND CONFIRM

RECEIPT OF FUNDS AS WELL AS IDENTITY.

ALSO IN 2017, A UNIQUE OPPORTUNITY WAS PRESENTED TO GIVEDIRECTLY WHERE WE

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
4					
5					
5					
7					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

DID A RE-GRANT OF A DONATION TO A SEPARATE RESEARCH ORGANIZATION TO

CONDUCT A PROJECT'S RESEARCH COMPONENT.

Schedule I (Form 990) (2018)

(Form 990) For certain Officers, Dire Con Department of the Treasury		For certain Officers, Dire Con ► Complete if the organizatio ►	Asation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line : Attach to Form 990.	23.	OMB No. 1545-0047 20 <b>18</b> Open to Public Inspection		
-	Revenue Service of the organization	, in the second s	990 for instructions and the latest information.	Employer identification			n
	EDIRECTLY,			27-1661997			
Part		is Regarding Compensation		27-1001997			
Pari	Question					Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio If any of the or reimburse explain Did the orga	Section A, line 1a. Complete Part III to ass or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ement or provision of all of the ex- anization require substantiation prior	by by ded any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch ne organization follow a written policy re spenses described above? If "No," com to reimbursing or allowing expenses D/Executive Director, regarding the items	g these items. personal use nal residence on fees auffeur, chef) egarding payment nplete Part III to	1b		
		stees, and officers, including the CEC		checked on line	2		
3	Indicate which organization's related organ Comper Indepen Form 99 During the ye	h, if any, of the following the filing organ s CEO/Executive Director. Check all the ization to establish compensation of th heation committee dent compensation consultant 90 of other organizations ar, did any person listed on Form 990,	nization used to establish the compensation at apply. Do not check any boxes for method e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation Part VII, Section A, line 1a, with respect to	ods used by a art III. ation committee			
		or a related organization:					
a b c	Participate in, Participate in,	, or receive payment from, a suppleme , or receive payment from, an equity-ba	ayment? ental nonqualified retirement plan? ased compensation arrangement? rovide the applicable amounts for each it		4a 4b 4c		X X X
5	For persons li compensatior	isted on Form 990, Part VII, Section A, n contingent on the revenues of:	rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue		- Fo		X
a b	Any related o				5a 5b		X
6	For persons I compensation	isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	, line 1a, did the organization pay or accrue	-			
а					6a		X
b					6b		X
7	For persons		on A, line 1a, did the organization prov		7		x
8	Were any am to the initia	ounts reported on Form 990, Part VII, I contract exception described in I	escribe in Part III. paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject f "Yes," describe			X
9			low the rebuttable presumption proced		8		^
э 		<b>.</b>	iow the reputtable presumption proced		9		

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

Schedule J (Form 990) 2018

Page 2

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PIALI MUKHOPADHYAY	(i)	213,531.	0.	0.	0.	7,626.	221,157.	0.
1COO - INTERNATIONAL	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH HUSTON	(i)	185,715.	0.	0.	0.	4,224.	189,939.	0.
2 <sup>CFO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC FRIEDMAN	(i)	173,835.	0.	0.	0.	8,124.	181,959.	0
3COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
ISOBEL COLEMAN	(i)	150,829.	0.	0.	0.	0.	150,829.	0
4COO - DOMESTIC	(ii)	0.	0.	0.	0.	0.	0.	0
MEYLAKH BARSHAY	(i)	143,141.	0.	0.	0.	7,626.	150,767.	0 .
5TECHNOLOGY MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0 .
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

#### Schedule J (Form 990) 2018

#### Page 3

#### Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART II

THE ORGANIZATION'S PRESIDENT, MICHAEL FAYE, DID NOT DRAW A SALARY OR

RECEIVE FRINGE BENEFITS IN 2018. THESE SERVICES HAVE BEEN INCLUDED AS

CONTRIBUTED SERVICES ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS

WHICH ARE AVAILABLE ON THE WEBSITE. MEMBERS OF THE BOARD DO NOT RECEIVE

COMPENSATION.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

GIVEDIRECTLY, INC.

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

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

2018 **Open to Public** Inspection

Name of the organization

Employer identification	number
27-1661997	

Par	Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art					-		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	58.	4,015,563.	MARKET PR	ICE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			10				
25	Other ►( ATCH 1 )		2.	10,558,726.				
26	Other ►()							
27	Other ►()							
28	Other ▶()							
29	Number of Forms 8283 received							~
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29			2.
					ſ		Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least th	-						37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a							37
	contributions?					31		X
32a	Does the organization hire or use	•	0					v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	) is checked,			
	describe in Part II. aperwork Reduction Act Notice, see the Instr	wations for F	000					
FOL Pa	aperwork reduction Act Notice, see the Inst		111 330.		Schedule	IVI (⊢Oľ	m 990	<i>₁</i> ∠018

Part II

Page 2

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
XRP CRYPTOCURRENCY	Х	2.	10,558,726.	MARKET PRICE
TOTALS	=	2.	10,558,726.	

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



Department of the Treasury Internal Revenue Service Name of the organization GIVEDIRECTLY, INC.

FORM 990, PART VI, LINE 2:

TWO MEMBERS OF THE BOARD, MICHAEL FAYE AND PAUL NIEHAUS, ARE ALSO

CO-FOUNDERS AND DIRECTORS OF SEGOVIA TECHNOLOGY CO.

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

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, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL AND OFFICER, SHALL ANNUALLY REVIEW THE CONFLICTS OF INTEREST POLICY AND DISCLOSE ANY KNOWN CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A & 15B: THE PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT INCLUDED A REVIEW BY THE TREASURER AND THE REST OF THE BOARD, OF THE SALARIES OF CEO'S AT ORGANIZATIONS OF SIMILAR SIZE.

THE PROCESS FOR DETERMINING COMPENSATION OF KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD, WHICH INCLUDES REVIEWING THE SALARIES OF POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST

Schedule O (Form 990 or 990-EZ) 2018     Pa       Name of the organization     Employer identification number       GIVEDIRECTLY, INC.     27-1661997			
Name of the organization	Employer identification number		
GIVEDIRECTLY, INC.	27-1661997		

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST. FINANCIAL STATEMENTS AND FORM 990S ARE AVAILABLE ON THE

WEBSITE.

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

KENYA

UGANDA

RWANDA

LIBERIA

MALAWI

CONGO (KINSHASA)

UNITED KINGDOM

	ATTACHMEN	NT 2
990, PART VII- COMPENSATION OF THE FIVE H	HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BDO 8401 GREENSBORO DR, STE 800 MCLEAN, VA 22102	ACCT & TAX SRVCS	230,529.
SEGOVIA TECHNOLOGY 33 IRVING PLACE, FLOOR 7 NEW YORK, NY 10003	PAYMENT SOFTWARE SRV	656,292.

ATTACHMENT 1

		NOTICE 201	L8-1	00						
Form <b>990-T</b>	E>	cempt Organization					m	OMB No. 1545-0687		
Form <b>990-1</b>		(and proxy tax			•					
	For cale	ndar year 2018 or other tax year begin	ning _	, 2018, a	and endir	ng, 2	20	2018		
Department of the Treasury		► Go to www.irs.gov/Form990					-	Open to Public Inspection for		
Internal Revenue Service	► Do	o not enter SSN numbers on this form a						Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization ( Check be	ox if nai	me changed and see in	structions	s.)		yer identification number yees' trust, see instructions.)		
B Exempt under section	-	GIVEDIRECTLY, INC.								
X 501( C )( 3 )	Print	Number, street, and room or suite no. I	faPO	box see instructions			27-1661997			
	or	Number, street, and toom of suite no. I	141.0	. box, see instructions.				ated business activity code		
408(e) 220(e 408A 530(a	iyhe	PO BOX 3221						structions.)		
529(a)	, 	City or town, state or province, countr	y, and Z	ZIP or foreign postal co	de					
C Book value of all assets	-	NEW YORK, NY 10008		0 1						
at end of year	F Gro	bup exemption number (See instruct	ions.)	•						
		eck organization type  X 501	,		501(c)	) trust	401(a)	trust Other trust		
H Enter the number o		anization's unrelated trades or busine	. ,	· · · · · · · · · · · · · · · · · · ·	(-)			(or first) unrelated		
trade or business he					ly one,	complete Parts I	-V. If more	e than one, describe the		
first in the blank spa	ace at the	e end of the previous sentence, cor	nplete	Parts I and II, comp	lete a Se	chedule M for ea	ch addition	nal		
trade or business, th	en compl	ete Parts III-V.								
I During the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-sub	sidiary c	controlled group?		. ▶ Yes No		
		identifying number of the parent co	rporatio							
		ICHAEL WARD, BDO				e number ▶ 70	3-770-	·1029		
		or Business Income	1	(A) Income		(B) Expen	ses	(C) Net		
1a Gross receipts or	sales									
<b>b</b> Less returns and allow		c Balance ►								
-		lule A, line 7)	2							
		2 from line 1c	3							
		attach Schedule D)	4a							
		Part II, line 17) (attach Form 4797)	4b							
		trusts	4c 5							
		or an S corporation (attach statement)	6							
		ncome (Schedule E)	7							
-		ents from a controlled organization (Schedule F)	8							
		)1(c)(7), (9), or (17) organization (Schedule G)	9							
		ncome (Schedule I)	10							
	•	dule J)	11							
12 Other income (S	ee instruc	ctions; attach schedule)	12							
13 Total. Combine I	ines 3 thr	ough 12	13		0.					
		Taken Elsewhere (See inst				, ,	Except f	or contributions,		
		t be directly connected with t				/		<del></del>		
		directors, and trustees (Schedule K)								
		( in -t)								
		(see instructions)								
		See instructions for limitation rules)								
		1 4562)		1	1		20			
		on Schedule A and elsewhere on re					22b			
					-					
		compensation plans								
		s								
		Schedule I)								
		Schedule J)								
		schedule)								
		es 14 through 28								
		ble income before net operating								
	•	ng loss arising in tax years beginnir	-			· -				
		e income. Subtract line 31 from line					32			
FOR PADERWORK REDUC	ιισπ Αςτ Γ	Notice, see instructions.						Form <b>990-T</b> (2018)		

27-1661997
21 1001991

Form	990-T (20				Page <b>2</b>
Par	't III	Total Unrelated Business Taxable Income			
33	Total of	of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instruct	ions)	33		
34	Amoun	ts paid for disallowed fringes	34		5,897.
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see			
•••		ions)	35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
30		33 and 34.	36		5,897.
~ 7					1,000.
37	•	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,000.
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			4 0 0 7
		e smaller of zero or line 36	38		4,897.
Par		Tax Computation			
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	· 39		1,028.
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the am	ount on line 38 from: 🔄 Tax rate schedule or 🛛 🔄 Schedule D (Form 1041)	· 40		
41		ax. See instructions			
42	Alterna	tive minimum tax (trusts only)	42		
43	Tax on	Noncompliant Facility Income. See instructions	43		
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		1,028.
Par	't V	Tax and Payments			
45 a	Foreiar	tax credit (corporations attach Form 1118; trusts attach Form 1116). 45a			
	-	redits (see instructions)			
		I business credit. Attach Form 3800 (see instructions)	- 1		
		or prior year minimum tax (attach Form 8801 or 8827).	-		
		redits. Add lines 45a through 45d	45e		
46		t line 45e from line 44.	46		1,028.
47		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			_,
					1,028.
48		x. Add lines 46 and 47 (see instructions)			1,020.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
		ts: A 2017 overpayment credited to 2018	-		
		stimated tax payments	-		
		bosited with Form 8868	-		
		organizations: Tax paid or withheld at source (see instructions) 50d	-		
е		withholding (see instructions) • • • • • • • • • • • • • • • • • • •	_		
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50f			
g		redits, adjustments, and payments: Form 2439			
	F	orm 4136 Other Total ▶ 50g			
51	Total p	ayments. Add lines 50a through 50g	51		2,100.
52	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		1,072.
55	Enter th	e amount of line 54 you want: Credited to 2019 estimated tax $\blacktriangleright 1$ , 072. Refunded $\blacktriangleright$	55		
Par		Statements Regarding Certain Activities and Other Information (see instruction	ns)		
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature of		uthority	Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	country	
		SEE FOOTNOTE	0		Х
57		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	aion truct?		X
51	-		agir itust!	••••	
58		see instructions for other forms the organization may have to file. ne amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> \$			
50		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of mv k	nowledge an	d belief. it is
Çi~	l tr	Je, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		go an	
Sig			ay the IRS		
Her		´´´´´	ith the pre		
			ee instructions)	-	No
Paid	1	Print/Type preparer's name Preparer's signature Date Cher	ck 🛄 if	PTIN	1
_	barer		employed	P0187	
	Only		s EIN 🕨 1		
	<b>U</b> y	Firm's address ► 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phor	<sub>ne no.</sub> 703		
ISA				Form <b>990</b>	D-T (2018)

JSA 8X2741 1.000 GIVEDIRECTLY, INC.

Form 990-T (2018)							F	Page 3	
Schedule A - Cost of Goods Sold.	Enter method	d of invento	ory valuation	►					
1 Inventory at beginning of year	iventory at beginning of year _ 1			at end of yea	ar	6			
2 Purchases 2	2			7 Cost of goods sold. Subtract line					
<b>3</b> Cost of labor <b>3</b>			6 from I	ine 5. En	ter here and in				
4a Additional section 263A costs			Part I, line	2		7			
(attach schedule) 4a	4a			8 Do the rules of section 263A (with respect to Yes					
b Other costs (attach schedule) _ 4b				property produced or acquired for resale) apply					
5 Total. Add lines 1 through 4b - 5			to the orga	nization?				Х	
Schedule C - Rent Income (From Rea	I Property a	nd Persor	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
<b>2.</b> Rent re	ceived or accru	ed							
for personal property is more than 10% but not percentage of rent for		age of rent for		exceeds		ns directly connected with the income ns 2(a) and 2(b) (attach schedule)			
more than 50%) 50% or if the rent			based on profit or	income)					
(1)									
(2)									
(3)									
(4)									
Total	Total								
(c) Total income. Add totals of columns 2(a) an here and on page 1, Part I, line 6, column (A) .	( )				(b) Total deductio Enter here and on Part I, line 6, colur	i page 1,			
Schedule E - Unrelated Debt-Finance		ee instructio	ons)			(_/ 🕨			
1. Description of debt-financed property         2. Gross allocable		2. Gross i	s income from or e to debt-financed	3. Deductions directly connected with or allocable debt-financed property			ole to		
			operty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 0	Column divided olumn 5	7. Gross income reporta (column 2 x column 6		<ol> <li>Allocable deductions</li> <li>(column 6 x total of columns 3(a) and 3(b))</li> </ol>			
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					e and on page 1, e 7, column (A).	Enter here and o Part I, line 7, co			
Totals Total dividends-received deductions included i			-				00 T		

Form 990-T (2018)

			Exempt	Controlled Or	ganizatio	ons					
1. Name of controlled organization	2. Employer identification numb	ber	3. Net unrelated income (loss) (see instructions)       4. Total of spe payments m						connected with income		
(1)											
(1) (2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
		ncome		9. Total of specifi	ed	<b>10.</b> Pa	t of column	9 that is	1	1. Deductions directly	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		payments made		included in the controlling organization's gross income			со	connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
Totals Schedule G-Investment Ir	<u> </u>	<u></u>	<u></u>	<u></u>	<b>&gt;</b>	Enter I Part I	columns 5 a here and on line 8, colur	page 1, mn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).	
Schedule G-Investment Ir	ncome of a Sec	ction 5	501(c)(	7), (9), or (17	') Orga	nization	(see inst	tructions)			
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals► Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A	.).	Than Advert	ising Ir	ncome (s	ee instru	ctions)		Enter here and on page 1 Part I, line 9, column (B).	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	c conn proc ur	Expenses directly ected wit duction of nrelated ess incon	f If a gain, c	ted tradé (column lumn 3). ompute	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		<ol> <li>Excess exempt expenses (column 6 minus column 5, but not more than column 4).</li> </ol>	
(1)											
(1)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page	here and e 1, Part I 10, col. (B	,					Enter here and on page 1, Part II, line 26.		
Totals Schedule J-Advertising Ir	come (see instr	uctions	)								
Part I Income From Per	· ·		,	colidated Ra	eie						
Fait Income From Fei		leu on			515						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Adver gain or (los 2 minus c a gain, co cols. 5 thr	ss) (col. ol. 3). If mpute	s) (col. . 3). If income inpute				7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2018	

GIVEDIRECTLY, INC.

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

27-1661997

Page 4

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GIVEDIRECTLY, INC. 27-1661997 Page 5 Form 990-T (2018) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising gain or (loss) (col. costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising advertising costs income costs not more than income a gain, compute column 4). cols. 5 through 7. (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27. line 11, col (A). line 11, col (B). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title time devoted to 1. Name

	 business	unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	

Total. Enter here and on page 1, Part II, line 14 ► . . . . . . . . . .

Form 990-T (2018)

# FEDERAL FOOTNOTES

FORM 990-T, PART VI, LINE 56

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