

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INNOVATIONS FOR POVERTY ACTION			D Employer identification number 06-1660068	
	Doing Business As			E Telephone number (293) 772-2216	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 WHITNEY AVENUE		G Gross receipts \$ 26,559,847.		
	City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06510			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: DEAN KARLAN 101 WHITNEY AVENUE NEW HAVEN, CT 06510			H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.POVERTY-ACTION.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 2002 M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IPA IS DEDICATED TO DISCOVERING WHAT WORKS TO HELP THE WORLD'S POOR. WE DESIGN & EVALUATE PROGRAMS IN REAL CONTEXTS WITH REAL PEOPLE, & PROVIDE HANDS-ON ASSISTANCE TO BRING SUCCESSFUL PROGRAMS TO SCALE.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8.	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	176.	
	6 Total number of volunteers (estimate if necessary)	6	0.	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	18,997,069.	26,532,400.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,354.	23,203.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,244.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,026,423.	26,559,847.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,420,514.	7,908,185.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,815.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,609,031.	10,632,643.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,029,545.	18,540,828.	
19 Revenue less expenses. Subtract line 18 from line 12	7,996,878.	8,019,019.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	25,027,679.	33,238,267.	
	22 Net assets or fund balances. Subtract line 21 from line 20.	524,061.	837,152.	
		24,503,618.	32,401,115.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Scott Thompsett	Preparer's signature <i>Scott Thompsett</i>	Date 11/14/2011	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-6055558		Phone no. ▶ 212-599-0100	
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4011				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 929,340. including grants of \$ 0.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 886,956. including grants of \$ 0.) (Revenue \$ 0.)

TARGETING THE ULTRA POOR - THIS 24-MONTH PROGRAM PROVIDES BENEFICIARIES WITH A HOLISTIC SET OF SERVICES INCLUDING: LIVELIHOOD TRAININGS, PRODUCTIVE ASSET TRANSFERS, CONSUMPTION SUPPORT, SAVINGS PLANS, AND HEALTHCARE. BY INVESTING IN THIS MULTIFACETED APPROACH, THE PROGRAM STRIVES TO ELIMINATE THE NEED FOR LONG-TERM SAFETY NET SERVICES. SPANNING SEVEN COUNTRIES ON THREE CONTINENTS, THE ULTRA POOR GRADUATION PROGRAM IS BEING PILOTED AROUND THE GLOBE. IPA IS CONDUCTING RANDOMIZED EVALUATIONS IN INDIA, PAKISTAN, HONDURAS, PERU, ETHIOPIA, YEMEN, AND GHANA TO UNDERSTAND THE IMPACT OF THIS INNOVATIVE MODEL.

4c (Code:) (Expenses \$ 709,680. including grants of \$ 0.) (Revenue \$ 0.)

ATTACHMENT 3

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 14,932,856. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 17,458,832.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V X

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

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. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Significant diversion of assets), 6 (Members/stockholders), 7a (Election of members), 7b (Approval of decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable employees).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO review), 15b (Other officers review), 16a (Joint venture investment), 16b (Safeguarding exempt status).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN R HUGHES, CONTROLLER 101 WHITNEY AVENUE NEW HAVEN, CT 06510 203-772-2216

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEAN KARLAN FOUNDER, PRESIDENT	5.00	X		X				0.	0.	0.
(2) JERRY MCCONNELL DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(3) B. STEPHEN TOBEN DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(4) KENTARO TOYAMA DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(5) GREGORY M. FISCHER DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(6) JODI NELSON DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(7) PARAS MEHTA DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(8) JAMES PRESCOTT DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(9) KATHLEEN VIERY CHIEF FINANCIAL OFFICER	40.00			X				126,903.	0.	0.
(10) DELIA WELSH MANAGING DIRECTOR	40.00			X				75,759.	0.	0.
(11) ANNIE DUFLO RESEARCH DIRECTOR	40.00			X				84,940.	0.	0.
(12) JOHN HUGHES CONTROLLER	40.00					X		101,801.	0.	0.
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							389,403.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							389,403.	0.	0.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 7**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	2,291,725.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	24,240,675.				
	g Noncash contributions included in lines 1a-1f: \$		0.				
	h Total. Add lines 1a-1f			26,532,400.			
Program Service Revenue	Business Code						
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			23,203.			23,203.
	4 Income from investment of tax-exempt bond proceeds . . .			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS		900099	4,244.			4,244.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			4,244.				
12 Total revenue. See instructions			26,559,847.			27,447.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	287,601.	258,301.	29,137.	163.
6 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	6,460,004.	5,786,475.	669,776.	3,753.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	885,619.	795,393.	89,723.	503.
10 Payroll taxes	274,961.	246,948.	27,857.	156.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	56,435.	31,039.	25,396.	
c Accounting	17,576.	9,667.	7,909.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	183,383.	100,677.	82,706.	
12 Advertising and promotion	0.			
13 Office expenses	344,694.	297,661.	46,826.	207.
14 Information technology	230,525.	189,228.	41,297.	
15 Royalties	0.			
16 Occupancy	410,254.	354,060.	56,194.	
17 Travel	1,465,542.	1,438,253.	27,289.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	93,761.	92,047.	1,714.	
20 Interest	2,883.	53.	2,830.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	54,116.	44,585.	9,531.	
23 Insurance	118,196.	105,051.	13,145.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SURVEY EXPENSES -----	7,208,413.	7,208,413.		
b MOTOR VEHICLES -----	259,204.	258,608.	596.	
c ADMINISTRATIVE EXPENSES -----	187,661.	242,373.	-54,745.	33.
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	18,540,828.	17,458,832.	1,077,181.	4,815.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,761,233.	1	802,151.
	2 Savings and temporary cash investments		2	5,332,184.
	3 Pledges and grants receivable, net	17,481,909.	3	25,139,500.
	4 Accounts receivable, net	1,486,902.	4	1,475,782.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,278.	9	11,413.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 337,133.		
	b Less: accumulated depreciation	10b 150,874.	123,232.	10c 186,259.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	153,125.	15	290,978.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,027,679.	16	33,238,267.	
Liabilities	17 Accounts payable and accrued expenses	109,703.	17	479,248.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	414,358.	25	357,904.
	26 Total liabilities. Add lines 17 through 25	524,061.	26	837,152.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	482,551.	27	482,551.
	28 Temporarily restricted net assets	24,021,067.	28	31,918,564.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	24,503,618.	33	32,401,115.	
34 Total liabilities and net assets/fund balances	25,027,679.	34	33,238,267.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,559,847.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,540,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,019,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,503,618.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-121,522.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	32,401,115.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	Yes	No
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (72.54%); 15 Public support percentage from 2009 Schedule A, Part II, line 14 (76.76%); 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2010, 2009. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2010, 2009. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	0.	0.	0.	0.	4,244.	4,244.
TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>4,244.</u>	<u>4,244.</u>

Schedule of Contributors

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

2010

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) () (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

Name of organization **INNOVATIONS FOR POVERTY ACTION**

Employer identification number
06-1660068

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,012,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 4,089,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 3,219,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 2,722,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 2,117,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 1,522,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **INNOVATIONS FOR POVERTY ACTION**

Employer identification number
06-1660068

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,020,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 691,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 574,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 555,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various conservation easement details.

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

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b for collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) PAYROLL LIABILITIES	11,760.	
(3) INTERCOMPANY	346,144.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	357,904.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 3 columns: Description, Line Number, Amount. Includes Total revenue, Total expenses, Excess or (deficit) for the year, Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other, Total adjustments, and Excess or (deficit) for the year per audited financial statements.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, Amount. Includes Total revenue, Amounts included on line 1 but not on Form 990, Subtract line 2e from line 1, Amounts included on Form 990, Part VIII, line 12, but not on line 1, and Total revenue.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Description, Line Number, Amount. Includes Total expenses and losses, Amounts included on line 1 but not on Form 990, Subtract line 2e from line 1, Amounts included on Form 990, Part IX, line 25, but not on line 1, and Total expenses.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 DISCLOSURE

EFFECTIVE DECEMBER 31, 2009, INNOVATIONS FOR POVERY ACTION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 (FIN 48") ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109," NOW INCORPORATED IN ACCOUNTING STANDARDS CODIFICATION ("ASC") 740. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

INNOVATIONS FOR POVERTY ACTION IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NEVERTHELESS, INNOVATIONS FOR POVERY ACTION MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS ENDING DECEMBER 31, 2007, 2008, 2009 AND 2010 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS, AS MANAGEMENT DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

INNOVATIONS FOR POVERTY ACTION

06-1660068

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	IMPACT EVALUATION	215,476.
(2) EAST ASIA AND THE PACIFIC	2.	38.	PROGRAM SERVICES	IMPACT EVALUATION	1,326,188.
(3) MIDDLE EAST AND NORTH AFRICA	1.	3.	PROGRAM SERVICES	IMPACT EVALUATION	672,646.
(4) NORTH AMERICA	1.	9.	PROGRAM SERVICES	IMPACT EVALUATION	1,393,735.
(5) SOUTH AMERICA	1.	14.	PROGRAM SERVICES	IMPACT EVALUATION	734,635.
(6) SOUTH ASIA	1.	10.	PROGRAM SERVICES	IMPACT EVALUATION	1,806,059.
(7) SUB-SAHARAN AFRICA	9.	442.	PROGRAM SERVICES	IMPACT EVALUATION	9,331,966.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	15.	517.			15,480,705.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	15.	517.			15,480,705.

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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, COLUMN F

ALL EXPENDITURES REPORTED IN COLUMN F ARE ACCOUNTED FOR USING THE ACCRUAL METHOD (THE SAME METHOD USED FOR THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

FORM 990, PART VI, SECTION B

LINE 11: THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

LINE 12: THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. ALL NEW EMPLOYEES AND BOARD MEMBERS ARE ASKED TO REVIEW AND ACKNOWLEDGE THEIR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THE ORGANIZATION DISTRIBUTES AN ANNUAL QUESTIONNAIRE TO ALL EMPLOYEES (INCLUDING EXECUTIVES) AND BOARD OF TRUSTEES MEMBERS.

THE BOARD OF DIRECTORS IS TASKED WITH REVIEWING ANY POTENTIAL CONFLICTS OF INTEREST AND DETERMINING COMPLIANCE WITH THE ORGANIZATION'S POLICY.

LINE 13: THE ORGANIZATION DID NOT HAVE A WHISTLEBLOWER POLICY IMPLEMENTED PRIOR TO THE YEAR END. THE ORGANIZATION'S BOARD OF DIRECTORS CRAFTED A NEW WHISTLEBLOWER POLICY DURING THE YEAR AND IT WAS INSTITUTED PRIOR TO DECEMBER 31, 2011.

LINE 15: THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS FOR DETERMINING THE COMPENSATION OF ITS EXECUTIVE OFFICERS, (AND USES THE SAME PROCESS

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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FOR ALL EMPLOYEES. THE ORGANIZATION RELIES ON MARKET ANALYSIS TO DETERMINE COMPENSATION ACROSS ALL LEVELS, USING SIMILARLY SIZED ORGANIZATIONS AS A BENCHMARK. THE ORGANIZATION HIRED A NONPROFIT PROFESSIONAL ADVISORY GROUP TO PERFORM THE SPECIFIC ANALYSIS, AS WELL AS TO SEARCH FOR THE CHIEF FINANCIAL OFFICER.

IT SHOULD BE NOTED THAT THE PRESIDENT AND CEO IS ALSO THE FOUNDER OF THE ORGANIZATION. THE PRESIDENT DRAWS NO SALARY FROM INNOVATIONS FOR POVERTY ACTION.

FORM 990, PART VI, SECTION C

LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, FORM 990 AND ANNUAL SUMMARY ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE AT THE ADDRESS LISTED ON PAGE 1 OF THE FORM 990. THE FORM 990 IS, LIKEWISE, PUBLISHED ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

THEY ARE OFTEN PICKED UP FOR OTHER CHARITY EVALUATION WEBSITES SUCH AS CHARITY NAVIGATOR.

FORM 990, PART III, LINE 2

OTHER PROGRAM SERVICES

THE ORGANIZATION COMMENCED THREE NEW SUBSTANTIAL PROGRAMS IN 2010:

1. THE TEACHER COMMUNITY ASSISTANT INITIATIVE (TCAI) IN GHANA IS SCALING

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

AND EVALUATING A PROVEN PROGRAM FROM INDIA. TCAI TRAINS COMMUNITY MEMBERS TO ASSIST IN ELEMENTARY CLASSROOMS WITH POOR-PERFORMING KIDS. GHANA IS THE FOURTH AND LARGEST SITE IN WHICH THE MODEL HAS BEEN ROLLED OUT WITH A RIGOROUS EVALUATION.

2. SECOND, THE SMALL & MEDIUM ENTERPRISE INITIATIVE (SMEI) BRINGS TOGETHER RESEARCHERS, PRACTITIONERS AND POLICY MAKERS INVESTED IN PROMOTING GROWTH FOR HIGH-POTENTIAL BUSINESS OWNERS. IPA STRIVES TO PUT FORWARD THE RIGHT QUESTIONS AND PROACTIVELY SEEK PROJECTS THAT ALLOW US TO ANSWER THEM-SMEI TAKES EXACTLY THAT APPROACH.

3. THIRD, OUR ULTRA-POOR GRADUATION INITIATIVE (UGP) LAUNCHED ITS SEVENTH AND LARGEST EVALUATION IN GHANA, PARTNERED WITH PRESBYTERIAN AGRICULTURAL SERVICES. UGP IS A COLLABORATION BETWEEN THE FORD FOUNDATION, THE CONSULTATIVE GROUP TO ASSIST THE POOR, AND USAID TO LEARN HOW TO PROVIDE A SAFETY NET FOR THE ULTRA-POOR.

FORM 990, PART III, LINE 4(D)

IN 2010, IPA HAD OVER 230 PROJECTS COMPLETED OR UNDERWAY IN MORE THAN 40 COUNTRIES AROUND THE WORLD. THESE PROJECTS ARE DESIGNED TO AMELIORATE THE CONDITIONS OF THE POOR THROUGHOUT THE WORLD. FOR MORE INFORMATION ABOUT THE MANY DIFFERENT PROJECTS THE ORGANIZATION OPERATED IN 2010,

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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PLEASE GO TO [HTTP://WWW.POVERTY-ACTION.ORG](http://www.poverty-action.org). FOR MORE INFORMATION ABOUT THE ORGANIZATION, IS ACTIVITIES AND ITS PROGRAMS, PLEASE REVIEW THE ANNUAL REPORT AT [HTTP://WWW.POVERTY-ACTION.ORG/ANNUALREPORT2010](http://www.poverty-action.org/annualreport2010).

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INNOVATIONS FOR POVERTY ACTION (IPA) IS A NONPROFIT CORPORATION THAT CREATES AND EVALUATES SOLUTIONS TO SOCIAL AND DEVELOPMENT PROBLEMS AND WORKS TO SCALE UP SUCCESSFUL IDEAS THROUGH IMPLEMENTATION AND DISSEMINATION TO POLICY MAKERS, PRACTITIONERS, INVESTORS AND DONORS AROUND THE WORLD.

ATTACHMENT 2

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

WATER PROGRAMS - THE CHLORINE DISPENSERS FOR SAFE WATER PROGRAM IS COMMITTED TO REDUCING THE NUMBER OF CHILD DEATHS CAUSED BY DIARRHEA. THE PROGRAM INTENDS TO PROVIDE SAFE WATER TO 5 MILLION PEOPLE OVER THE NEXT FIVE YEARS. IPA CONTINUES TO OPTIMIZE AND ASSESS OPERATIONAL MODELS THAT WILL ALLOW IT TO ACHIEVE THIS SCALE. CURRENTLY, IN KENYA, IPA IS PROVIDING SAFE WATER IN OVER 700 COMMUNITIES TO ROUGHLY 165,000 PEOPLE. THE PROGRAM IS ALSO WORKING WITH IMPLEMENTING PARTNERS TO ASSESS THE SUITABILITY OF CHLORINE DISPENSER GLOBALLY IN COUNTRIES SUCH AS HAITI, INDIA AND ETHIOPIA.

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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ATTACHMENT 2 (CONT'D)

FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT
[HTTP://WWW.POVERTY-ACTION.ORG/WORK/PROJECTS/SAFEWATER](http://www.poverty-action.org/work/projects/safewater)

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

HEALTH SERVICES DELIVERY: INDIA - THIS PROJECT SEEKS TO MAP THE AVAILABILITY OF ALL TYPES OF HEALTH CARE PROVIDERS IN RURAL INDIA (PUBLIC, PRIVATE, QUALIFIED AND UNQUALIFIED), MEASURE THEIR QUALITY AND CHARACTERIZE THE DECISION-MAKING PROCESSES THAT PATIENTS USE WHEN CHOOSING A MEDICAL PROVIDER. IPA HAS COLLECTED DATA FROM MORE THAN 13,000 PROVIDERS AND 50,000 HOUSEHOLDS, USING INNOVATIVE TECHNIQUES SUCH AS MEDICAL VIGNETTES, PARTICIPANT OBSERVATIONS, STANDARDIZED PATIENTS, AND CARTOON-BASED VIGNETTES FOR PATIENTS. FOR PUBLIC SECTOR PROVIDERS, SURVEYS ALSO MEASURED ABSENCE RATES. IPA HAS ALSO COLLECTED DATA FROM APPROXIMATELY 3,000 SCHOOLS, 15,000 TEACHERS, AND 29,000 STUDENTS TO MEASURE TEACHER ABSENTEEISM AND STUDENT LEARNING. DATA ANALYSIS IS ONGOING.

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

KENYA
 GHANA
 LIBERIA
 MALAWI
 MALI

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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ATTACHMENT 4 (CONT'D)

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

MEXICO

MOROCCO

PHILIPPINES

UGANDA

SIERRA LEONE

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTRE FOR POLICY RESEARCH DHARAM MARG 110021 CHANAKYAPURI NEW DELHI INDIA	PROJECT MANAGEMENT	687,500.
INSTITUTE FOR FINANCIAL MGMT & RESEARCH WEST WING FOUNTAIN PLAZA BLVD CHENNAI TAMIL NADU INDIA	RESEARCH SERVICES	210,676.
PONTIFICIA UNIVERSIDAD AVENIDA VICUNA MACKENNA 4860 SANTIAGO CHILE	PROGRAM MANAGEMENT	190,491.
MONGOLIAN MARKETING CONSULTING GROUP LLC SEOUL STREET 3RD KHOROO ULAANBAATAR BAYANZURKH DISTRICT MONGOLIA	RESEARCH SERVICES	128,453.

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

ATTACHMENT 5 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RESEARCH FOR POVERTY ALLEVIATION PO BOX 33223 DAR ES SALAAM REGENT ESTATE TANZANIA TANZANIA	RESEARCH SERVICES	125,917.
	TOTAL COMPENSATION	<u>1,343,037.</u>