

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 2011 calendar year, or tax year beginning , 2011, 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 (203) 772-2216	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 WHITNEY AVENUE				
	City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06510				
F Name and address of principal officer: DEAN KARLAN 101 WHITNEY AVENUE NEW HAVEN, CT 06510			G Gross receipts \$ 29,710,622.		
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			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)		
J Website: ▶ WWW.POVERTY-ACTION.ORG			H(c) Group exemption number ▶		
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 2011 (Part V, line 2a)	5	206.
	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
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,478,517.	29,684,735.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,203.	25,887.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,501,720.	29,710,622.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,059,236.	12,172,497.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 71,433.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,750,661.	15,313,624.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,809,897.	27,486,121.	
19	Revenue less expenses. Subtract line 18 from line 12	-308,177.	2,224,501.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,961,556.	14,423,972.
	21	Total liabilities (Part X, line 26)	9,318,284.	9,556,199.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,643,272.	4,867,773.

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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-605558			
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057	Phone no. ▶ 212-599-0100			
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Yes No

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

4a (Code:) (Expenses \$ 2,124,059. including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 1,881,112. including grants of \$) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 1,421,171. including grants of \$) (Revenue \$)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5

(Expenses \$ 19,835,014. including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 25,261,356.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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 questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) STEVEN TOBEN DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(3) PARAS MEHTA DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(4) JERRY MCCONNELL DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(5) JODI NELSON DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(6) GREGORY M. FISHER DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(7) JAMES J. PRESCOTT DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(8) KENTARO YOYAMA DIRECTOR/TRUSTEE	2.00	X					0	0	0	
(9) IFE OSAGA - ONDONDO GENERAL COUNSEL	40.00			X			81,547.	0	1,180.	
(10) KATHLEEN VIERY CHIEF FINANCIAL OFFICER	40.00			X			132,237.	0	224.	
(11) DELIA WELSH MANAGING DIRECTOR	40.00			X			81,000.	0	203.	
(12) ANNIE DUFLO RESEARCH DIRECTOR	40.00			X			95,004.	0	5,100.	
(13) JOHN HUGHES CONTROLLER	40.00					X	105,504.	0	5,364.	
(14)										

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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	3,207,072.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	26,477,663.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		29,684,735.			
Program Service Revenue	2 a _____	Business Code				
	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)		25,887.			25,887.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7 a 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			
	8 a 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				
9 a 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				
10 a 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					
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		29,710,622.			25,887.	

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).

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

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 United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	232,564.	202,938.	29,426.	200.
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	10,311,696.	8,998,083.	1,304,736.	8,877.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,009.	6,989.	1,013.	7.
9 Other employee benefits	1,598,413.	1,394,790.	202,247.	1,376.
10 Payroll taxes	21,815.	19,036.	2,760.	19.
11 Fees for services (non-employees):				
a Management	0			
b Legal	66,470.	26,996.	34,112.	5,362.
c Accounting	163,904.	66,568.	84,114.	13,222.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	172,494.	70,057.	88,522.	13,915.
12 Advertising and promotion	0			
13 Office expenses	379,340.	314,652.	64,586.	102.
14 Information technology	218,233.	156,275.	61,938.	20.
15 Royalties	0			
16 Occupancy	577,767.	441,128.	136,639.	
17 Travel	1,804,606.	1,778,032.	25,296.	1,278.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	333,487.	323,495.	9,786.	206.
20 Interest	1,808.	193.	1,615.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	35,296.	330.	34,966.	
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.)				
a SURVEY EXPENSES	10,597,053.	10,579,536.		17,517.
b MOTOR VEHICLES	616,020.	616,020.		
c ADMINISTRATIVE EXPENSES	298,895.	231,345.	59,900.	7,650.
d OTHER	48,251.	34,893.	11,676.	1,682.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	27,486,121.	25,261,356.	2,153,332.	71,433.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	720,019.	1	1,387,120.
	2 Savings and temporary cash investments	5,332,184.	2	7,688,111.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	5,391,459.	4	4,814,763.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	35,910.	9	80,490.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 479,346.		
	b Less: accumulated depreciation	10b 253,201.	10c	226,145.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	302,294.	15	227,343.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,961,556.	16	14,423,972.	
Liabilities	17 Accounts payable and accrued expenses	775,857.	17	1,052,456.
	18 Grants payable	0	18	0
	19 Deferred revenue	8,542,427.	19	8,503,743.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	9,318,284.	26	9,556,199.
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	2,643,272.	27	4,867,773.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	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	2,643,272.	33	4,867,773.
34 Total liabilities and net assets/fund balances	11,961,556.	34	14,423,972.	

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	29,710,622.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,486,121.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,224,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,643,272.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	4,867,773.

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
b	Were the organization's financial statements audited by an independent accountant?	X	
c	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	
d	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	
b	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)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
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									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,358,104.	14,166,665.	18,997,069.	26,532,400.	29,863,735.	96,917,973.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,358,104.	14,166,665.	18,997,069.	26,532,400.	29,863,735.	96,917,973.
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).						21,225,138.
6 Public support. Subtract line 5 from line 4.						75,692,835.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,358,104.	14,166,665.	18,997,069.	26,532,400.	29,863,735.	96,917,973.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,483.	29,177.	29,354.	23,203.	25,887.	115,104.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						97,033,077.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	78.01 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	72.54 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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. Add lines 1 through 5; 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: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, 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, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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

b 33 1/3% support tests - 2010. 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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2011

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 33 1/3 % 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, total 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 total 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 Part I, 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 3,388,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 3,054,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 3,036,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 1,840,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 1,677,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 1,674,259.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,657,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 1,338,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 1,320,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 1,229,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 1,022,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 670,985.	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 II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

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

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. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic structure), a table for conservation easement statistics (2a-2d), and several Yes/No questions regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and amounts for art and historical treasures.

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

Schedule D (Form 990) 2011

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? Yes No

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? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,024.	2,559.	6,465.
d Equipment		305,002.	139,458.	165,544.
e Other		183,320.	111,184.	72,136.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ▶ 244,145.

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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 for reconciliation of net assets. Line 1: Total revenue (29,710,622). Line 2: Total expenses (27,486,121). Line 3: Excess or (deficit) for the year (2,224,501). Lines 4-9: Adjustments. Line 10: Excess or (deficit) per audited financial statements (2,224,501).

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (29,889,622). Line 2: Amounts included on line 1 but not on Form 990. Sub-rows 2a-2d: Net unrealized gains (179,000), Donated services, Recoveries, Other. Line 2e: Add lines 2a-2d (179,000). Line 3: Subtract line 2e from line 1 (29,710,622). Line 4: Amounts included on Form 990 but not on line 1. Sub-rows 4a-4b: Investment expenses, Other. Line 4c: Add lines 4a and 4b. Line 5: Total revenue (29,710,622).

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (27,665,121). Line 2: Amounts included on line 1 but not on Form 990. Sub-rows 2a-2d: Donated services (179,000), Prior year adjustments, Other losses, Other. Line 2e: Add lines 2a-2d (179,000). Line 3: Subtract line 2e from line 1 (27,486,121). Line 4: Amounts included on Form 990 but not on line 1. Sub-rows 4a-4b: Investment expenses, Other. Line 4c: Add lines 4a and 4b. Line 5: Total expenses (27,486,121).

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

IPA FOLLOWS 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.

IPA IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

NEVERTHELESS, IPA 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, 2009, 2010 AND 2011 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. 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

2011

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.

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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 its grants and other 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 its grants and other assistance 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		1.	PROGRAM SERVICES	IMPACT EVALUATION	101,325.
(2) EAST ASIA AND THE PACIFIC	2.	17.	PROGRAM SERVICES	IMPACT EVALUATION	1,948,523.
(3) MIDDLE EAST AND NORTH AFRICA	1.	6.	PROGRAM SERVICES	IMPACT EVALUATION	719,481.
(4) NORTH AMERICA	1.	6.	PROGRAM SERVICES	IMPACT EVALUATION	791,773.
(5) SOUTH AMERICA	1.	8.	PROGRAM SERVICES	IMPACT EVALUATION	979,382.
(6) SOUTH ASIA	1.	11.	PROGRAM SERVICES	IMPACT EVALUATION	3,292,681.
(7) SUB-SAHARAN AFRICA	8.	123.	PROGRAM SERVICES	IMPACT EVALUATION	17,285,269.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	14.	172.			25,118,434.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	14.	172.			25,118,434.

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

Schedule F (Form 990) 2011

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, Information 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; 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, 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).

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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PROCESS USED TO REVIEW FORM 990

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.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, SECTION B, 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.

PROCESS FOR DETERMINING COMPESATION

FORM 990, PART VI, SECTION B, LINE 15

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

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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.

AVAILABILITY OF THE DOCUMENTS TO THE PUBLIC

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.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

THE ORGANIZATION UNDERTOOK THE FOLLOWING OTHER PROGRAMS IN 2011:

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4. RESEARCH INITIATIVES IN SIXTEEN COUNTRIES: IPA RESEARCH INITIATIVES ARE FOCUSED PORTFOLIOS OF RESEARCH PROJECTS DESIGNED IN CONCERT TO PROVIDE ACTIONABLE ANSWERS TO THE QUESTIONS OF POLICYMAKERS AND PRACTITIONERS WORKING IN SPECIFIC FIELDS. EACH INITIATIVE FOCUSES ON A PERSISTENT PROBLEM WHICH THE POOR FACE AROUND THE WORLD. THE GLOBAL FINANCIAL INCLUSION INITIATIVE SEEKS TO HELP THE POOR MANAGE AND GROW THEIR MONEY THROUGH UNDERSTANDING WHAT KINDS OF INNOVATIVE FINANCIAL SERVICES ARE MOST EFFECTIVE. OUR SMALL AND MEDIUM ENTERPRISE INITIATIVE SEEKS TO HELP ENTREPRENEURS AND SMALL BUSINESS IN THE DEVELOPING WORLD OVERCOME THE UNIQUE CHALLENGES THEY FACE TO GROWING THEIR BUSINESSES. OUR US HOUSEHOLD FINANCE INITIATIVE IS WORKING TO BUILD BETTER MARKETS FOR PERSONAL FINANCE IN THE UNITED STATES BY USING INSIGHTS FROM THE SOCIAL SCIENCES TO DEVELOP, TEST, AND REFINE INNOVATIONS THAT BENEFIT BOTH USERS AND SUPPLIERS OF FINANCIAL PRODUCTS AND SERVICES. IPA'S POST-CONFLICT INITIATIVE IS CONDUCTING SOME OF THE FIRST RIGOROUS RANDOMIZED EVALUATIONS OF PROJECTS FOCUSED ON PEACE-BUILDING AND THE UNIQUE SET OF CHALLENGES FACING POST-CONFLICT AND FRAGILE STATES.

5. DEWORM THE WORLD INITIATIVE IN KENYA, INDIA, LIBERIA AND NIGERIA: THE DEWORM THE WORLD INITIATIVE HELPS GOVERNMENTS LAUNCH, STRENGTHEN, AND SUSTAIN REGIONAL AND NATIONAL SCHOOL-BASED DEWORMING PROGRAMS. IN 2011, THROUGH OUR COLLABORATION WITH THE GOVERNMENT OF BIHAR, INDIA, 17 MILLION CHILDREN RECEIVED DEWORMING MEDICATION-85 PERCENT OF ALL SCHOOL-AGED CHILDREN IN THE STATE. THIS BRINGS THE TOTAL NUMBER OF CHILDREN WE HAVE HELPED REACH TO 37 MILLION. THE DEWORM THE WORLD INITIATIVE PROVIDES

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TECHNICAL ASSISTANCE DIRECTLY TO MINISTRIES OF EDUCATION AND HEALTH TO HELP THEM DEVELOP, IMPLEMENT, AND MONITOR PROGRAMS OVER THE LONG TERM. WE COORDINATE STRATEGIC SUPPORT, SUCH AS DONATED MEDICINE FROM OUR PHARMACEUTICAL INDUSTRY PARTNERS, AND PROGRAM FINANCING FROM DONORS. WE ALSO ADVOCATE FOR LARGE-SCALE PROGRAMS WITH GLOBAL, REGIONAL, AND COUNTRY LEADERS.

6. RANGELAND MANAGEMENT IN NAMIBIA: IPA IS CONDUCTING AN IMPACT ASSESSMENT OF THE COMMUNITY BASED RANGELAND AND LIVESTOCK MANAGEMENT (CBRLM) PROGRAM IN NAMIBIA. THIS PROGRAM IS PART OF A LARGER SET OF INTERVENTIONS IN THE AGRICULTURAL SECTOR DESIGNED TO REDUCE POVERTY AMONG THE POPULATION OF THE NORTHERN REGIONS OF THE COUNTRY. MANY PEOPLE IN THE AREA RELY ON CATTLE PRODUCTION FOR THEIR ECONOMIC LIVELIHOODS, HOWEVER OVERUSE OF THE COMMUNAL GRAZING AREAS AND SUBOPTIMAL GRAZING PRACTICES THREATEN THE LONG-TERM VIABILITY OF THE LAND AND CONTRIBUTE TO PERSISTENT POVERTY. THE EVALUATION IS DESIGNED TO TEST THE IMPACT OF THE VARIOUS ACTIVITIES WITHIN THE CBRLM INTERVENTION ON HOUSEHOLD INCOME, CATTLE PRODUCTIVITY, AND THE CONDITION OF THE RANGELAND. THE INTERVENTION TARGETS BOTH INADEQUATE INFORMATION ABOUT APPROPRIATE CATTLE PRODUCTION PRACTICES AND THE SOCIAL OR OTHER BEHAVIORAL PREFERENCES OF FARMERS.

7. PROPERTY RIGHTS AND VOCATIONAL EDUCATION IN MONGOLIA: THE URBAN PROPERTY RIGHTS EVALUATION FOCUSES ON THE LAND TITLING COMPONENT OF THE PROJECT KNOWN AS THE PRIVATIZATION AND REGISTRATION OF GER AREA LAND PLOTS ACTIVITY IN MONGOLIA, WHICH WILL PROVIDE DIRECT ASSISTANCE TO

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75,000 HOUSEHOLDS SEEKING TO PRIVATIZE AND REGISTER LAND PLOTS IN URBAN GER AREAS. A SUBSET OF ELIGIBLE HOUSES IN THE AREA WAS RANDOMLY CHOSEN TO RECEIVE DOOR-TO-DOOR ASSISTANCE WITH THE REGISTRATION PROCESS. THIS ASSISTANCE INCLUDED SUPPORT FOR BOTH THE NECESSARY PAPERWORK AS WELL AS THE REGISTRATION FEES. RESEARCHERS WILL EVALUATE THE PROGRAM'S IMPACT ON ACCESS TO CREDIT, INVESTMENT IN LAND AND HOUSING, PROPERTY VALUES, LABOR MARKET OUTCOMES, AND HOUSEHOLD INCOME USING BOTH HOUSEHOLD LEVEL SURVEYS AND AGGREGATE INSTITUTIONAL DATA.

THE VOCATIONAL EDUCATION STUDY EXPLORES WHETHER OR NOT VOCATIONAL EDUCATION INCREASES THE WAGES OF POOR MONGOLIANS THROUGH AN EVALUATION OF A PROJECT DESIGNED TO IMPROVE TECHNICAL SKILLS AND PRODUCTIVITY TO MEET LABOR MARKET DEMAND IN KEY INDUSTRIES (INCLUDING, AMONG OTHERS, CONSTRUCTION, MINING, ELECTRONICS, MECHANICS, AND TRANSPORT).

8. SAVINGS IMPACT STUDIES IN CHILE, MALAWI, PHILIPPINES AND UGANDA:

SAVINGS IMPACT IS IPA'S FOUR-SITE REPLICATION OF A PROMISING PILOT STUDY IN KENYA WHICH FOUND THAT ACCESS TO SAVINGS ACCOUNTS CAN IMPROVE BUSINESS INVESTMENTS WHILE PRESERVING HOUSEHOLD FINANCES, ESPECIALLY FOR WOMEN. THE FOLLOW-UP FIELD EXPERIMENTS FOCUS ON GIVING PEOPLE ACCESS TO SAVINGS ACCOUNTS AT A FORMAL OR SEMI-FORMAL INSTITUTION THAT ARE FREE OR NEARLY FREE TO USE. THE AIM IS TO UNDERSTAND THE CAUSES AND CONSEQUENCES OF THE LACK OF ACCESS TO BANKING SERVICES IN A VARIETY OF CONTEXTS. THE STUDY'S SITES IN RURAL UGANDA, MALAWI, CHILE, AND THE PHILIPPINES MARKED MANY SUCCESSES IN 2011, THE SECOND YEAR OF OPERATIONS FOR THE STUDY. THREE OF

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THE FOUR SITES RECRUITED OVER SIX THOUSAND PARTICIPANTS, HALF OF WHICH WERE OFFERED FEE-FREE SAVINGS ACCOUNTS. THE FINAL SITE IN THE PHILIPPINES DEVELOPED INSTITUTIONAL PARTNERSHIPS AND IMPLEMENTED A PILOT PROJECT, THE OUTCOMES OF WHICH WILL BE EVIDENT IN 2012.

9. BIOMARKERS IN KENYA: THIS EVALUATION TESTED TWO INTERVENTIONS TO REDUCE RISKY SEXUAL BEHAVIOR: TRAINING TEACHERS ON THE EXISTING HIV CURRICULUM, AND REDUCING THE COSTS OF SCHOOLING BY PROVIDING FREE UNIFORMS. THE 328 STUDY SCHOOLS WERE RANDOMLY ASSIGNED TO ONE OF FOUR GROUPS OF ABOUT 82 SCHOOLS. EACH OF THE FOUR GROUPS OF SCHOOLS RECEIVED A DIFFERENT SET OF PROGRAMS: GROUP 1 SCHOOLS RECEIVED THE TEACHER TRAINING PROGRAM ONLY, GROUP 2 SCHOOLS RECEIVED THE UNIFORMS PROGRAM ONLY, GROUP 3 SCHOOLS RECEIVED BOTH PROGRAMS, AND GROUP 4 RECEIVED NO PROGRAM AT ALL. TRAINING TEACHERS ON HOW TO IMPLEMENT THE NATIONAL HIV/AIDS CURRICULUM GREATLY INCREASED THE LIKELIHOOD THAT TEACHERS TEACH ABOUT HIV IN THE CLASSROOM. HOWEVER, THE INTERVENTION DID NOT REDUCE CHILDBEARING RATES AMONG GIRLS, SUGGESTING THAT IT DID NOT DECREASE THE LIKELIHOOD THAT GIRLS ENGAGE IN UNPROTECTED SEX. FREE SCHOOL UNIFORMS LED STUDENTS TO STAY ENROLLED FOR SIGNIFICANTLY LONGER, AND REDUCED THE INCIDENCE OF TEEN MARRIAGE AND TEEN PREGNANCY. IN SCHOOLS THAT RECEIVED BOTH FREE UNIFORMS AND TEACHER TRAINING ON THE HIV/AIDS CURRICULUM, THE REDUCTION IN DROP-OUTS AND TEENAGE PREGNANCY AMONG GIRLS WAS LOWER THAN THAT OBSERVED IN SCHOOLS THAT RECEIVED FREE UNIFORMS ONLY. ON THE OTHER HAND, THE TWO PROGRAMS COMBINED LED TO A SIGNIFICANT REDUCTION IN THE RISK OF SEXUALLY TRANSMITTED INFECTIONS (STI) WHEREAS THE OTHER PROGRAMS DID NOT REDUCE

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THE INCIDENCE OF STI AFTER 6-7 YEARS.

10.SANITATION IN BANGLADESH: THE SANITATION PROJECT TESTS DIFFERENT STRATEGIES TO MARKET TOILETS IN AN ENVIRONMENT WHERE THE DECISIONS TO INVEST IN THE NEW TECHNOLOGY MAY BE CLOSELY INTER-LINKED ACROSS HOUSEHOLDS. THE STUDY IS DESIGNED TO EXAMINE WHETHER THE LOW INVESTMENT IN IMPROVED SANITATION IN RURAL AREAS IS DUE TO A COORDINATION FAILURE, IN WHICH IT IS NOT SENSIBLE FOR ONE HOUSEHOLD TO SPEND MONEY UNILATERALLY ON A TOILET WHEN OTHERS AROUND THEM ARE STILL PRACTICING OPEN DEFECATION, AND AS A RESULT, ALL KIDS ARE GETTING SICK ANYWAY. THE LARGE SCALE OF THE PROJECT IN ONE RURAL BANGLADESHI DISTRICT ALSO ALLOWS THE RESEARCHERS TO STUDY SPILLOVER EFFECTS OF SANITATION INVESTMENTS ON THE LOCAL COMMUNITY, INCLUDING CHANGES IN THE BEHAVIOR OF LOCAL POLITICIANS AND CHANGES IN WAGES AND OTHER LABOR MARKET EFFECTS ON MASONS WHO MANUFACTURE TOILET PARTS.

IN 2011, 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 2011, PLEASE GO TO [HTTP://WWW.POVERTY-ACTION.ORG](http://www.poverty-action.org).

FOR MORE INFORMATION ABOUT THE ORGANIZATION, ITS ACTIVITIES AND ITS PROGRAMS, PLEASE REVIEW THE ANNUAL REPORT AT

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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HTTP://WWW.POVERTY-ACTION.ORG/ANNUALREPORT2011.

SCHEDULE O, PART V, LINE 4B

THE ORGANIZATION ALSO HAS FOREIGN BANK ACCOUNTS IN THE FOLLOWING

JURISDICTIONS: BANGLADESH AND ZAMBIA.

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

1. DISPENSERS FOR SAFE WATER AND WASH BENEFITS IN KENYA:

OUR DISPENSERS FOR SAFE WATER PROGRAM WORKS TO PREVENT WATER-BORNE ILLNESS AND DEATH BY PROVIDING COMMUNITIES WITH THE CHLORINE DISPENSER SYSTEM (CDS), A POINT-OF-COLLECTION WATER TREATMENT TECHNOLOGY. A RANDOMIZED EVALUATION OF THE CDS IN WESTERN KENYA FOUND A SIX-FOLD INCREASE IN THE NUMBER OF HOUSEHOLDS WITH DETECTABLE CHLORINE IN THEIR WATER. IN WESTERN KENYA IN 2011, WE INCREASED THE NUMBER OF PEOPLE WITH ACCESS TO SAFE WATER THROUGH OUR CHLORINE DISPENSERS FOR SAFE WATER FROM 50,000 TO 400,000 - A 700% EXPANSION.

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ATTACHMENT 2 (CONT'D)

CHLORINE TREATMENT IS IMPORTANT, BUT IT IS ALSO NOT THE ONLY OPTION. OTHER RESEARCH HAS SHOWN THAT SANITATION AND HYGIENE CAN PREVENT POST-TREATMENT CONTAMINATION OF WATER, AND THAT CHILDREN UNDER TWO YEARS OF AGE FURTHER BENEFIT FROM NUTRITIONAL SUPPLEMENTS. THESE APPROACHES RAISE QUESTIONS ABOUT WHICH INTERVENTION OR COMBINATIONS OF PROGRAMS ARE THE MOST CRITICAL IN IMPROVING HEALTH OUTCOMES. OUR NEW WATER, SANITATION, AND HYGIENE WASH BENEFITS PROJECT BEGAN IN 2011 AND IS FOCUSED ON THESE QUESTIONS.

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

2.REMEDIAL EDUCATION IN GHANA:

2011 MARKS THE FIRST FULL YEAR OF OPERATION FOR THE TEACHER COMMUNITY ASSISTANT INITIATIVE (TCAI), IPA'S SCALE UP OF A TESTED AND PROVEN REMEDIAL EDUCATION PROGRAM AIMED AT HELPING LOW-PERFORMING ELEMENTARY STUDENTS SUCCEED IN SCHOOL. IPA STUDIES IN KENYA AND INDIA HAVE SHOWN THAT STRUGGLING ELEMENTARY STUDENTS DRAMATICALLY INCREASE THEIR READING AND MATH SKILLS WHEN INSTRUCTION IS FOCUSED AT THEIR LEVEL, AND WHEN STUDENTS IN THE LOWER HALF OF THE CLASS ARE TAUGHT BASIC SKILLS SEPARATELY FROM HIGHER-PERFORMING KIDS. TCAI EVOLVED OUT OF THESE FINDINGS. IN GHANA, EFFORTS TO IMPROVE SCHOOL ENROLLMENT HAVE RESULTED IN CLOSE TO 100 PERCENT OF YOUNG CHILDREN ATTENDING SCHOOL. YET FEWER THAN 20 PERCENT OF GHANAIAN THIRD GRADERS MEET PROFICIENCY STANDARDS IN

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ATTACHMENT 3 (CONT'D)

READING, WRITING, AND MATH. TCAI AIMS TO CLOSE THE GAP IN LEARNING LEVELS FOR THESE CHILDREN.

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

3. ULTRA POOR GRADUATION PILOTS IN SEVEN COUNTRIES:

PEOPLE LIVING IN EXTREME POVERTY HAVE DISTINCT NEEDS FROM THEIR SLIGHTLY BETTER OFF PEERS. THESE NEEDS LED BRAC, A BANGLADESHI NONPROFIT, TO DEVELOP THE "TARGETING THE ULTRA-POOR" (TUP) PROGRAM. IPA'S ULTRA-POOR GRADUATION INITIATIVE, MODELED AFTER TUP, SEEKS TO GRADUATE HOUSEHOLDS OUT OF EXTREME POVERTY BY PROVIDING A HOLISTIC SET OF SERVICES, INCLUDING LIVELIHOOD TRAINING, PRODUCTIVE ASSET TRANSFERS, CONSUMPTION SUPPORT, SAVINGS PLANS, AND HEALTH SERVICES. EARLY RESULTS FROM WEST BENGAL, INDIA SHOW THAT THIS TYPE OF ULTRA-POOR PROGRAM LEADS TO A 15-25 PERCENT INCREASE IN HOUSEHOLD CONSUMPTION IN THE FIRST YEAR AFTER THE PROGRAM'S COMPLETION. IPA IS WORKING TO REPLICATE THE ULTRA-POOR GRADUATION MODEL IN INDIA, PAKISTAN, HONDURAS, PERU, ETHIOPIA, YEMEN, AND GHANA.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RESEARCH INITIATIVES IN SIXTEEN COUNTRIES		1,248,805.	
DEWORM THE WORLD INITIATIVES IN KENYA, INDIA		680,012.	

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ATTACHMENT 5 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RANGELAND MANAGEMENT IN NAMIBIA		550,771.	
PROPERTY RIGHTS AND VOCATIONAL EDUCATION IN		543,721.	
SAVINGS IMPACT STUDIES IN CHILE, MALAWI, PHI		504,189.	
BIOMARKERS IN KENYA		479,528.	
SANITATION IN BANGLADESH		467,394.	
OTHER		15,360,594.	
	TOTALS	<u>19,835,014.</u>	

ATTACHMENT 6FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

KENYA
 GHANA
 LIBERIA
 MALAWI
 MALI
 MEXICO
 MOROCCO
 PHILIPPINES
 UGANDA
 SIERRA LEONE

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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ATTACHMENT 7 (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>
KKG KANDY CONSULTING GROUP ICE BLDG, 554/6A, PERADENIYA ROAD, KANDY SRI LANKA	FIELD SURVEY	246,517.
CENTRE FOR POLICY RESEARCH DHARAM MARG 110021 CHANAKYAPURI NEW DELHI INDIA		797,500.
INSTITUTE FOR FINANCIAL MGMT & RESEARCH WEST WING FOUNTAIN PLAZA BLVD CHENNAI TAMIL NADU INDIA		247,480.
MITRA AND ASSOCIATES 2/17 IQBAL ROAD MOHAMMADPUR AHAKA -1207 BANGLADESH		174,187.
MONGOLIAN MARKETING CONSULTING GROUP LLC SEOUL STREET 3RD KHOROO ULAANBAATAR BAYANZURKH DISTRICT MONGOLIA		151,822.
TOTAL COMPENSATION		<u>1,617,506.</u>