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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

Form header section containing: B Check if applicable, C Name of organization (INNOVATIONS FOR POVERTY ACTION), D Employer identification number (06-1660068), E Telephone number (203) 772-2216, G Gross receipts \$ 40,525,545, H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block section containing: Sign Here (Signature of officer ANNIE DUFLO, EXECUTIVE DIRECTOR), Paid (Preparer's name LORI M. BUDNICK, signature, date, PTIN P00046310), Preparer Use Only (Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S, address, EIN, phone number).

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: INNOVATIONS FOR POVERTY ACTION DISCOVERS AND PROMOTES EFFECTIVE SOLUTIONS TO GLOBAL POVERTY.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,498,507. including grants of \$ 751,630. ) (Revenue \$ ) SCHOOL-BASED DEWORMING: OVER 600 MILLION SCHOOL-AGE CHILDREN ARE AT RISK OF PARASITIC WORM INFECTION. WORM INFECTIONS INTERFERE WITH NUTRIENT UPTAKE; CAN LEAD TO ANEMIA, MALNOURISHMENT AND IMPAIRED MENTAL AND PHYSICAL DEVELOPMENT; AND POSE A SERIOUS THREAT TO CHILDREN'S HEALTH, EDUCATION, AND PRODUCTIVITY. INFECTED CHILDREN ARE OFTEN TOO SICK OR TIRED TO CONCENTRATE AT SCHOOL, OR TO ATTEND AT ALL. WORM INFECTIONS ARE ESTIMATED TO CAUSE A LOSS OF 200 TO 524 MILLION YEARS OF PRIMARY SCHOOLING. PARASITIC EXACT A CLEAR TOLL ON HUMAN CAPITAL, HINDERING ECONOMIC DEVELOPMENT IN PARTS OF THE WORLD THAT CAN LEAST AFFORD IT. OVER 400 MILLION AT-RISK SCHOOL-AGE CHILDREN REMAIN UNTREATED. TREATMENT WITH A SIMPLE PILL IS UNIVERSALLY RECOGNIZED AS A SAFE AND COST-EFFECTIVE SOLUTION. SCHOOL-BASED DEWORMING PROGRAMS

4b (Code: ) (Expenses \$ 5,913,152. including grants of \$ 50,490. ) (Revenue \$ ) DISPENSERS FOR SAFE WATER AND WASH: CHLORINE KILLS 99.99% OF HARMFUL BACTERIA, KEEPS WATER FREE FROM CONTAMINATION FOR UP TO 72 HOURS, AND REDUCES THE INCIDENCE OF DIARRHEA BY 40%. A RANDOMIZED CONTROLLED TRIAL WAS CONDUCTED IN KENYA TO COMPARE CHLORINE DISPENSERS TO OTHER CHLORINATION OPTIONS. THE RESEARCHERS FOUND THAT 50-61% OF PEOPLE ADOPTED THE CHLORINE DISPENSER SYSTEM COMPARED WITH ONLY 6-14% IN THE CONTROL GROUP, OR A NEARLY 10-FOLD INCREASE. ADOPTION WAS SUSTAINED OVER TIME. INSPIRED BY THE SUSTAINED SUCCESS OF THIS LOW-COST INTERVENTION, THE DISPENSERS FOR SAFE WATER PROGRAM WAS DEVELOPED TO SCALE UP CHLORINE DISPENSERS AND PROVIDE ACCESS TO SAFE WATER FOR MILLIONS OF PEOPLE.

4c (Code: ) (Expenses \$ 1,362,784. including grants of \$ 433,861. ) (Revenue \$ ) EVALUATING THE AFRICAN HEALTH MARKET FOR EQUITY (AHME) IN GHANA AND KENYA: SUB-SAHARAN AFRICA ACCOUNTS FOR 24 PERCENT OF THE GLOBAL BURDEN OF DISEASE. WHILE PRIVATE CLINICS ARE THE FIRST SOURCE OF CARE FOR MANY AFRICANS, THE QUALITY OF CARE OFFERED IN PRIVATE FACILITIES IS INCONSISTENT AND OFTEN WEAK, AND THE PRIVATE HEALTHCARE SECTOR FACES A WIDE HOST OF CHALLENGES. IN THIS STUDY, IPA-AFFILIATED RESEARCHERS FROM UC BERKELEY AND UCSF WILL EVALUATE THE IMPACT OF A MULTI-PRONGED PRIVATE HEALTHCARE INITIATIVE ON HEALTHCARE UTILIZATION, QUALITY OF CARE, CLINIC FINANCIAL OUTCOMES, AND CHILD HEALTH OUTCOMES IN KENYA. POLICY ISSUE:

4d Other program services (Describe in Schedule O.) (Expenses \$ 25,835,287. including grants of \$ 796,266. ) (Revenue \$ )

4e Total program service expenses 37,609,730.

**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> ? .....	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	<b>Section 501(c)(3) organizations.</b> 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....		X
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY, CA, CO, FL, IL, MA, MD, OR, PA, VA
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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of 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: VIVIAN BRADY-JONES - (203) 772-2216 101 WHITNEY AVENUE, NEW HAVEN, CT 06510

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) GREGORY FISCHER DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(3) JOSEPH MCCONNELL DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(4) PARAS MEHTA DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(5) JODI NELSON DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(6) JAMES PRESCOTT DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(7) STEVEN TOBEN DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(8) KENTARO YOYAMA DIRECTOR / TRUSTEE	5.00	X						0.	0.	0.
(9) ANNIE DUFLO EXECUTIVE DIRECTOR	40.00			X				132,170.	0.	1,260.
(10) THOMAS GRAY CFO	40.00			X				105,773.	0.	700.
(11) KAREN LEVY RESEARCH DIRECTOR	40.00				X			105,550.	0.	3,028.
(12) JOHN HUGHES FORMER DIRECTOR OF FINANCE	40.00				X			101,654.	0.	2,951.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
<b>1b Sub-total</b> .....								445,147.	0.	7,939.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								445,147.	0.	7,939.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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
<b>5</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,647,308.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	32,871,011.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			40,518,319.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b>					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		7,226.			7,226.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			40,525,545.	0.	0.	7,226.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	496,088.	496,088.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,536,159.	1,536,159.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	453,086.	417,910.	30,079.	5,097.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	16,115,423.	14,864,294.	1,069,837.	181,292.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,247.	16,420.	4,827.	
<b>9</b> Other employee benefits	2,437,540.	2,242,281.	156,327.	38,932.
<b>10</b> Payroll taxes	151,101.	151,101.		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	90,338.	48,817.	40,596.	925.
<b>c</b> Accounting	149,311.	55,718.	93,593.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,891,507.	1,532,659.	248,950.	109,898.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	828,836.	747,581.	79,500.	1,755.
<b>14</b> Information technology	762,225.	666,596.	90,213.	5,416.
<b>15</b> Royalties				
<b>16</b> Occupancy	993,436.	896,164.	97,272.	
<b>17</b> Travel	3,263,847.	3,146,902.	94,821.	22,124.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	420,796.	375,553.	42,683.	2,560.
<b>20</b> Interest	1,135.		1,135.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	81,346.	42,297.	39,049.	
<b>24</b> 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.)				
<b>a</b> SURVEY EXPENSE	6,899,524.	6,899,524.		
<b>b</b> MOTOR VEHICLE EXPENSE	1,213,147.	1,212,415.	40.	692.
<b>c</b> SUBAWARDS	1,091,006.	1,090,938.	68.	
<b>d</b> OTHER EXPENSES	864,265.	643,850.	189,115.	31,300.
<b>e</b> All other expenses	527,265.	526,463.		802.
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,288,628.	37,609,730.	2,278,105.	400,793.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,506,702.	<b>1</b>	4,746,489.
	<b>2</b> Savings and temporary cash investments .....	1,211,562.	<b>2</b>	350,088.
	<b>3</b> Pledges and grants receivable, net .....	196,020.	<b>3</b>	50,000.
	<b>4</b> Accounts receivable, net .....	11,806,311.	<b>4</b>	18,581,288.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	240,873.	<b>9</b>	546,143.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 879,508.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 524,958.	256,766.	<b>10c</b> 354,550.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	154,022.	<b>15</b>	441,014.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	22,372,256.	<b>16</b>	25,069,572.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,098,752.	<b>17</b>	1,690,200.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	19,831,113.	<b>19</b>	21,700,064.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	20,929,865.	<b>26</b>	23,390,264.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,246,371.	<b>27</b>	1,629,308.
	<b>28</b> Temporarily restricted net assets .....	196,020.	<b>28</b>	50,000.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,442,391.	<b>33</b>	1,679,308.	
<b>34</b> Total liabilities and net assets/fund balances .....	22,372,256.	<b>34</b>	25,069,572.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	40,525,545.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	40,288,628.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	236,917.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,442,391.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,679,308.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	X	
<b>2c</b>	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	
<b>3a</b>	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>3b</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	

Form **990** (2013)

**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.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

<b>Name of the organization</b> INNOVATIONS FOR POVERTY ACTION	<b>Employer identification number</b> 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 - Non-functionally integrated
- 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?
 

	Yes	No
(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? .....	11g(i)	
(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,997,069.	26,532,400.	29,863,735.	36,716,750.	40,518,319.	152,628,273.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18,997,069.	26,532,400.	29,863,735.	36,716,750.	40,518,319.	152,628,273.
<b>5</b> 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) .....						54,577,055.
<b>6 Public support.</b> Subtract line 5 from line 4.						98,051,218.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	18,997,069.	26,532,400.	29,863,735.	36,716,750.	40,518,319.	152,628,273.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	29,354.	23,203.	25,887.	12,856.	7,226.	98,526.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						152,726,799.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	64.20	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	60.37	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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).

A series of horizontal lines provided for entering supplemental information.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  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 XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(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 XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		336,071.	122,531.	213,540.
d Equipment		303,661.	180,613.	123,048.
e Other		239,776.	221,814.	17,962.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				354,550.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 40,525,545.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 40,288,628.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  INNOVATIONS FOR POVERTY ACTION	Employer identification number  06-1660068
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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
CENTRAL AMERICA AND CARIBBEAN	0	1	PROGRAM SERVICES	IMPACT EVALUATION	289,096.
EAST ASIA AND THE PACIFIC	2	52	PROGRAM SERVICES	IMPACT EVALUATION	2,050,239.
MIDDLE EAST AND NORTH AFRICA	1	5	PROGRAM SERVICES	IMPACT EVALUATION	423,787.
NORTH AMERICA	1	86	PROGRAM SERVICES	IMPACT EVALUATION	466,355.
SOUTH AMERICA	2	20	PROGRAM SERVICES	IMPACT EVALUATION	1,185,654.
SOUTH ASIA	1	212	PROGRAM SERVICES	IMPACT EVALUATION	3,928,017.
SUB-SAHARAN AFRICA	12	600	PROGRAM SERVICES	IMPACT EVALUATION	29,209,765.
EUROPE	1	1	PROGRAM SERVICES	IMPACT EVALUATION	56,815.
<b>3 a</b> Sub-total .....	20	977			37,609,728.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	20	977			37,609,728.

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

Schedule F (Form 990) 2013

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TARGETING ULTRA POOR	15,342.	WIRE TRANSFER	0.		
		SOUTH ASIA	INDIA DEWORMING	93,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PHILLIPINE KALAHI EVAL.	10,660.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVALUATION OF SPEED S	30,873.	WIRE TRANSFER	0.		
		SOUTH ASIA	MOBILE MONEY PROJECT	21,960.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SMALL AND MEDIUM ENT	9,735.	WIRE TRANSFER	0.		
		SOUTH ASIA	PARTNERSHIP GRANTS	15,000.	WIRE TRANSFER	0.		
		EUROPE	AFRICAN SCOPING STUDY	16,444.	WIRE TRANSFER	0.		

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 ..... 26

3 Enter total number of other organizations or entities ..... 29

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	HEALTH SIERRE LEONE	5,120.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	YOUTH ENTREPRENEURSHIP	20,813.	WIRE TRANSFER	0.		
		SOUTH ASIA	SURVEY SRI LANKEN ENT.	90,909.	WIRE TRANSFER	0.		
		SOUTH ASIA	INDIA FIELD SURVEY	33,166.	WIRE TRANSFER	0.		
		SOUTH AMERICA	INDIA DEWORMING CAM.	679,015.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ASSET TRANSFER AND CO.	20,200.	WIRE TRANSFER	0.		
		SOUTH ASIA	TARGETING ULTRA POOR	12,880.	WIRE TRANSFER	0.		
		SOUTH ASIA	BANGLADESH RCT WATER TREATMENT	9,506.	WIRE TRANSFER	0.		
		EUROPE	SMALL AND MEDIUM ENTERPRISE	5,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	SENEGAL SANITATION VALUE CHAIN IN DAKAR	39,580.	WIRE TRANSFER	0.		
		PORTUGAL	FERTILIZER COMMITMENT SAVINGS	6,343.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EVALUATION OF CHC'S - COMMUNITY HYGIENE CLUBS	38,144.	WIRE TRANSFER	0.		
		SOUTH AMERICA	QUIPU COMMISSION	21,725.	WIRE TRANSFER	0.		
		EUROPE	SMALL AND MEDIUM ENTERPRISE	8,502.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER AND SANITATION AFRICA	175,359.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TASO CASH FRAMING UGANDA	69,382.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BEHAVIORAL SAVINGS, MICRO SAVINGS	11,232.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ACCESS TO FINANCE	35,000.	WIRE TRANSFER	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	FCRF AWARDS MATCHMAKING	6,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AFRICAN SCOPING STUDY	8,519.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PARTNERSHIP GRANTS	11,750.	WIRE TRANSFER	0.		
		SOUTH ASIA	MICRO FINANCE	15,000.	WIRE TRANSFER	0.		



**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

Schedule F (Form 990) 2013

**Part V Supplemental Information**

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

PART I, LINE 2:

EXPLANATION: PROGRAM DIRECTORS AS WELL AS FINANCIAL STAFF MEET WITH AND

VISIT RECIPIENTS OF SUB-AWARDS ON A REGULAR BASIS TO ASSESS WHETHER THE

FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSE AND TO MONITOR OVERALL

CONTRACT COMPLIANCE. PROGRAM AND FINANCIAL EXPENDITURE REPORTS ARE

PREPARED BY OUR SUB-AWARDEES AND RECEIVED BY OUR LOCAL PROGRAM OFFICERS

AND FINANCIAL STAFF PRIOR TO INCORPORATING THIS INFORMATION INTO THE

OVERALL REPORTING TO THE DONOR. PROJECTS MAY BE AUDITED AS NEEDED OR AS

REQUIRED PER THE CONTRACT. ALL FINANCIAL AND NARRATIVE REPORTS ARE

STORED DIGITALLY AT IPA'S HEADQUARTERS IN THE US AND IN THE GRANTS

DATABASE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

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

**Part I General Information on Grants and Assistance**

- 1** 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** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF CALIFORNIA 2195 HEARST AVENUE BERKELEY, CA 94720	94-6002123	501(C)3	306,801.	0.			EVALUATION
HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)3	7,500.	0.			RESEARCH QUESTIONS
COLUMBIA UNIVERSITY 615 WEST 131ST NEW YORK, NY 10027	13-5598093	501(C)3	8,960.	0.			EXPLORE RESEARCH QUESTIONS
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)3	166,828.	0.			EVALUATION
UNIVERSITY OF WISCONSIN - OFFICE OF SPONSORED PROGRAMS - 21 N PARK STREET, STE 6401 - MADISON, WI 53715	39-6006492	501(C)3	5,999.	0.			EVALUATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2013)

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

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

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LEVERAGE THE EXISTING AND EXTENSIVE INFRA-STRUCTURE OF SCHOOLS AND THE

DOCUMENTED IMPORTANCE OF CONVENIENCE IN ACHIEVING HIGH TAKE-UP OF

PREVENTITIVE HEALTHCARE. RIGOROUS EVIDENCE SHOWS THAT SCHOOL-BASED

DEWORMING IS A COST-EFFECTIVE SOLUTION THAT TRANSFORMS THE LIVES OF

CHILDREN OVER THE SHORT AND LONG TERM. A 2007 STUDY OF AN EARLY 20TH

CENTURY HOOKWORM ERADICATION EFFORT IN THE SOUTHERN UNITED STATES FOUND

TREATMENT TO INCREASE SCHOOL ENROLLMENT, ATTENDANCE, LITERACY, AND

ADULT INCOMES. CHRONIC HOOKWORM INFECTION REDUCED ADULT WAGES BY 43%.

A RANDOMIZED TRIAL IN KENYA IN THE EARLY 2000S FOUND SCHOOL-BASED

DEWORMING:

-REDUCES SCHOOL ABSENTEEISM BY 25%

-INCREASES HOURS WORKED BY ADULTS BY 12%

-INCREASES FUTURE WAGE EARNINGS BY 23%

SPILLOVER EFFECTS OF TREATMENT PROVIDE BENEFITS TO UNTREATED SCHOOL-AGE

AND PRESCHOOL CHILDREN AS WELL. IN KENYA, YOUNG SIBLINGS OF THOSE

TREATED AND CHILDREN WHO LIVE NEARBY, BUT WERE TOO YOUNG TO BE

DEWORMED, SHOWED GAINS IN COGNITIVE DEVELOPMENT EQUAL TO HALF A YEAR OF

SCHOOLING. WITH A TOTAL PER CHILD COST OF LESS THAN \$0.50 PER YEAR,

THE JAMEEL POVERTY ACTION LAB AT MIT (J-PAL) LISTS MASS SCHOOL-BASED

DEWORMING AS A "BEST BUY" IN BOTH EDUCATION HEALTH. FURTHERMORE,

FUTURE INCOME GAINS MEAN THAT INVESTMENTS IN DEWORMING GENERATE A

RETURN OF UP TO 82% PER YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHLORINE DISPENSERS ARE AN INNOVATIVE, LOW-COST APPROACH PROVEN TO

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
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INCREASE RATES OF HOUSEHOLD CHLORINATION. CHLORINE DISINFECTS DRINKING

WATER WHILE PROTECTING IT FROM RECONTAMINATION. WE HAVE CONTINUED TO

SEE HIGH ADOPTION RATES AS WE SCALE THIS PROGRAM IN BOTH KENYA AND

UGANDA. WE ARE CURRENTLY PILOTING THE CHLORINE DISPENSER SYSTEM IN

MALAWI AND TANZANIA. AS OF MID-2013, WE HAVE PROVIDED 1 MILLION PEOPLE

WITH ACCESS TO SAFE WATER.

WASH BENEFITS IS ONE OF THE LARGEST AND MOST AMBITIOUS PROJECTS IN

IPA'S TEN-YEAR HISTORY. ITS PURPOSE IS TO FIND THE MOST EFFECTIVE

APPROACHES TO PREVENTING DIARRHEAL DISEASE THROUGH IMPROVEMENTS IN

WATER QUALITY, SANITATION, AND HYGIENE. WASH BENEFITS GREW OUT OF

PREVIOUS IPA RESEARCH IN KENYA THAT AIMED TO INCREASE THE NUMBER OF

PEOPLE TREATING THEIR WATER WITH CHLORINE, AN EFFECTIVE AND SAFE WAY TO

KILL THE PATHOGENS THAT CAUSE DISEASE. CHLORINE IS INEXPENSIVE AND

READILY AVAILABLE IN WESTERN KENYA, YET IPA RESEARCHERS MICHAEL KREMER

AND EDWARD MIGUEL, TOGETHER WITH JESSICA LEINO AND ALIX ZWANE, FOUND

THAT ONLY EIGHT PERCENT OF SURVEYED HOUSEHOLDS HAD DETECTABLE CHLORINE

IN THEIR WATER. BY INSTALLING CHLORINE DISPENSERS NEAR WATER COLLECTION

SITES, THE RESEARCHERS WERE ABLE TO INCREASE THE PERCENTAGE OF

HOUSEHOLDS WITH CHLORINE-TREATED WATER TO 61 PERCENT GREATER THAN 600

PERCENT INCREASE THAT RESULTED IN LESS DISEASE.

CHLORINE TREATMENT IS IMPORTANT, BUT IT IS 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 IS THE MOST

EFFECTIVE, AND WHAT HAPPENS WHEN THEY ARE COMBINED. THE WASH BENEFITS

PROJECT WILL PRODUCE ANSWERS IN A FIVE-YEAR STUDY IN WESTERN KENYA THAT



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INVOLVES MORE THAN 100,000 PEOPLE IN 1,000 COMMUNITIES. LAUNCHED IN 2011, THE PROJECT WILL ASSESS THE INDIVIDUAL AND COMBINED IMPACT OF SIX INTERVENTIONS, INCLUDING THE USE OF CHLORINE DISPENSERS AND OTHER SANITATION AND HYGIENE PROGRAMS. SOME PARTICIPANTS WILL ALSO RECEIVE NUTRITIONAL SUPPLEMENTS TO HELP SMALL CHILDREN GET THE NUTRIENTS THEY NEED. RESEARCHERS WILL MEASURE A BROAD SUITE OF OUTCOMES, AND USE THE RESULTS TO HELP STEER GOVERNMENT AND PRIVATE RESOURCES TO THE MOST PROMISING PROGRAMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
SUB-SAHARAN AFRICA ACCOUNTS FOR 24 PERCENT OF THE GLOBAL BURDEN OF DISEASE, YET IT ONLY HAS 11 PERCENT OF THE WORLD'S POPULATION. THE HEALTH CARE SYSTEMS OF THE COUNTRIES IN THE REGIONS ARE FACING NUMEROUS CHALLENGES AT ONCE, INCLUDING LACK OF TRAINING AND ORGANIZATION, INSUFFICIENT STANDARDS AND QUALITY MONITORING, AND HIGH OUT-OF-POCKET EXPENDITURES. WHILE MANY EFFORTS TO ADDRESS PROBLEMS IN THE HEALTH CARE SECTOR HAVE FOCUSED ON GOVERNMENT CLINICS AND HOSPITALS, PRIVATE PROVIDERS ARE IN FACT THE FIRST SOURCE OF CARE FOR MANY AFRICANS. THOUGH MILLIONS OF PEOPLE RELY ON PRIVATE CLINICS, REGULATION AND ENFORCEMENT OF QUALITY CARE IN PRIVATE FACILITIES IS GENERALLY WEAK, AND THE PRIVATE HEALTHCARE SECTOR IS NOT STRUCTURED TO ENSURE EITHER QUALITY OR AFFORDABILITY. THESE ISSUES HAVE IMPELLED GOVERNMENTS AND NGOS TO TURN THEIR ATTENTION TO IMPROVING CARE IN PRIVATE FACILITIES. THUS FAR, MANY PROGRAMS HAVE AIMED TO SOLVE INDIVIDUAL CONSTRAINTS TO PROVIDING HIGH-QUALITY HEALTH CARE, BUT FEW HAVE INTERVENED ON MULTIPLE FRONTS SIMULTANEOUSLY. A MULTI-FACETED APPROACH HAS NOT BEEN TESTED. THIS RESEARCH WILL FILL THIS GAP BY TESTING AN INITIATIVE THAT

ADDRESSES MULTIPLE HEALTH CHALLENGES IN THE REGION AT ONCE.

332212  
09-04-13

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## CONTEXT OF THE EVALUATION:

GHANA, KENYA AND NIGERIA, THE COUNTRIES PARTICIPATING IN THE AFRICAN HEALTH MARKET FOR EQUITY (AHME) INITIATIVE, ALL HAVE LARGE POPULATIONS, A HIGH DISEASE BURDEN, HIGH OUT-OF-POCKET PAYMENTS FOR HEALTHCARE, AND THEY ARE ALL WORKING TO EXPAND THE REACH OF THEIR HEALTH INSURANCE PROGRAMS. THE INITIATIVE WAS DESIGNED AND IS BEING IMPLEMENTED BY MARIE STOPES INTERNATIONAL, POPULATION SERVICES INTERNATIONAL, PHARMACCESS FOUNDATION, GRAMEEN FOUNDATION, THE INTERNATIONAL FINANCE CORPORATION, AND SOCIETY FOR FAMILY HEALTH.

## FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

KENYA, GHANA, LIBERIA, MALAWI, MALI, MEXICO, MOROCCO, PHILIPPINES, UGANDA, SIERRA LEONE, PERU, ZAMBIA, BANGLADESH

## FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: IN 2013, IPA REVISED ITS BY-LAWS TO CLARIFY THE ROLES AND POSITIONS OF ITS OFFICERS. THE EXECUTIVE DIRECTOR WAS INCLUDED IN THE LIST OF CORPORATE OFFICERS, AND THE CFO WAS LISTED AS THE TREASURER. ADDITIONALLY, THE BY-LAWS WERE UPDATED TO GRANT OFFICERS OF THE CORPORATION WITH SIGNATORY AUTHORITY AND AUTHORIZE THE EXECUTIVE DIRECTOR TO DELEGATE SIGNATORY AUTHORITY.

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

EXPLANATION: THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990

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IS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION

AND COMMENT. EACH BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE

INFORMATION CONTAINED IN THE 990 PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE.

ALL NEW EMPLOYEES AND BOARD MEMBERS ARE ASKED TO RENEW 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 INTERST AND

DETERMINING COMPLIANCE WITH THE ORGANIZATION'S POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS FOR DETERMINING

THE COMPENSATION OF ITS EXECUTIVE OFFICERS, AND USES THE SAME PROCESS 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 THE

FOUNDER OF THE ORGANIZATION. THE PRESIDENT DRAWS NO SALARY FROM

INNOVATIONS FOR POVERTY ACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CT,NJ,NY,CA,CO,FL,IL,MA,MD,OR,PA,VA,WI,AK,AR

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FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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.

990, PART XII, LINE 2C

EXPLANATION: THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  INNOVATIONS FOR POVERTY ACTION	Employer identification number (EIN) or  06-1660068
	Number, street, and room or suite no. If a P.O. box, see instructions. 101 WHITNEY AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06510	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

VIVIAN BRADY-JONES

• The books are in the care of  101 WHITNEY AVENUE - NEW HAVEN, CT 06510  
Telephone No.  (203) 772-2216 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 2014.
- For calendar year 2013, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  EXECUTIVE DIRECTOR Date