

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning and ending**

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>INNOVATIONS FOR POVERTY ACTION<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>101 WHITNEY AVENUE<br>City or town, state or province, country, and ZIP or foreign postal code<br>NEW HAVEN, CT 06510<br><b>F</b> Name and address of principal officer: DEAN KARLAN<br>SAME AS C ABOVE | <b>D</b> Employer identification number<br>06-1660068<br><b>E</b> Telephone number<br>(203) 772-2216<br><b>G</b> Gross receipts \$ 39,166,162.<br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> 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                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>J</b> Website: ▶ WWW.POVERTY-ACTION.ORG                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>L</b> Year of formation: 2002                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                          | <b>M</b> State of legal domicile: NJ                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Part I Summary**

|            |                                                                                                                                                                          |                                  |                     |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: INNOVATIONS FOR POVERTY ACTION DISCOVERS AND PROMOTES EFFECTIVE SOLUTIONS TO GLOBAL POVERTY. |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                        | <b>3</b>                         | 9                   |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                            | <b>4</b>                         | 8                   |
| <b>5</b>   | Total number of individuals employed in calendar year 2015 (Part V, line 2a)                                                                                             | <b>5</b>                         | 172                 |
| <b>6</b>   | Total number of volunteers (estimate if necessary)                                                                                                                       | <b>6</b>                         | 9                   |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                     | <b>7a</b>                        | 0.                  |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34                                                                                                           | <b>7b</b>                        | 0.                  |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                                                                                                            | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)                                                                                                                             | 42,565,771.                      | 39,163,597.         |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                            | 0.                               | 0.                  |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                 | 3,036.                           | 2,565.              |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                       | 42,568,807.                      | 39,166,162.         |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                         | 4,185,131.                       | 5,408,602.          |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                            | 0.                               | 0.                  |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                        | 18,323,637.                      | 18,504,059.         |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                            | 0.                               | 0.                  |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 274,273.                                                                                                     |                                  |                     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                             | 20,292,798.                      | 18,685,264.         |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                | 42,801,566.                      | 42,597,925.         |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12                                                                                                                     | -232,759.                        | -3,431,763.         |
| <b>20</b>  | Total assets (Part X, line 16)                                                                                                                                           | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26)                                                                                                                                      | 29,682,358.                      | 18,620,852.         |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20                                                                                                               | 28,235,809.                      | 27,408,417.         |
| <b>22</b>  |                                                                                                                                                                          | 1,446,549.                       | -8,787,565.         |

**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.

|                               |                                                                                                                                           |                                                 |                                                                        |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br><br>ANNIE DUFLO, EXECUTIVE DIRECTOR<br>Type or print name and title                                               | 11/09/16<br>Date                                |                                                                        |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>LORI M. BUDNICK                                                                                             | Preparer's signature<br>LORI M. BUDNICK         | Date<br>10/28/16                                                       |
|                               | Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S<br>Firm's address ▶ 29 S. MAIN STREET, P.O. BOX 272000<br>WEST HARTFORD, CT 06127-2000 | Check if self-employed <input type="checkbox"/> | PTIN<br>P00046310<br>Firm's EIN ▶ 06-1009205<br>Phone no. 860 561-4000 |

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 \$ 3,407,214. including grants of \$ 1,046,369. ) (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.

4b (Code: ) (Expenses \$ 1,203,835. including grants of \$ 1,448. ) (Revenue \$ ) DIRTS GHANA: IN GHANA, RESEARCHERES ARE TESTING WHETHER ACCESS TO IMPROVED-YIED AGRICULTUAL INPUTS AND AGRICULTURAL EXTENSION ADVICE - WHEN PROVIDED INDIVIDUALLY OR IN COMBINATION - LEADS TO MORE INTENSIVE LAND CULTIVATION AND INCREASED EARNINGS AMONG FARMERS IN NOTHERN GHANA WHO RECEIVE ACCESS TO RAINFALL INSURANCE. INVESTMENTS IN AGRICULTURAL INPUTS SUCH AS FERTILIZER, HIGH-YIELD SEEDS, AND FARM EQUIPMENT IS LOW AMONG SMALLHOLDER FARMERS. FARMERS UNDERINVEST AS THEY FACE UNCERTAIN RAINFALL, INPUTS MAY NOT BE WIDELY AVAILABLE IN LOCAL MARKETS AND FARMERS MAY NOT HAVE THE CASH ON HAND TO PURCHASE THEM JUST PRIOR TO PLANTING SEASON AND FARMERS MAY ALSO LACK INFORMATION ON THE BENEFITS OF THESE INPUTS AND HOW TO USE THEM.

4c (Code: ) (Expenses \$ 1,112,368. including grants of \$ 290,952. ) (Revenue \$ ) AHME: 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 USCF ARE EVALUATING THE IMPACT OF A MULTI-PRONGED PRIVATE HEALTHCARE INITIATIVE ON HEALTHCARE UTILIZATION, QUALITY OF CARE, CLINIC FINANCIAL OUTCOMES AND CHILD HEALTH IN KENYA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 27,991,083. including grants of \$ 4,069,833. ) (Revenue \$ )

4e Total program service expenses 33,714,500.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....                                                                                                                                                                      | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....                                                                                                                                                                                                                           | X   |    |
| <b>3</b> 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  |
| <b>4 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  |
| <b>5</b> 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  |
| <b>6</b> 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  |
| <b>7</b> 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  |
| <b>8</b> 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  |
| <b>9</b> 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  |
| <b>10</b> 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  |
| <b>11</b> 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.                                                                                                                                                                       |     |    |
| <b>a</b> 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>b</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  |
| <b>c</b> 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  |
| <b>d</b> 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  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....                                                                                                                                                                                     | X   |    |
| <b>f</b> 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  |
| <b>12a</b> 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....                                                                        |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....                                                                                                                                                                                                        |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....                                                                                                                                                                                                                    | X   |    |
| <b>b</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   |    |
| <b>15</b> 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   |    |
| <b>16</b> 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   |    |
| <b>17</b> 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  |
| <b>18</b> 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  |
| <b>19</b> 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  |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....                                                                                                                                                                                                              |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....                                                                                                                                                                                                      |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | 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</b> <b>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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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, address, and telephone number of the person who possesses the organization's books and records: ANNIE DUFLO - (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)<br>Name and Title                                        | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>FOUNDER, PRESIDENT                        | 5.00                                                                                | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) KENTARO TOYAMA<br>DIRECTOR / TRUSTEE                     | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) B. STEPHEN TOBEN<br>DIRECTOR / TRUSTEE                   | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) JAMES J. PRESCOTT<br>DIRECTOR / TRUSTEE                  | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) WENDY ABT<br>DIRECTOR / TRUSTEE                          | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) BENJAMIN S. APPEN<br>DIRECTOR / TRUSTEE                  | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) HEATHER WOODRUFF GRIZZLE<br>DIRECTOR / TRUSTEE           | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) LAURA HATTENDORF<br>DIRECTOR / TRUSTEE                   | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) TAVNEET SURI<br>DIRECTOR / TRUSTEE                       | 5.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) ANNIE DUFLO<br>EXECUTIVE DIRECTOR                       | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 151,886.                                                             | 0.                                                                        | 228.                                                                                          |
| (11) VIVIAN BRADY-JONES<br>CFO                               | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 134,933.                                                             | 0.                                                                        | 67.                                                                                           |
| (12) CEPEDA JOHNSON<br>GLOBAL HUMAN RESOURCES SENIOR DIRECT  | 40.00                                                                               |                                                                                                           |                       |         | X            |                              |        | 172,845.                                                             | 0.                                                                        | 776.                                                                                          |
| (13) IFE OSAGA-ONDONDO<br>GENERAL COUNSEL                    | 40.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 105,695.                                                             | 0.                                                                        | 1,272.                                                                                        |
| (14) SARAH DE TOURNEMIRE<br>CHIEF EXTERNAL RELATIONS OFFICER | 40.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 136,964.                                                             | 0.                                                                        | 3,255.                                                                                        |
| (15) THOAI NGO<br>RESEARCH METHODS SENIOR DIRECTOR           | 40.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 127,033.                                                             | 0.                                                                        | 0.                                                                                            |
| (16) JULIE PETERS<br>GRANTS DIRECTOR                         | 40.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 116,797.                                                             | 0.                                                                        | 1,517.                                                                                        |





**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>                                                   | 35,693,475.   |               |                                    |                            |                                                    |
|                                                                         | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....                                             | <b>1f</b>                                                   | 3,470,122.    |               |                                    |                            |                                                    |
|                                                                         | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....                                                                          |                                                             |               |               |                                    |                            |                                                    |
|                                                                         | <b>h Total.</b> Add lines 1a-1f .....                                                                                                     |                                                             |               | 39,163,597.   |                                    |                            |                                                    |
| <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) .....                                               |                                                             |               | 2,565.        |                                    |                            | 2,565.                                             |
|                                                                         | <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. ....                         |                                                                                                                                           |                                                             | 39,166,162.   | 0.            | 0.                                 | 2,565.                     |                                                    |

**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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>                                                                                                                        | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                | 3,747,206.                   | 3,747,206.                             |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                           |                              |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                    | 1,661,396.                   | 1,661,396.                             |                                               |                                    |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                            | 287,114.                     | 210,014.                               | 74,686.                                       | 2,414.                             |
| <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                                                                                                                                                                            | 18,216,945.                  | 13,325,114.                            | 4,738,692.                                    | 153,139.                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                  |                              |                                        |                                               |                                    |
| <b>9</b> Other employee benefits                                                                                                                                                                             |                              |                                        |                                               |                                    |
| <b>10</b> Payroll taxes                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>a</b> Management                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>b</b> Legal                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| <b>c</b> Accounting                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <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.)                                                                                            | 3,123,553.                   | 2,402,852.                             | 651,710.                                      | 68,991.                            |
| <b>12</b> Advertising and promotion                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>13</b> Office expenses                                                                                                                                                                                    | 984,714.                     | 835,890.                               | 142,576.                                      | 6,248.                             |
| <b>14</b> Information technology                                                                                                                                                                             | 1,159,961.                   | 752,402.                               | 404,615.                                      | 2,944.                             |
| <b>15</b> Royalties                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy                                                                                                                                                                                          | 1,007,101.                   | 837,046.                               | 170,055.                                      |                                    |
| <b>17</b> Travel                                                                                                                                                                                             | 4,183,640.                   | 3,742,370.                             | 424,433.                                      | 16,837.                            |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                             | 950,103.                     | 849,988.                               | 91,673.                                       | 8,442.                             |
| <b>20</b> Interest                                                                                                                                                                                           | 25,819.                      | 2.                                     | 25,817.                                       |                                    |
| <b>21</b> Payments to affiliates                                                                                                                                                                             |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                          | 117,738.                     | 42,230.                                | 75,508.                                       |                                    |
| <b>23</b> Insurance                                                                                                                                                                                          | 222,304.                     | 188,651.                               | 33,653.                                       |                                    |
| <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> OTHER EXPENSES                                                                                                                                                                                      | 2,064,476.                   | 1,782,214.                             | 267,004.                                      | 15,258.                            |
| <b>b</b> BAD DEBT                                                                                                                                                                                            | 1,500,000.                   | 0.                                     | 1,500,000.                                    | 0.                                 |
| <b>c</b> PROGRAM SUPPLIES                                                                                                                                                                                    | 1,420,644.                   | 1,419,163.                             | 1,481.                                        | 0.                                 |
| <b>d</b> OUTSIDE SERVICES                                                                                                                                                                                    | 1,310,495.                   | 1,307,635.                             | 2,860.                                        | 0.                                 |
| <b>e</b> All other expenses                                                                                                                                                                                  | 614,716.                     | 610,327.                               | 4,389.                                        |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                 | 42,597,925.                  | 33,714,500.                            | 8,609,152.                                    | 274,273.                           |
| <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)<br>Beginning of year |             | (B)<br>End of year  |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|---------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                                                                                                                       | 3,983,606.               | <b>1</b>    | 3,388,298.          |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                                                                                                            | 1,028,176.               | <b>2</b>    | 35,199.             |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                                                                                                                | 176,862.                 | <b>3</b>    | 269,194.            |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                                                                                                                          | 23,079,332.              | <b>4</b>    | 14,418,313.         |
|                                                                           | <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 .....                                                                                                                                                                                                                                                                             | 608,328.                 | <b>9</b>    | 189,897.            |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                                                                                                                             | <b>10a</b> 900,880.      |             |                     |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                                                                                                                    | <b>10b</b> 760,171.      | 245,388.    | <b>10c</b> 140,709. |
|                                                                           | <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 .....                                                                                                                                                                                                                                                                               | 560,666.                 | <b>15</b>   | 179,242.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 29,682,358.                                                                                                                                                                                                                                                                                                                      | <b>16</b>                | 18,620,852. |                     |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                                                                                                            | 2,354,355.               | <b>17</b>   | 3,912,387.          |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                                                                                                                   |                          | <b>18</b>   |                     |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                                                                                                                                 | 25,381,454.              | <b>19</b>   | 22,646,030.         |
|                                                                           | <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 .....                                                                                                                                            | 500,000.                 | <b>25</b>   | 850,000.            |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                                                                                                                       | 28,235,809.              | <b>26</b>   | 27,408,417.         |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                |                          |             |                     |
|                                                                           | <b>27</b> Unrestricted net assets .....                                                                                                                                                                                                                                                                                          | 1,446,549.               | <b>27</b>   | -8,912,565.         |
|                                                                           | <b>28</b> Temporarily restricted net assets .....                                                                                                                                                                                                                                                                                |                          | <b>28</b>   | 125,000.            |
|                                                                           | <b>29</b> Permanently restricted net assets .....                                                                                                                                                                                                                                                                                |                          | <b>29</b>   |                     |
|                                                                           | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 .....                         | 1,446,549.                                                                                                                                                                                                                                                                                                                       | <b>33</b>                | -8,787,565. |                     |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 29,682,358.                                                                                                                                                                                                                                                                                                                      | <b>34</b>                | 18,620,852. |                     |

**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>  | 39,166,162. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 42,597,925. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -3,431,763. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 1,446,549.  |
| <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>  | -6,802,351. |
| <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> | -8,787,565. |

**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?                                                                                                                         |     | X  |
| 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                                                                                 |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?                                                                                                                                       | X   |    |
| 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                                                                      |     |    |
| <b>c</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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                                                         |     |    |
| <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>b</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 (2015)

**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

**2015**

**Open to Public Inspection**

|                                                                   |                                                     |
|-------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>INNOVATIONS FOR POVERTY ACTION | <b>Employer identification number</b><br>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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g 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 (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                              | 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) 2011    | (b) 2012    | (c) 2013    | (d) 2014    | (e) 2015    | (f) Total    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 29,863,735. | 36,716,750. | 40,518,319. | 42,565,771. | 39,163,597. | 188,828,172. |
| <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 .....                                                                                                                                                                        | 29,863,735. | 36,716,750. | 40,518,319. | 42,565,771. | 39,163,597. | 188,828,172. |
| <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) ..... |             |             |             |             |             | 54,930,665.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |             |             |             |             |             | 133,897,507. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                        | (a) 2011    | (b) 2012    | (c) 2013    | (d) 2014    | (e) 2015    | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   | 29,863,735. | 36,716,750. | 40,518,319. | 42,565,771. | 39,163,597. | 188,828,172.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....                                                        | 25,887.     | 12,856.     | 7,226.      | 3,036.      | 2,565.      | 51,570.                  |
| <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 VI.) .....                                                                                      |             |             |             |             |             |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |             |             |             |             |             | 188,879,742.             |
| <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 2015 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | <b>14</b> | 70.89 %                             |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | <b>15</b> | 64.68 %                             |
| <b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 VI 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 - 2014.</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 VI 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 VI.) .....                                 |          |          |          |          |          |           |
| <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 2015 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|                                                                                                             |           |   |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                 |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                           |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>                                                          |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                       |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                      |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                               |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>                                                                                                                                                                                                                                                   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                   |     |    |



**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                               |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                             |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.                                                                                                 |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):                                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                      | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                                      | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                                      | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                                      | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                                      | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                       | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                       | Subtract line 2 from line 1d                                                                                                    | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                       | Multiply line 5 by .035                                                                                                         | 6              |                             |
| 7                                       | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| <b>Section C - Distributable Amount</b> |                                                                                                                                                                           |   | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                     | 1 |              |
| 2                                       | Enter 85% of line 1                                                                                                                                                       | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                    | 3 |              |
| 4                                       | Enter greater of line 2 or line 3                                                                                                                                         | 4 |              |
| 5                                       | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                              | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2015

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions                                                                                                                                   | Current Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                              |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                          |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                          |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                 |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2015 from Section C, line 6                                                                                               |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                            |              |

| Section E - Distribution Allocations (see instructions)                                                                                                      | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2015 from Section C, line 6                                                                                                |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)                                                    |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2015:                                                                                                    |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                     |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                     |                             |                                        |                                           |
| <b>c</b>                                                                                                                                                     |                             |                                        |                                           |
| <b>d</b> From 2013                                                                                                                                           |                             |                                        |                                           |
| <b>e</b> From 2014                                                                                                                                           |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                         |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                        |                             |                                        |                                           |
| <b>h</b> Applied to 2015 distributable amount                                                                                                                |                             |                                        |                                           |
| <b>i</b> Carryover from 2010 not applied (see instructions)                                                                                                  |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                   |                             |                                        |                                           |
| <b>4</b> Distributions for 2015 from Section D, line 7: \$                                                                                                   |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                        |                             |                                        |                                           |
| <b>b</b> Applied to 2015 distributable amount                                                                                                                |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.                                                                                                         |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.                                                                                        |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                     |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                     |                             |                                        |                                           |
| <b>c</b> Excess from 2013                                                                                                                                    |                             |                                        |                                           |
| <b>d</b> Excess from 2014                                                                                                                                    |                             |                                        |                                           |
| <b>e</b> Excess from 2015                                                                                                                                    |                             |                                        |                                           |

Schedule A (Form 990 or 990-EZ) 2015



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

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

**Caution.** An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

|                                |                                       |
|--------------------------------|---------------------------------------|
| <b>Name of organization</b>    | <b>Employer identification number</b> |
| INNOVATIONS FOR POVERTY ACTION | 06-1660068                            |

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | BILL AND MELINDA GATES FOUNDATION<br><br>PO BOX 23350<br><br>WASHINGTON, DC 20523                     | \$ 5,132,012.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | UNIVERSITY OF CALIFORNIA, BERKELEY<br><br>2150 SHATTUCK AVE, SUITE 313<br><br>BERKELEY, CA 94704-5940 | \$ 3,362,969.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | USAID<br><br>1300 PENNSYLVANIA AVE, SA-4A, ROOM 435-K<br><br>WASHINGTON, DC 20523                     | \$ 2,702,904.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | WELLSPRING ADVISORS<br><br>PO BOX 770001<br><br>CINCINNATI, OH 45277                                  | \$ 2,678,891.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | WORLD BANK<br><br>1818 H STREET NW<br><br>WASHINGTON, DC 20433                                        | \$ 2,460,447.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | MILLENIUUM CHALLENGE CORPORATION<br><br>875 FIFTHTEENTH STREET NW<br><br>WASHINGTON, DC 20005         | \$ 1,775,798.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                |                                       |
|--------------------------------|---------------------------------------|
| <b>Name of organization</b>    | <b>Employer identification number</b> |
| INNOVATIONS FOR POVERTY ACTION | 06-1660068                            |

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br><br>77 MASSACHUSETTS AVE, NE 18-901<br><br>CAMBRIDGE, MA 02139     | \$ 1,467,766.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | ESR<br><br>1625 MASSACHUSETTS AVENUE NW, SUITE 450<br><br>WASHINGTON, DC 20036                              | \$ 1,052,190.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | INTERNATIONAL GROWTH CENTER<br><br>7 CLIFFORD STREET, W1S 2FT<br><br>LONDON, UNITED KINGDOM                 | \$ 848,830.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | INTERNATIONAL INITIATIVE FOR IMPACT EVOLUTION (3I)<br><br>47 COLLEGE STREET<br><br>NEW HAVEN, CT 06520-8047 | \$ 815,865.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | TWaweza<br><br>SCHAUMBURG-LIPPE-STRASSE 5-9<br><br>BONN, GERMANY                                            | \$ 786,459.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br><br>_____<br><br>_____                                                                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>INNOVATIONS FOR POVERTY ACTION | Employer identification number<br><br>06-1660068 |
|------------------------------------------------------------|--------------------------------------------------|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



|                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br><br>INNOVATIONS FOR POVERTY ACTION | Employer identification number<br><br>06-1660068 |
|------------------------------------------------------------|--------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

|                                                |                            |                                                 |                                            |
|------------------------------------------------|----------------------------|-------------------------------------------------|--------------------------------------------|
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|                                                |                            |                                                 |                                            |
| <b>(e) Transfer of gift</b>                    |                            |                                                 |                                            |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
| <b>(e) Transfer of gift</b>                    |                            |                                                 |                                            |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
| <b>(e) Transfer of gift</b>                    |                            |                                                 |                                            |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
| <b>(e) Transfer of gift</b>                    |                            |                                                 |                                            |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
| <b>(e) Transfer of gift</b>                    |                            |                                                 |                                            |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |
|                                                |                            |                                                 |                                            |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**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" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                         |                                                          |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                         |                                                          |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets 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" on 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 a 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? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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) Revenue included on Form 990, Part VIII, line 1 .....

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

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII 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, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 on lines 2a, 2b, and 2c should equal 100%.

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

|                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations                                                                | 3a(i)  |    |
| (ii) related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

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

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

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                |                                      |                                 |                              |                |
| b Buildings                                                                                            |                                      |                                 |                              |                |
| c Leasehold improvements                                                                               |                                      | 337,335.                        | 253,050.                     | 84,285.        |
| d Equipment                                                                                            |                                      | 318,928.                        | 127,711.                     | 191,217.       |
| e Other                                                                                                |                                      | 244,617.                        | 379,410.                     | -134,793.      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 140,709.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (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" on 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1)                                                                         |                |
| (2)                                                                         |                |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                    |                |
| (2) LINE OF CREDIT                                                          | 850,000.       |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 850,000.       |

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



**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.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

|                                                                |                                                  |
|----------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br><br>INNOVATIONS FOR POVERTY ACTION | Employer identification number<br><br>06-1660068 |
|----------------------------------------------------------------|--------------------------------------------------|

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

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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                           | 2                                   | 3                                                                      | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 281,706.                                             |
| EAST ASIA AND THE PACIFIC                               | 1                                   | 27                                                                     | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 2,615,008.                                           |
| MIDDLE EAST AND NORTH AFRICA                            | 0                                   | 1                                                                      | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 142,945.                                             |
| NORTH AMERICA                                           | 3                                   | 73                                                                     | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 141,741.                                             |
| SOUTH AMERICA                                           | 2                                   | 19                                                                     | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 2,074,256.                                           |
| SOUTH ASIA                                              | 1                                   | 23                                                                     | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 2,839,912.                                           |
| SUB-SAHARAN AFRICA                                      | 16                                  | 473                                                                    | PROGRAM SERVICES                                                                                                                            | IMPACT EVALUATION                                                                                  | 27,145,626.                                          |
| <b>3 a</b> Sub-total .....                              | 25                                  | 619                                                                    |                                                                                                                                             |                                                                                                    | 35,241,194.                                          |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0.                                                   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 25                                  | 619                                                                    |                                                                                                                                             |                                                                                                    | 35,241,194.                                          |

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

Schedule F (Form 990) 2015

**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<br>(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) |
|-------------------------------|----------------------------------------------|--------------|----------------------------------------------------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
|                               |                                              | ASIA PACIFIC | PERSONALIZING INFORMATION TO IMPROVE PENSION SAVINGS                 | 29,086.                  | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | ASIA PACIFIC | INCENTIVIZING SAVINGS THROUGH DEFAULTS AND SMS                       | 105,000.                 | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | ASIA PACIFIC | THE EMERGENCE OF TRANSFORMATIVE ENTREPRENEURSHIP                     | 5,000.                   | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | CARRIBEAN    | MOVING BEYOND CONDITIONAL CASH TRANSFERS IN THE DOMINICAN REPUBLIC   | 9,431.                   | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | EUROPE       | CONTACT TRACING FOR EBOLA                                            | 140,037.                 | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | EUROPE       | FCRF EVENTS                                                          | 25,563.                  | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | EUROPE       | EVALUATION OF FEMALE SUPERVISOR EFFECTIVENESS IN THE GARMENTS SECTOR | 106,486.                 | WIRE TRANSFER                   | 0.                                |                                        |                                                       |
|                               |                                              | EUROPE       | LOCAL BUDGET TRANSPARENCY (BTI)                                      | 94,110.                  | 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 ..... 17

3 Enter total number of other organizations or entities ..... 34

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |                                                     |                   |                                                             |                                 |                                        |                                          |                                               |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|-------------------------------------------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>1</b><br><b>(a)</b> Name of organization                                                                                                                 | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant                                 | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|                                                                                                                                                             |                                                     | EUROPE            | CDD PHILIPPINES                                             | 7,754.                          | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | MIDDLE EAST       | GRADUATING MICROENTERPRISES TO SME-LEVEL CREDIT             | 104,149.                        | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | MIDDLE EAST       | MOBILE MONEY PAKISTAN                                       | 16,202.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | NORTH AMERICA     | THE EFFECT OF CREDIT ON MEDIUM SIZE FIRM PERFORMANCE        | 15,916.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | NORTH AMERICA     | DELIVERING CCTS VIA SAVINGS ACCOUNTS                        | 16,636.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH AMERICA     | UNCOVERING BARRIERS TO HIGH GROWTH ENTREPRENEURSHIP         | 12,500.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH AMERICA     | BIG MATH                                                    | 40,528.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH AMERICA     | FINANCIAL INCLUSION FOR THE RURAL POOR USING AGENT NETWORKS | 20,000.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH AMERICA     | PROCURING FIRM GROWTH                                       | 7,821.                          | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |



| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |                                                     |                   |                                                                    |                                 |                                        |                                          |                                               |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|--------------------------------------------------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>1</b><br><b>(a)</b> Name of organization                                                                                                                 | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant                                        | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|                                                                                                                                                             |                                                     | SOUTH AMERICA     | THE EFFECTS OF CHANGING THE FREQUENCY OF CCT PAYMENTS - RESEARCH   | 5,106.                          | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | EMPOWERING GIRLS IN RURAL BANGLADESH                               | 283,108.                        | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | DEWORM THE WORLD SCALE UP                                          | 236,939.                        | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | PROMOTING SAVINGS BY TRAINING BANKING CORRESPONDENT AGENTS         | 22,090.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | ENTREPRENEURSHIP TRAINING AND INFORMATION                          | 11,570.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | POVERTY AND EMPOWERMENT IMPACTS OF BIHAR RURAL LIVELIHOODS         | 34,532.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | SEASONAL INCOME SUPPORT THROUGH TEMPORARY LABOR MIGRATION SCALE-UP | 26,000.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | PRODUCTIVITY AND COMPETITION IN INDIA'S BRICK INDUSTRY             | 10,000.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA        | ESCAPING POVERTY                                                   | 43,010.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |                                                     |                       |                                                                               |                                 |                                        |                                          |                                               |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|-------------------------------------------------------------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>1</b><br><b>(a)</b> Name of organization                                                                                                                 | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region     | <b>(d)</b> Purpose of grant                                                   | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|                                                                                                                                                             |                                                     | SOUTH ASIA            | BUSINESS GROWTH<br>ENTREPRENEURSHIP AND<br>SOCIAL INTERACTIONS                | 6,961.                          | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SOUTH ASIA            | MANAGERIAL CAPITAL<br>AND ACCESS TO<br>INFORMATION IN<br>LOW-INCOME COUNTRIES | 5,760.                          | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SUB-SAHARAN<br>AFRICA | REACH/CBHEPP<br>EVALUATION                                                    | 15,314.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SUB-SAHARAN<br>AFRICA | STRUCTURING THE FECAL<br>SLUDGE MANAGEMENT<br>MARKET                          | 127,000.                        | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SUB-SAHARAN<br>AFRICA | STRUCTURING THE FECAL<br>SLUDGE MANAGEMENT<br>MARKET                          | 32,933.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SUB-SAHARAN<br>AFRICA | E-WAREHOUSING UGANDA                                                          | 40,648.                         | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SUB-SAHARAN<br>AFRICA | KIUFUNZA II                                                                   | 504,709.                        | WIRE TRANSFER                          | 0.                                       |                                               |                                                              |
|                                                                                                                                                             |                                                     | SUB-SAHARAN<br>AFRICA | EXPLORATORY<br>AGRICULTURAL FINANCE                                           | 12,484.                         | 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**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:

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.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: THE EFFECTS OF CHANGING THE FREQUENCY OF CCT PAYMENTS - RESEARCH PREPARATION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MANAGERIAL CAPITAL AND ACCESS TO INFORMATION IN LOW-INCOME COUNTRIES (MCAIL)

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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                                                          |
|---------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------|
| BALTIMORE CASH CAMPAIGN, C/O JOB OPPORTUNITIES TASK FORCE - 217 E. REDWOOD STREET, SUITE 1500 - BALTIMORE, MD 21202 | 52-2278450     | 501(C)3                              | 24,905.                         | 0.                                       |                                                              |                                               | TAX-TIME ADVANCE MESSAGING TO SAVE/REDUCE DEBT PILOT                                               |
| BEHAVIORAL IDEAS LAB INC DBA IDEAS42 - 80 BROAD STREET FL 30 - NEW YORK, NY 10004                                   | 27-1678009     | 501(C)3                              | 54,841.                         | 0.                                       |                                                              |                                               | RULES OF THUMB PROVIDING TIMELY USEFUL FINANCIAL MANAGEMENT ADVICE AT SCALE                        |
| BRAC USA INC. 110 WILLIAMS STREET, SUITE 2902 NEW YORK, NY 10038                                                    | 20-8456741     | 501(C)3                              | 12,500.                         | 0.                                       |                                                              |                                               | MARKET LEARNING AND TRANSPORT COSTS AMONG FERTILIZER RETAILERS IN TANZANIA                         |
| COMMUNITY HEALTH CENTER, INC 685 MAIN STREET MIDDLETOWN, CT 06457                                                   | 06-0897105     | 501(C)3                              | 86,244.                         | 0.                                       |                                                              |                                               | NEW HAVEN HEALTH PROJECT                                                                           |
| DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651                                                            | 56-0532129     | 501(C)3                              | 93,056.                         | 0.                                       |                                                              |                                               | EVALUATING CHILD-TO-CHILD APPROACHES TO LITERACY IN KENYA AND EMPOWERING GIRLS IN RURAL BANGLADESH |
| EVIDENCE ACTION 641 S ST NW 3RD FL WEWORK WASHINGTON, DC 20001                                                      | 90-0874591     | 501(C)3                              | 326,765.                        | 0.                                       |                                                              |                                               | DISPENSERS FOR SAFE WATER                                                                          |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_ **25.**

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

**Schedule I (Form 990) (2015)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                 |
|------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------|
| FREEDOM FROM HUNGER<br>1644 DA VINCI COURT<br>DAVIS, CA 95618                                        | 95-1647835 | 501(C)3                       | 5,130.                   | 0.                                |                                                       |                                        | MOVING BEYOND CONDITIONAL CASH TRANSFERS IN THE DOMINICAN REPUBLIC |
| GEORGETOWN UNIVERSITY<br>2121 WISCONSIN AVE, NW STE 400<br>WASHINGTON, DC 20007                      | 53-0196603 | 501(C)3                       | 56,340.                  | 0.                                |                                                       |                                        | SAVING FOR HIGH SCHOOL WITH A MOBILE-MONEY LOCK-BOX                |
| INTERNATIONAL CARE MINISTRIES<br>PO BOX 2146<br>LA PLATA, MD 20646                                   | 91-1886289 | 501(C)3                       | 159,247.                 | 0.                                |                                                       |                                        | CHARACTER DEVELOPMENT AMONG ULTRA POOR FILIPINOS (ICM)             |
| INTERNATIONAL CENTER FOR RESEARCH ON WOMEN - 1120 20TH STREET NW<br>SUITE 500 - WASHINGTON, DC 20036 | 52-1081455 | 501(C)3                       | 126,000.                 | 0.                                |                                                       |                                        | EMPOWERMENT FOR WOMEN-KENYA                                        |
| KHANGA RUE MEDIA<br>400 E 90TH ST. # 7B<br>NEW YORK, NY 10128                                        | 27-3277770 | 501(C)3                       | 110,000.                 | 0.                                |                                                       |                                        | CASH TRANSFERS AND MENTAL MODELS                                   |
| LAURUS INTERNATIONAL ENTERPRISES LLC - 7362 FUTURES DR. #26 -<br>ORLANDO, FL 32819                   | 37-1782806 | 501(C)3                       | 49,320.                  | 0.                                |                                                       |                                        | CCTS AND COMMITMENT SAVINGS                                        |
| MONEY MANAGEMENT INTERNATIONAL INC. - 14141 SOUTHWEST FREEWAY,<br>SUITE 1000 - SUGAR LAND, TX 77478  | 54-1837741 | 501(C)3                       | 16,000.                  | 0.                                |                                                       |                                        | FINANCIAL PRODUCTS INNOVATION FUND III                             |
| PRESIDENT & FELLOWS OF HARVARD COLLEGE - P.O. BOX 415649 -<br>BOSTON, MA 02241-5649                  | 04-2103580 | 501(C)3                       | 150,000.                 | 0.                                |                                                       |                                        | COGNITIVE DROUGHTS                                                 |
| STANFORD UNIVERSITY<br>P.O. BOX 44253<br>SAN FRANCISCO, CA 941444253                                 | 94-1156365 | 501(C)3                       | 67,662.                  | 0.                                |                                                       |                                        | SAVINGS IMPACT MALAWI                                              |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                                                               | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                           |
|----------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------|
| STICKK.COM<br>30E 30TH STREET, SUITE 4<br>NEW YORK, NY 10016                                                                     | 26-0622510 | 501(C)3                       | 75,000.                  | 0.                                |                                                       |                                        | NEW HAVEN HEALTH PROJECT                                                                     |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - "UCSF ACCOUNTING EXTRAMURAL FUNDS - BOX 0897 - SAN FRANCISCO, CA 94143-0897        | 94-6002123 | 501(C)3                       | 119,602.                 | 0.                                |                                                       |                                        | AFRICAN HEALTH MARKET FOR EQUITY (AHME)                                                      |
| THE REGENTS OF UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE RM 130 MC 1103 - BERKELEY, CA 94720-1103                     | 94-6002123 | 501(C)3                       | 236,180.                 | 0.                                |                                                       |                                        | M&E STRATEGIES AND TOOLS                                                                     |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 2195 HEARST AVE RM 130 MC 1103 - LA JOLLA, CA 92091-0954                 | 95-6006114 | 501(C)3                       | 38,623.                  | 0.                                |                                                       |                                        | HEALTH SERVICES DELIVERY IN INDIA AND IMPROVING EARLY GRADE LEARNING OUTCOMES                |
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 099500 GILMAN DRIVE 0954 - NEW YORK, NY 10027-7922                 | 13-5598093 | 501(C)3                       | 21,947.                  | 0.                                |                                                       |                                        | THE IMPACT OF EXPORTING - EVIDENCE FROM A RANDOMIZED EXPERIMENT                              |
| UNIVERSITY OF MARYLAND, OFFICE OF THE COMPTROLLER - 615 WEST 131ST STREET, ROOM 254 MAIL CODE 8725 - COLLEGE PARK, MD 20742-3141 | 52-6002033 | 501(C)3                       | 28,750.                  | 0.                                |                                                       |                                        | FINGERPRINTING SCALE-UP - MALAWI                                                             |
| UNIVERSITY OF SOUTHERN CALIFORNIA ROOM 4101, CHESAPEAKE BUILDING LOS ANGELES, CA 90089-8001                                      | 95-1642394 | 501(C)3                       | 15,600.                  | 0.                                |                                                       |                                        | REMEDIAL SCIENCE EDUCATION                                                                   |
| UNIVERSITY OF VIRGINIA 3500 S. FIGUEROA STREET, SUITE 102 CHARLOTTESVILLE, VA 22904-4195                                         | 54-6001796 | 501(C)3                       | 50,000.                  | 0.                                |                                                       |                                        | IMPACT OF ROAD INFRASTRUCTURE                                                                |
| UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING - PO BOX 400195 - CHICAGO, IL 60693                                       | 91-6001537 | 501(C)3                       | 128,376.                 | 0.                                |                                                       |                                        | MOBILE-IZING SAVINGS - EVALUATING A PHONE-BASED DEFINED-CONTRIBUTION ACCOUNT, M&E STRATEGIES |

Schedule I (Form 990)





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

| (a) Type of grant or assistance | (b) 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.

PART I, LINE 2:

INNOVATIONS FOR POVERTY ACTION UTILIZES REPORTS OR RECEIPTS TO SUBSTANTIATE THE CHARITABLE USE OF GRANT DOLLARS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING

(H) PURPOSE OF GRANT OR ASSISTANCE: MOBILE-IZING SAVINGS - EVALUATING A

PHONE-BASED DEFINED-CONTRIBUTION ACCOUNT, M&E STRATEGIES AND TOOLS, AND



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2015

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

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

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

| (A) Name and Title                                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                            |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) ANNIE DUFLO<br>EXECUTIVE DIRECTOR                      | (i)  | 144,772.                                           | 0.                                  | 7,114.                              | 0.                                             | 0.                      | 151,886.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) CEPEDA JOHNSON<br>GLOBAL HUMAN RESOURCES SENIOR DIRECT | (i)  | 161,247.                                           | 0.                                  | 11,598.                             | 0.                                             | 0.                      | 172,845.                        | 0.                                                                    |
|                                                            | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                            | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |



**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

**2015**

Open to Public  
Inspection

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

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

IN KENYA, RESEARCHERS ARE MEASURING THE INDIVIDUAL AND COMBINED EFFECTS

OF WATER QUALITY, SANITATION AND HYGIENE INTERVENTIONS ON CHILD HEALTH,

GROWTH AND DEVELOPMENT IN THE FIRST TWO YEARS OF LIFE. THIS SHOULD

CONFIRM WHETHER THESE INTERVENTIONS LEAD TO LASTING IMPROVEMENTS IN

CHILDREN'S HEALTH, GROWTH AND DEVELOPMENT AND WHETHER NUTRITION

PROGRAMS ARE MORE EFFECTIVE WHEN COMBINED WITH THESE INTERVENTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLOBAL FINANCE INITIATIVE (GFI)

LOW-INCOME HOUSEHOLDS NEED EFFECTIVE FINANCIAL TOOLS TO HELP MANAGE AND

GROW THEIR MONEY, YET MANY OF THE FINANCIAL SERVICES THEY CAN ACCESS

ARE COSTLY, UNSAFE OR NOT WELL-SUITED TO THEIR NEEDS. TO SUPPORT

FINANCIAL INCLUSION EFFORTS AROUND THE WORLD, IPA PARTNERS WITH

FINANCIAL SERVICE PROVIDERS, GOVERNMENTS AND RESEARCHERS TO DESIGN AND

RIGOROUSLY TEST FINANCIAL SERVICES AND PROGRAMS ENCOURAGING HEALTHY

FINANCIAL BEHAVIOR AMONG THE POOR.

THE ULTRA POOR (TUP)

A NEW SIX-COUNTRY STUDY SHOWS A COMPREHENSIVE APPROACH FOR THE

ULTRA-POOR, THE APPROXIMATELY ONE BILLION PEOPLE WHO LIVE ON LESS THAN

\$1.25 A DAY, BOOSTED LIVLIHOODS, INCOME AND HEALTH. PUBLISHED IN

SCIENCE, THE RESEARCH TESTED THE EFFECTIVENESS OF AN APPROACH KNOWN AS

THE "GRADUATION MODEL" IN SIX COUNTRIES BY FOLLOWING 21,000 OF THE

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

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>INNOVATIONS FOR POVERTY ACTION | Employer identification number<br>06-1660068 |
|------------------------------------------------------------|----------------------------------------------|

WORLD'S POOREST PEOPLE FOR THREE YEARS. THE DATA SHOWS THIS APPROACH  
 LED TO LARGE AND LASTING IMPACTS ON THEIR STANDARD OF LIVING. THE  
 PROGRAM IS COST EFFECTIVE, WITH POSITIVE RETURNS IN FIVE OF THE SIX  
 COUNTRIES, RANGING FROM 133 PERCENT IN GHANA TO 433 PERCENT IN INDIA.  
 IN OTHER WORDS, FOR EVERY DOLLAR SPENT ON THE PROGRAMS IN INDIA, THE  
 ULTRA-POOR HOUSEHOLDS SAW \$4.33 IN LONG-TERM BENEFITS. THE GOVERNMENT  
 OF ETHIOPIA PLANS TO EXPAND THE PROGRAM TO BENEFIT THREE MILLION PEOPLE  
 THROUGH THE COUNTRY'S PRODUCTIVE SAFETY NET PROGRAM, AND THE PROGRAM IS  
 ALREADY BEING SCALED UP IN PAKISTAN AND INDIA.

SMALL AND MEDIUM ENTERPRISE SECTOR (SME)

SMALL AND MEDIUM ENTERPRISES (SMES) ARE WIDELY SEEN AS ENGINES OF  
 ECONOMIC GROWTH. IN DEVELOPING COUNTRIES, SMES PROVIDE OVER 70% OF  
 FORMAL JOBS ON AVERAGE. HOWEVER, SMES FACE CONSTRAINTS TO GROWTH THAT  
 ARE PARTICULARLY BINDING IN DEVELOPING COUNTRIES, SUCH AS LIMITED  
 ACCESS TO FINANCE, LOW LABOR SKILL LEVELS AND INEFFICIENT MARKETS FOR  
 GOODS.

IN AN EFFORT TO UNLOCK THE SME SECTOR'S POTENTIAL, GOVERNMENTS AND  
 OTHER INSTITUTIONS SPEND BILLIONS OF DOLLARS EVERY YEAR ON PROGRAMS  
 AIMED AT REDUCING THE BARRIERS TO GROWTH. HOWEVER, HIGH-QUALITY  
 RESEARCH ON WHICH PROGRAMS SUCCESSFULLY ADDRESS THE CONSTRAINTS TO SME  
 GROWTH IS LIMITED, LEAVING DECISION MAKERS WITHOUT CLEAR GUIDANCE ON  
 WHICH PROGRAMS AND POLICIES TO SUPPORT.

THE SME PROGRAM AT IPA WORKS TO DISCOVER AND PROMOTE EFFECTIVE  
 SOLUTIONS FOR ECONOMIC GROWTH AND ENTREPRENEURSHIP.



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MONGOLIA PROPERTY RIGHTS & VOCATIONAL EDUCATION

THIS STUDY EVALUATES A PROJECT DESIGNED TO IMPROVE TECHNICAL SKILLS AND

PRODUCTIVITY IN KEY MONGOLIAN INDUSTRIES INCLUDING CONSTRUCTION,

MINING, ELECTRONICS, MECHANICS AND TRANSPORT. IT WILL MEASURE WHETHER

VOCATIONAL TRAINING INCREASES THE WAGES OF MONGOLIANS.

SCHOOL-BASED DEWORMING

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 WORMS 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

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 RANDOMIZED TRIAL IN KENYA IN

THE EARLY 2000S FOUND SCHOOL-BASED DEWORMING:

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-REDUCES SCHOOL ABSENTEEISM BY 25%

-INCREASES HOURS WORKED BY ADULTS BY 12%

-INCREASES FUTURE WAGE EARNINGS BY 23%

SPILOVER EFFECTS OF TREATMENT PROVIDE BENEFITS TO UNTREATED SCHOOL-AGE AND PRESCHOOL CHILDREN AS WELL.

ALL OTHER

IN PARTNERHIP WITH TOP RESEARCHERS IN THE FIELD, WE DESIGN AND IMPLEMENT RANDOMIZED EVALUATIONS TO MEASURE THE EFFECTIVENESS OF PROGRAMS AND POLICIES AIMED AT HELPING THE POOR. WE SPECIALIZE IN RANDOMIZED CONTROLLED TRIALS (RCTS) BECAUSE THIS RIGOROUS METHODOLOGY, CONSIDERED THE GOLD STANDARD OF IMPACT EVALUATION DESIGN, ALLOWS US TO ISOLATE THE EFFECTS OF A PROGRAM FROM OTHER FACTORS. LIKE IN MEDICAL TRIALS, RESEARCHERS ASSIGN PARTICIPANTS AT RANDOM TO DIFFERENT STUDY GROUPS. ONE OR MORE GROUPS RECEIVE A PROGRAM (THE "TREATMENT GROUPS") AND ANOTHER GROUP SERVES AS THE COMPARISON (OR "CONTROL") GROUP.

IPA EVALUATIONS DO NOT SIMPLY GIVE A PASSING OR FAILING GRADE TO PROGRAMS, BUT RATHER SEEK TO UNCOVER AND DISENTANGLE CAUSAL MECHANISMS AND DETERMINE WHICH ADJUSTMENTS WILL MAKE A PROGRAM MORE EFFECTIVE.

OUR WELL-ESTABLISHED PARTNERSHIPS IN THE COUNTRIES WHERE WE WORK, AND A STRONG UNDERSTANDING OF LOCAL CONTEXTS, HELP MAKE OUR RESEARCH PROJECTS SUCCESSFUL. OUR TEAMS OPERATING IN 18 COUNTRIES WORK ON THE GROUND TO DEVELOP NEW STUDIES WITH NGO'S AND GOVERNMENT INSTITUTIONS INTERESTED IN CONDUCTING RIGOROUS EVALUATIONS OF THEIR PROGRAMS AND IN TESTING THEIR NEW IDEAS. IPA HAS MORE THAN 1,000 RESEARCH STAFF WHO IMPLEMENT

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THE RESEARCH ON THE GROUND. STUDIES RANGE IN TIME FROM MONTHS, TO YEARS, TO DECADES.

ONCE AN INTERVENTION HAS PROVEN EFFECTIVE IN ONE CONTEXT, WE WORK TO TEST IT IN OTHER CONTEXTS. THIS REPLICATION PROCESS IS AN ESSENTIAL STEP ON THE PATH TO SCALING UP EFFECTIVE PROGRAMS.

IPA HAS AN EXTENSIVE NETWORK OF MORE THAN 400 RESEARCHERS FROM AMONG THE TOP UNIVERSITIES IN THE WORLD WHO COLLABORATE WITH US IN DESIGNING AND CONDUCTING THE EVALUATIONS. MANY OF THESE ACADEMICS ARE PIONEERS IN THEIR FIELDS OF RESEARCH, PARTICULARLY IN DEVELOPMENT ECONOMICS.

TO DATE, WE HAVE DESIGNED AND EVALUATED MORE THAN 275 POTENTIAL SOLUTIONS TO POVERTY PROBLEMS AND HAVE OVER 240 MORE EVALUATIONS IN PROGRESS. WITH THIS EXPERIENCE, IPA HAS DEVELOPED EXTENSIVE EXPERTISE IN CONDUCTING SUCCESSFUL EVALUATIONS, FROM THE INITIAL CONCEPT STAGE TO THE SHARING OF RESULTS.

EXPENSES \$ 27,991,083. INCLUDING GRANTS OF \$ 4,069,833. REVENUE \$ 0.

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 5:

IN 2015, A TRANSACTION WITH A THIRD PARTY VENDOR RESULTED IN A SIGNIFICANT DIVERSION OF THE ORGANIZATION'S ASSETS. APPROPRIATE ACTIONS WERE TAKEN BY

|                                                            |                                              |
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THE ORGANIZATION TO ENSURE THAT THIS SITUATION WAS PROPERLY REMEDIED AND

ALL DIVERTED FUNDS WERE RETURNED TO THE ORGANIZATION.

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

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. ALL NEW BOARD OF DIRECTORS AND OFFICERS 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 BOARD OF DIRECTORS AND OFFICERS. THE PRESIDENT PRESENTS CONFLICTS OF INTEREST TO THE AUDIT & FINANCE COMMITTEE, WHO IS TASKED WITH REVIEWING POTENTIAL CONFLICTS OF INTEREST AND IF NECESSARY TAKING TO THE BOARD OF DIRECTORS FOR FURTHER REVIEW AND CONSIDERATION FOR DETERMINING COMPLIANCE.

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 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

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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

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, FORM 990 AND ANNUAL  
SUMMARY ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE AT THE  
ADDRESS LISTED ON PAGE 1 OF THE FORM 990. THE FORM 990 IS, LIKEWISE,  
PUBLISHED ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND  
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S  
DISCRETION. THEY ARE OFTEN PICKED UP FOR OTHER CHARITY EVALUATION WEBSITES  
SUCH AS CHARITY NAVIGATOR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
WRITE DOWN OF GRANTS RECEIVABLE -6,802,351.

• 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

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

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

| 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.**

ANNIE DUFLO

• The books are in the care of  101 WHITNEY AVENUE - NEW HAVEN, CT 06510  
 Telephone No.  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.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2016.

5 For calendar year 2015, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED IN ORDER TO COMPILE THE INFORMATION TO PREPARE 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  Date