Department of the Treasury

Return of Organization Exempt From Income Tax

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

The organization	may have to	1100 0 00DV	of this rotu	in to catiofy state	reporting requirements
		J use a copy		III IU Salisiy Slale	reporting requirements

		nue Service I he organization may have to use a copy of this retu			Inspection
<u>A</u> F	or th	e 2010 calendar year, or tax year beginning , 201	0, and endin	<u> </u>	, 20
B	heck if ap	C Name of organization		D Employer identifi	cation number
	_	INNOVATIONS FOR POVERTY ACTION			
	Addre: chang	e Doing Business As		06-166006	
	Name	change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Initial	return 101 WHITNEY AVENUE		(293) 772-2	2216
	Termir	City or town, state or country, and ZIP + 4			
	Ameno return			G Gross receipts \$	26,559,847.
	Applic pendir			H(a) Is this a group retu affiliates?	urn for Yes X No
_		101 WHITNEY AVENUE NEW HAVEN, CT 06510		H(b) Are all affiliates in	cluded? Yes No
I	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	r If "No," attach a lis	st. (see instructions)
J	Websit	te: > WWW.POVERTY-ACTION.ORG	· · ·	H(c) Group exemption r	number 🕨
ĸ	Form c	of organization: X Corporation Trust Association Other ►	L Year of	formation: 2002 M State	e of legal domicile: NJ
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
~		IPA IS DEDICATED TO DISCOVERING WHAT WORKS TO	HELP THE	WORLD'S POOR.	
u C		WE DESIGN & EVALUATE PROGRAMS IN REAL CONTEXTS	WITH REA	AL PEOPLE,	
n a		& PROVIDE HANDS-ON ASSISTANCE TO BRING SUCCESS	SFUL PROG	RAMS TO SCALE.	
Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more tha	n 25% of its net assets.	
ي م	3	Number of voting members of the governing body (Part VI, line 1a)		3	8.
	4	Number of independent voting members of the governing body (Part VI, line 1b)			8.
Activities	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	176.
Act		Total number of volunteers (estimate if necessary)		6	0.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		18,997,069.	26,532,400.
'nuć	9	Program service revenue (Part VIII line 2g)	PY FOR		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NSPECTION	29,354.	23,203.
Ľ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,244.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,026,423.	26,559,847.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,420,514.	7,908,185.
xpenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,609,031.	10,632,643.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,029,545.	18,540,828.
	19	Revenue less expenses. Subtract line 18 from line 12		7,996,878.	8,019,019.
s or ces				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		25,027,679.	33,238,267.
Asg	21	Total liabilities (Part X, line 26)		524,061.	837,152.
Pun Lun	22	Net assets or fund balances. Subtract line 21 from line 20.		24,503,618.	32,401,115.
	rt II	Signature Block			
Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedule Id complete. Declaration of preparer (other than officer) is based on all information of which	es and statements	, and to the best of my knowledge	edge and belief, it is true,
	ign				
Н	ere	Signature of officer		Date	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Check if	PTIN
Paic		Scott Thompsett	11/14/	2011 employed	P00741490
	parer Only	Firm's name GRANT THORNTON LLP		EIN ▶ 36-	-6055558
- 38	Uniy	Firm's address 666 THIRD AVENUE NEW YORK, NY 100	17-4011	Phone no. 🕨 212	2-599-0100
Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paper	work Reduction Act Notice, see the separate instructions.			Form 990 (2010)
JSA					

OMB No. 1545-0047

Open to Public

n

2

orm 990 (20			06-1660068	Page
Part III	Statement of Program Service Check if Schedule O contains a	e Accomplishments a response to any question in this Part		X
Briefly of ATT	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III			
the pric	or Form 990 or 990-EZ?			
Did the	e organization cease conducting	, or make significant changes in how		Yes X N
If "Yes,' Describ Sectior	" describe these changes on Sch be the exempt purpose achieven n 501(c)(3) and 501(c)(4) organi.	nedule O. nents for each of the organization's thre zations and section 4947(a)(1) trusts a	ee largest program services by ex re required to report the amount	kpenses.
		929, 340. including grants of \$	0.) (Revenue \$	0.)
TARGE	TING THE ULTRA POOR -	- THIS 24-MONTH PROGRAM PH	ROVIDES	0.)
LIVEL	IHOOD TRAININGS, PROI	DUCTIVE ASSET TRANSFERS, (CONSUMPTION	
	• •			
-		709, 680 including grants of \$	0.) (Revenue \$	0.)
d Other p (Expens	orogram services. (Describe in So ses \$ 14,932,856. including		nue\$ 0.)	
e Total p	orogram service expenses 🕨	17,438,832.		Form 990 (20

د 2 ا	·			
د 2 ا				
د 2 ا			Yes	No
2	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
	complete Schedule A	1 2	X	
3 1	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
ŀ	Part III	5		
6 [Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
		8		<u>X</u>
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		х
	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	f the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
١	VII, VIII, IX, or X as applicable.			
a [Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
ŝ	Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	х	
	Nas the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		.,	
	pusiness, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			Х
	brganization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
	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? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a [Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	f "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
(990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		(2010)

Form §	90 (2010) 06-1660068		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		x
	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	07		x
20	If "Yes," complete Schedule L, Part III	27		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
~~	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	<i>IV, and V, line 1</i>	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
<u> </u>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
			aan	(2010)

Form	990 (2010) 06-1660068		I	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 57			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 176		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	-		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.0	x	
h.	account)?	4a	л	
a	If "Yes," enter the name of the foreign country: ATTACHMENT 4			
5	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
vu	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	-		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA	00	Form	990	(2010)

Form 9	06-1660068		I	->age 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7k for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct	_		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
	Does the organization have members or stockholders?	-0		
	of the governing body?	7a		х
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	· ·	Х
Sectio	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10-	res	X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	105		
	form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14	Х	
	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?	150	Х	
	The organization's CEO, Executive Director, or top management official	15a 15b	x	
b	Other officers or key employees of the organization	150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_CT,NJ,NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only))	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.	-		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►JOHN R HUGHES, CONTROLLER 101 WHITNEY AVENUE NEW HAVEN, CT 06510	ie)		
	203-772-2216			
JSA		Form	990	(2010)

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

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

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

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

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	o Institutional trustee	che Officer	Key employee	Highest compensated	<u>></u> Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DEAN KARLAN FOUNDER, PRESIDENT	5.00	х		х				0.	. 0.	0.
(2) JERRY MCCONNELL DIRECTOR/TRUSTEE	1.00	х						0.	. 0.	0.
(3)B. STEPHEN TOBEN DIRECTOR/TRUSTEE	1.00	х						0.	. 0.	0.
(4)KENTARO TOYAMA DIRECTOR/TRUSTEE	1.00	x						0.	. 0.	0.
(5) GREGORY M. FISCHER DIRECTOR/TRUSTEE	1.00	x						0.	. 0.	0.
(6) JODI NELSON DIRECTOR/TRUSTEE	1.00	х						0.	. 0.	. 0.
(7) PARAS MEHTA DIRECTOR/TRUSTEE	1.00	х						0.	. 0.	. 0.
(8) JAMES PRESCOTT DIRECTOR/TRUSTEE	1.00	х						0.	. 0.	0.
(9) KATHLEEN VIERY CHIEF FINANCIAL OFFICER	40.00			х				126,903.	. 0.	. 0.
_(10)DELIA WELSH MANAGING DIRECTOR	40.00			х				75 , 759.	. 0.	0.
(11)ANNIE DUFLO RESEARCH DIRECTOR	40.00			х				84,940.	. 0.	. 0.
_(12)JOHN HUGHES CONTROLLER	40.00					x		101,801.	. 0.	. 0.
(13)	-									
	-									
(15)										
(16)										

JSA

Form 990 (2010)								06-1660068				Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and H	ligl	hest Compensat	ed Employe	es (co	ontinued)	
(A) Name and title	(B) Average	Posi	tion (chec	C) k all	that app		(D) Reportable	(E) Reportab	le	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Fomer	compensation from the organization (W-2/1099-MISC)	compensat from relat organizatio (W-2/1099-N	ed ons	amount o other compensati from the organizatio and related organization	ion on d
(17)	_											
(18)	_											
(19)	_											
(20)	-											
(21)	_											
(22)	_											
(23)	-											
(24)	_											
(25)	_											
(26)	_											
(27)	_											
(28)	_											
1b Sub-total							►	389,403.		0.		0.
c Total from continuation sheets to Part VII, S	Section A							389,403.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t	hose	liste	d a	bov	e) who	o re					
			<u>z</u>								Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is th the organization and related organizations	e sum of	repor	tabl	e c	om	pensa	tior	n and other com	pensation fr	om		
<i>individual</i>			• •								4	X
for services rendered to the organization? If "	es," comple	ete Sc	hedi	ule .	J foi	r such	per	son	<u></u>	<u></u>	5	X
 Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. 	compensat	ted ir	ndep	oenc	dent	cont	rac	tors that received	d more thar	ו \$10¢	0,000 of	
(A) Name and business add	Iress							(B) Description of se	rvices	C.	(C) ompensation	
ATTACHMENT 5												
							+					
2 Total number of independent contractors (i more than \$100,000 in compensation from the second seco				nite	d to	thos 7	ie li	sted above) who	received			

JSA

Form 990 (2010)

Part VIII Statement of Revenue

га		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1a	Federated campaigns 1a					
gra	b	Membership dues 1b					
an, s	c	Fundraising events					
gift ar	d	Related organizations 1d					
nij.	e	Government grants (contributions)	2,291,725.				
r si		All other contributions, gifts, grants,					
he he	f		24,240,675.				
Ē		and similar amounts not included above . 1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		26,532,400.			
ň			Business Code				
eve	2a						
Å	b						
/ice	c						
en							
E E	d						
jrai	е						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> .	0.			
	3	Investment income (including dividends, intere					
		other similar amounts).	•	23,203.			23,203.
	4	Income from investment of tax-exempt bond p	roceeds 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		-			
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)		0.			
Θ							
	8a	Gross income from fundraising					
/er		events (not including \$					
Ś		of contributions reported on line 1c).					
<u> </u>		See Part IV, line 18 a					
Other Revenu	b	Less: direct expenses b					
ð	с	Net income or (loss) from fundraising events	<u></u>	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities		0.			
	-	Gross sales of inventory, less					
	10a						
	_	returns and allowances a					
		Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory.	■ Business Code	0.			
	11a	MISCELLANEOUS	900099	4,244.			4,244.
	b						
	с						
	d	All other revenue					
	e	Total. Add lines 11a-11d		4,244.			
	12	Total revenue. See instructions		26,559,847.			27,447.

	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and	0.			
_	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in	0.			
_	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	0			
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	007 001	250 201	00 107	1.00
	trustees, and key employees	287,601.	258,301.	29,137.	163
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	6,460,004.	5,786,475.	669,776.	3,753
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	885,619.	795 , 393.	89,723.	503
0	Payroll taxes	274,961.	246,948.	27,857.	156
1	Fees for services (non-employees):				
а	Management	0.			
b	Legal	56 , 435.	31,039.	25 , 396.	
с	Accounting	17 , 576.	9,667.	7,909.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	183,383.	100,677.	82,706.	
-	Advertising and promotion	0.			
3	Office expenses	344,694.	297,661.	46,826.	207
4	Information technology	230,525.	189,228.	41,297.	
5	Royalties	0.			
6	Occupancy	410,254.	354,060.	56,194.	
7	Travel	1,465,542.	1,438,253.	27,289.	
8	Payments of travel or entertainment expenses	, ,	,,	,	
0	for any federal, state, or local public officials	0.			
۵	Conferences, conventions, and meetings	93,761.	92,047.	1,714.	
9	Interest	2,883.	53.	2,830.	
0		0.			
1 2	Payments to affiliates	54,116.	44,585.	9,531.	
2	Depreciation, depletion, and amortization	118,196.	105,051.	13,145.	
3		110,190.	100,001.	10/110.	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)	7 200 412	7 209 412		
	SURVEY EXPENSES	7,208,413.	7,208,413.	FOC	
~	MOTOR VEHICLES	259,204.	258,608.	596.	
С	ADMINISTRATIVE EXPENSES	187,661.	242,373.	-54,745.	33
d	·				
е					
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	18,540,828.	17,458,832.	1,077,181.	4,815
	Joint Costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,761,233.	1	802,151.
2	Savings and temporary cash investments		2	5,332,184
3	Pledges and grants receivable, net		3	25,139,500
4	Accounts receivable, net	1,486,902.	4	1,475,782
5	Receivables from current and former officers, directors, trustees, key		-	
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons		•	
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
SI 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
≮ Ŭ 9	Prepaid expenses and deferred charges	21,278.	9	11,413
-	Land, buildings, and equipment: cost or	/_	5	,
	other basis. Complete Part VI of Schedule D 10a 337,133.			
ŀ	b Less: accumulated depreciation 150,874.	123,232.	10c	186,259
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	290,978
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	33,238,267
17	Accounts payable and accrued expenses		17	479,248
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ທ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons.			
Ĭ	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	414,358.	25	357 , 904
26	Total liabilities. Add lines 17 through 25.	524,061.	26	837 , 152
es	Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	482,551.	27	482,551
28	Temporarily restricted net assets	24,021,067.	28	31,918,564
29	Permanently restricted net assets		29	
OL FUND Balances 82 82 82 82 82 83 82 83 82 83 83 83 84 83 84 84 84 84 84 84 84 84 84 84 84 84 84	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
30 31 32 32 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
102 33	Total net assets or fund balances		33	32,401,115
	Total liabilities and net assets/fund balances		34	33,238,267

Forr	m 990 (2010) 06-1660068				Pa	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI.				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	6,5	59 , 8	347.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1	8,5	40,8	328.
3	Revenue less expenses. Subtract line 2 from line 1	3		8,0	19,0)19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	4,5	03,6	518.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1	21,5	522.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	3	2,4	01,1	L15.
Pa	Art XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b				2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	in				
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	е				
	issued on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a	Х	
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			3b	Х	

SCHED (Form 99	ULE A 0 or 990-EZ)	Public	Charity Status	and Pul	olic Supp	ort	OMB No. 1545-0047
•		Complete if	the organization is a section 4947(a)(1) nonexemp			section	2010 Open to Public
Departmen Internal Rev	t of the Treasury venue Service	Attack	n to Form 990 or Form 990-l	EZ. 🕨 See s	eparate instruct	ions.	Inspection
Name of t	he organization					Employer iden	tification number
INNOVA	TIONS FOR	POVERTY ACTION				06	-1660068
Part I	Reason for	Public Charity Status	s (All organizations mu	st complete	e this part.) Se	e instructions	5.
The orga			cause it is: (For lines 1 th	-	-		
1	A church, con	vention of churches, or	association of churches of	described in s	section 170(b)	(1)(A)(i).	
2	A school desc	ribed in section 170(b)	(1)(A)(ii). (Attach Schedule	e E.)			
3	A hospital or a	a cooperative hospital s	ervice organization descri	bed in sectio	on 170(b)(1)(A)	(iii).	
4	A medical res	search organization op	erated in conjunction wi	th a hospita	I described in	section 170(I	o)(1)(A)(iii). Enter the
		ie, city, and state:					
5			nefit of a college or unive	ersity owned	d or operated	by a governme	ental unit described in
	-)(1)(A)(iv). (Complete F					
6		•	or governmental unit dese				
7 X	•	•	es a substantial part of its	s support fro	om a governme	ental unit or fro	om the general public
•		ection 170(b)(1)(A)(vi).					
8			on 170(b)(1)(A)(vi). (Com				and the factor and success
9	-		es: (1) more than 331/3%				
	-		exempt functions - subj				
		•	ome and unrelated busin		•		tax) from businesses
		-	ted avaluation to toot for		-		
10			ted exclusively to test for rated exclusively for the				or to corry out the
	-		ipported organizations de		-		
			es the type of supporting			-	
	a Type				ally integrated	d	Type III - Other
e			the organization is not				
•		=	gers and other than one		-		-
	-	ection 509(a)(2).	gere and ether than one			a organizatione	
f	()()	()()	n determination from the	e IRS that it	is a Type I	Type II, or Typ	e III supporting
	-	check this box				. jpe, e jp	
g	-		nization accepted any gift	or contribut	ion from anv o	f the	•••••
3	following pers	•					
			ectly controls, either alon	e or toaeth	er with persor	ns described ir) (jj) Yes No
		-	dy of the supported organ	-			11g(i)
	. ,	member of a person des		• •			11g(ii)
		-	on described in (i) or (ii) al	oove?			11g(iii)
h		•	ut the supported organiza				•••
	ame of supported	-	(iii) Type of organization	(iv) Is the	(v) Did you notify		(vii) Amount of
	organization		(described on lines 1-9 above or IRC section	organization in col. (i) listed in	the organization	organization in	support
			(see instructions)	your governing document?	in col. (i) of your support?	col. (i) organized in the U.S.?	
				Yes No	Yes No	Yes No	1

Total

(A)

(B)

(C)

(D)

(E)

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

06-1660068

Page 2

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,656,853.	7,358,104.	14,166,665.	18,997,069.	26,532,400.	70,711,091.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,656,853.	7,358,104.	14,166,665.	18,997,069.	26,532,400.	70,711,091.
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						19,344,134.
6	Public support. Subtract line 5 from line 4.						51,366,957.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	3,656,853.	7,358,104.	14,166,665.	18,997,069.	26,532,400.	70,711,091.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,242.	7,483.	29,177.	29,354.	23,203.	92,459.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	0.	0.	0.	0.	4,244.	4,244.
11	Total support. Add lines 7 through 10						70,807,794.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2010 (li	ne 6, column (f) divided by line	11, column (f))		14	72.54%
15	Public support percentage from 2009					15	76.76%
16a	331/3% support test - 2010. If the c	rganization did	not check the	box on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here. The organizati	on qualifies as a	publicly suppor	rted organizatio	n		▶ X
b	331/3% support test - 2009. If the c	organization did	not check a b	ox on line 13 c	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2	010. If the orga	anization did not	check a box or	n line 13, 16a or	16b, and line 1	4 is 10%
	or more, and if the organization me	eets the "facts	-and-circumstan	ces" test, chec	k this box and	d stop here. E	xplain in
	Part IV how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part IV how the organzation						-
	supported organization				-		
18	Private foundation. If the organization						
	instructions						
						abadula A (Farma O	

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

00	6-	1	6	6	0	0	6	8	
v		-	v	v	v	v	v	0	

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.)

Caleadrey year of fiscal years beginning in by (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total I Gile, gains, contributions, and means have fisse in recover, libro for divident with the most and and an any activity that is real-addition to the divident of the divident	Sec	tion A. Public Support						
received. Upon those any "unusual grants"	Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2 Goss receipt from adresson, merutadate did a carket performed, or italities did a carket performed divers did divers din	1	Gifts, grants, contributions, and membership fees						
so of envices performed, or facilities turnited in any activity that is rested to the organization's take sense to prove the comparization's transmit and the provided of the		received. (Do not include any "unusual grants.")						
transection any control that is related to be organization's the empty proces	2	Gross receipts from admissions, merchandise						
a Grass recepts from activities that set not an unside trade or basiness under section 513. The value of services or facilities further and the product of the organization's benefit and either paid to or sepanded on this behand? The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value of services or facilities further and the section 513. The value section 513. The value section 513. The value section 513. The value section 513.		sold or services performed, or facilities						
3 Geos recept from activities that an et all in the intervenues levide for the organizations benefit and either paid to or expended on its beharf		furnished in any activity that is related to the						
3 Geos recept from activities that an et all in the intervenues levide for the organizations benefit and either paid to or expended on its beharf		organization's tax-exempt purpose						
urrelated trade or business under section 513	3							
4 Tax revenues levied for the organization benefit and either paid to or expended on its behalf								
benefit and either paid to or expended on its behalf its behalf its behalf its behalf 5 The value of services or facilities organization without charge its behalf 6 Total. Add lines 1 through 5 7 A mounts included on lines 2 7 A mounts included on lines 2 8 Public support (Subtract line 7c from line 5) 9 Public support (Subtract line 7c from line 5) 10 Gess lines from line 6,	4							
is behalf		Ŭ						
5 The value of services or facilities furnished by a governmental unit to the organization without charge								
furnished by a governmental unit to the organization without thange	5							
erganization without charge								
6 Total. Add lines 1 through 5		, .						
7a Amounts included on lines 1, 2, and 3 received from disputified persons	6							
received from disquilified persons Image: the second interval and sequilified persons								
b Amounts included in lines 2 and 3 received line disquilled persons that exceed the greater of for the year								
persons that exceed the greater of \$ St,000 or 1% of the amount on line 13 for the year 1% of the amount on line 13 for the year 1% of the amount on line 14 or for the year 1% of the amount on line 14 or for the year 1% of the amount on line 14 or for the year 1% of the organization did not check a box on line 14, and line 15 is more than 331/3%, check this box and stop here. The organization qualifies as a publicly support dorganization 1% of the organization did not check a box on line 14, and line 15 is more than 331/3%, check this box and stop here. The organization qualifies as a publicly support dorganization for the organization did not check a box on line 14, and line 15 is more than 331/3%, and line for the support foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see histructions ▶ Stations Parameters Stations Stati	b	Amounts included on lines 2 and 3						
s5,000 cr 1% of the amount on line 13 for the year. image: status in the status i		persons that exceed the greater of						
c Add lines 7a and 7b		\$5,000 or 1% of the amount on line 13						
8 Public support (Subtract line 7c from the 6,	•	•						
line 6,								
Section B. Total Support Calendar year (or fiscal year boginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, control to socurities loans, control to socuritis loa	Ū	•• •						
Calendar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6,	Sec							
9 Amounts from line 6,		••	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
rents. royalites and income from similar sources. Image: sources income from similar sources income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b c c Add lines 10a and 10b image: sources income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
sources								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
section 511 taxes) from businesses acquired after June 30, 1975	b							
acquired after June 30, 1975	~							
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	c							
activities not included in line 10b, whether or not the business is regularly carried on								
carried on	••							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Image: Complexity of the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) Image: Complexity of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 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. 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). Image: Complexity of the form 2009 Schedule A, Part III, line 15. 16 Public support percentage from 2009 Schedule A, Part III, line 17. Image: Complexity of the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization is 331/3% support tests - 2009. If the organization did not check a box on line 14, or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization is Complexity of the organization did not check a box on line 14, or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization is Complexity of the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions is Complexity of the organization did not check a box on line 14, 19a, or 19b, check this box and see instruc		• •						
loss from the sale of capital assets (Explain in Part IV.) Image: Complexity of the second seco								
(Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5 Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 9 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, 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, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶	12	0						
13 Total support. (Add lines 9, 10c, 11, and 12.)		· · · · · ·						
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 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 1 b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶	13							
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 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). 16 Public support percentage from 2009 Schedule A, Part III, line 15. 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 ine 18 is not more than 331/3%, 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 ▶								
organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15. 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶ Schedule A (Form 990 or 990-EZ) 2010	14			n's first second	third fourth or	fifth tax vear a	is a section 5	01(c)(3)
Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 16 % 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 1 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 1 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ 1 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ 1	••	-	-			•		
15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 16 % 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 1 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 1 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 1	Sec							
16 Public support percentage from 2009 Schedule A, Part III, line 15					mn (f))		15	%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization image: second stop here image: second stop here 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions image: second stop second stop second stop second stop second stop second seco	16							
 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶ 	Sec							
18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ■ b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ■ Schedule A (Form 990 or 990-EZ) 2010					13, column (f))		17	%
 19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 	18							%
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ► Schedule A (Form 990 or 990-EZ) 2010								
b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 ▶ 20 Schedule A (Form 990 or 990-EZ) 2010								
line 18 is not more than 331/3%, 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 ► Schedule A (Form 990 or 990-EZ) 2010	b		-	-	-			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► Schedule A (Form 990 or 990-EZ) 2010	~							
Schedule A (Form 990 or 990-EZ) 2010	20			•	• •			
				-	. ,			

Page 4

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

SCHEDULE A, PART II	- OTHER INCOM	IE		<u>A</u>	TTACHMENT 1	
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	0.	0.	0.	0.	4,244.	4,244.
TOTALS	0.	0.	0.	0.	4,244.	4,244.

Schedule A (Form 990 or 990-EZ) 2010

Schedule B (Form 990, 990-EZ,

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

Schedule of Contributors

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

OMB No. 1545-0047

10

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	X 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

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

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) (2010)

Name of organization INNOVATIONS FOR POVERTY ACTION

Page ____ of ____ of Part I
Employer identification number

Part I Contributors (see instructions) (a) (b) (C) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 Х Person Payroll 5,012,818. \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (C) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 2 Х Person Payroll 4,089,477. \$ Noncash (Complete Part II if there is a noncash contribution.) (b) (d) (a) (C) No. Aggregate contributions Type of contribution Name, address, and ZIP + 4 3 Х Person Payroll 3,219,562. \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (C) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 4 Х Person Payroll 2,722,936. \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 5 Х Person Payroll 2,117,495. \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (C) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 6 Х Person Payroll 1,522,862. \$ Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization INNOVATIONS FOR POVERTY ACTION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7 _		\$ <u>1,020,367.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		- \$691,732.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		- \$\$574,425.	Person X Payroll . Noncash . (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_ 10 _		- \$\$555,758.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

JSA

of Part I of Employer identification number

06-1660068

Page_

SCH	IEDULE D	Suppleme	ntal Financial St	atements		OMB No. 1545-0047
(Fo	rm 990)		organization answered '		10.	2010
Dena	rtment of the Treasury	Part	IV, line 6, 7, 8, 9, 10, 11,	or 12.	-,	Open to Public
Interr	nal Revenue Service	Attach to F	Form 990. ► See separa	te instructions.		Inspection
	e of the organization	POVERTY ACTION			Employer identifica	
Pa		tions Maintaining Donor Advi	sed Funds or Other Si	milar Funds or		
T GI		ion answered "Yes" to Form 9			Accounts. Com	
			(a) Donor advised	funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3 4		from (during year)				
5		on inform all donors and donor ad	dvisors in writing that the	assets held in dor	nor advised	
	-	anization's property, subject to the				Yes No
6		on inform all grantees, donors, ar				
		itable purposes and not for the b g impermissible private benefit?				
Pa	rt II Conserva	tion Easements. Complete if	the organization answe	ered "Yes" to Fo	rm 990. Part IV.	Ine 7.
1		servation easements held by the				
	Preservation	of land for public use (e.g., recre	eation or education)	Preservation of	an historically im	portant land area
		f natural habitat		Preservation of	a certified histori	c structure
2		l of open space I through 2d if the organization he	ld a qualified concervatio	n contribution in t	the form of a con	anyation
2		ast day of the tax year.	eiu a quaimeu conservatio			servation
					Held at the I	End of the Tax Year
а		onservation easements			2a	
b	-	tricted by conservation easements			2b	
c d		vation easements on a certified h vation easements included in (c)			2c	
u		isted in the National Register	-		2 d	
3		vation easements modified, trans			ted by the organiz	ation during the
4 5		where property subject to conser ation have a written policy regardi				
5		forcement of the conservation eas				Yes No
6		er hours devoted to monitoring, in				
	▶					
7	•	es incurred in monitoring, inspec	ting, and enforcing conse	rvation easement	ts during the year	
8	►\$	rvation easement reported on line	2(d) above esticity the re	auiromonte of coo	170(h)(4)(P)	
0)(ii)?				Yes No
9	In Part XIV, descr	ibe how the organization reports	conservation easements	in its revenue and	expense statemer	
		d include, if applicable, the text o		nization's financia	al statements that	describes the
Pa		counting for conservation easement tions Maintaining Collections		sures or Other	Similar Assots	
ı a	Complete	if the organization answered	"Yes" to Form 990, Par	t IV, line 8.	ommar Assets.	
1a	If the organization	n elected, as permitted under SF corical treasures, or other simila	AS 116 (ASC 958), not	to report in its re	evenue statement	t and balance sheet
	public service, pro	vide, in Part XIV, the text of the fo	oothote to its financial sta	tements that desc	cribes these items	
b	works of art, hist public service, pro	n elected, as permitted under S corical treasures, or other simila vide the following amounts relating	r assets held for public ng to these items:	exhibition, educ	ation, or researc	h in furtherance of
		uded in Form 990, Part VIII, line 1 d in Form 990, Part X				
2		n received or held works of ar				
-	•	required to be reported under SI				
а	Revenues include	d in Form 990, Part VIII, line 1		-	▶\$	
b For l	Assets included in	Form 990, Part X	Eorm 990	<u></u>	sahadi	le D (Form 990) 2010
	apermork iteuuciloi	A SUNCE, SEE THE INSTRUCTIONS IOF			Schedt	

Sche	lule D (Form 990) 2010			0	6-16	60068			Page 2
Par	t III Organizations Maintaining Coll	ections of Art	t, Historic	al Treasures	s, or (Other Similar A	ssets (d	continued))
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and othe	er records,	check any o	f the	following that a	re a sigr	nificant use	e of its
a b	Public exhibition Scholarly research		d e	Loan or ex Other	-	je programs			
c	Preservation for future generation	9							
4	Provide a description of the organization's		nd explain	how they fur	ther	the organization's	s exemp	t purpose	in Part
	XIV.								
5	During the year, did the organization solicit								
_	assets to be sold to raise funds rather than							Yes	No
Par	t IV Escrow and Custodial Arrangel line 9, or reported an amount o				ans	wered "Yes" to F	-orm 99	0, Part IV	,
1a	Is the organization an agent, trustee, custor included on Form 990, Part X?		-				_	Yes	No
h	If "Yes," explain the arrangement in Part XIV						••• [103	
~	in ree, explain the analysine it in article			ing tuble.		A	mount		
с	Beginning balance				1c				
d	Additions during the year				-				
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on	Form 990, Par	t X, line 213	· · · · · · ·				Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Par	· · · · · · · · · · · · · · · · · · ·								
		rrent year (I	o) Prior year	(c) Two ye	ars bac	k (d) Three yea	irs back	(e) Four yea	ars back
1a	Beginning of year balance								
D O	Contributions								
L	Net investment earnings, gains, and losses								
h	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 ye	ar end balance	held as:	1					
а	Board designated or quasi-endowment >	%							
b	Permanent endowment								
С	Term endowment ▶%								
3a	Are there endowment funds not in the post	session of the o	organizatio	n that are hele	d and	administered for	the		
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
h	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(ii), are the related organizatio							3b	
4 Dou	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment	-							
Fai	Description of investment							1) Deelesselve	
	Description of investment	(a) Cost or othe (investmer		Cost or other ba (other)	ISIS	(c) Accumulated depreciation	(0	i) Book value	
1a	Land	1							
b	Buildings								
С	Leasehold improvements			5,9	79.	2,029.		3	,950.
d	Equipment			209,9	34.	94,615.		115	,319.
е	Other			121,2		54,230.		66	,990.
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	90, Part X, d	column (B), lin	e 10(c).)		186	,259.

Schedule D (Form 990) 2010

Schedule D (F	⁼ orm 990) 2010			06-1660068	Page
Part VII	Investments - Other Securities. See F	orm 99	0, Part X, line 12	2.	
	(a) Description of security or category (including name of security)	(b)	Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	al derivatives				
(2) Closely	-held equity interests				
<u>(A)</u>					
<u>(B)</u>					
(C)					
<u>(D)</u>					
<u>(E)</u>					
(F)					
<u>(G)</u>					
<u>(H)</u>					
(I)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)			2	
Part VIII					
	(a) Description of investment type	(b)	Book value	(c) Method of valu Cost or end-of-year ma	
(1)					
(2)		<u> </u>			
(3)		<u> </u>			
(4)		_			
(5)					
(6)					
(7)					
(8)					
(9)		-			
(10)					
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, I				
Partix		Descript	tion		(b) Book value
(1)	[α	Descript			
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				•
Part X	Other Liabilities. See Form 990, Part 2		5.		
1.	(a) Description of liability		(b) Amount		
(1) Feder	ral income taxes		(1)	-	
(2) PAYR	OLL LIABILITIES		11,760		
	RCOMPANY		346,144		
(4)			,	-	
(5)				-	
(6)					
(7)					
(8)					
(9)					
(10)					
(10)					
	nn (b) must equal Form 990, Part X, col. (B) line 25.		357,904	•	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the n's liability for uncertain tax positions under f	text of t	he footnote to the		ents that reports the
JSA	in a maximity for uncertain tax positions under t	111 40 (F	$\neg \cup \cup i + 0$).		Schedule D (Form 990) 2
70 1.000	6CS 700J	v	10-8.2	0182618-00003	PAGE

Schedul	e D (Form 990) 2010 06-1660068		Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,559,847.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,540,828.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,019,019.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10		10	8,019,019.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements		26,710,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· –	
a	Net unrealized gains on investments		
a b	Donated services and use of facilities 2b 151,04	8	
		<u> </u>	
C		_	
d	Other (Describe in Part XIV.)		e 151,048.
	Add lines 2a through 2d	. 20	
3	Subtract line 2e from line 1	. 3	20,339,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	_	
	Add lines 4a and 4b	. 4	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	KIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		10 001 000
1	Total expenses and losses per audited financial statements	. 1	18,691,876.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 151,04	8.	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	. 3	18,540,828.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV.)		
с	Add lines 4a and 4b	4	c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,540,828.
Part	KIV Supplemental Information		
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl ditional information.		
SEE	PAGE 5		

Schedule D (Form 990) 2010

06-1660068

Page 5

FIN 48 DISCLOSURE

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

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

Schedule D (Form 990) 2010

0182618-00003

(Horm 999) ► Complete if the organization answered "Yes" to Form 990. 200 10 Department Networkshow ► Attach to Form 990. ► See separate instructions. 200 10 Name of the arganization Impleter Memory Networkshow Impleter Memory Networkshow 06-1660068 TANOVATIONS FOR FOVERTY ACTION Impleter Memory Networkshow Impleter Memory Networkshow Impleter Memory Networkshow 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance? Impleter Memory Networkshow Impleter Memory Networkshow 2 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance? Impleter Memory Networkshow Impleter Memory Networkshow 3 Activities per Region. (The following Part I, line 3 Table can be duplicated if additional space is needed.) Impleter Memory Networkshow Impleter Memory Networkshow Impleter Memory Networkshow (I) Central. MERICALCARISEEAN c. 1. PRODEM SERVICE3 IMPLeter Memory Networkshow Impleter Memory Networkshow Impleter Memory Networkshow (I) Central. MERICALCARISEEAN c. 1. PRODEM SERVICE3 IMPLeter Memory Networkshow	SCHEDULE F Statement of Activities C				ctivities	Outside the Uni	ted States	OMB No. 1545-0047	
Dependent of the Tensory (internal Network Service) ► Attach to Form 990. ► See separate instructions. Opend 0 Peakling (internal Network Service) Compose of the instructions. Compose of the instruction internation on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance. Image of the instructions. Image of the instructions. 2 For grantmakers. Does the organization spatiation is procedures for monitoring the use of grant funds outside the United States. Control the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (f) Total for in region (f) Total for ind interpreteries. (f) Total for interpreteries. (f) Total for intergion (f) Costreal.aserico.	(Form 990)			the organizatio					
Name of expanded Images of expansion Images of expansion INNOVATIONS FOR EVERTY ACTION 06-1660068 Parts General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form \$900. Part IV. line 14b. Images of expansion 1 For grantmakers. Describe in Part V the organization maintain records to substantiate the amount of the grants or assistance? Images of expansion 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. (d) Activities contained in the organization's procedures for monitoring the use of grant funds outside the United States. (d) Activities contained in the organization's procedures for monitoring the use of grant funds outside the United States. (d) Activities contained in the organization's procedures for monitoring the use of grant funds outside the United States. (d) Activities contained in the organization in region (d) Activities contained in the organization in region (d) Activities contained in the organization in region in region in an addependent of the organization of the grant of the grant of the organization of the org	Department of the Treasury			Attach	-				
DINNOVATIONS FOR FOVERTY ACTION 06-1660066 Part General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 900, Part V, the 14b. Organization maintain records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Ves No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. (1) Test (1) Te						-	Employer i		
Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance? Yes No 2 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance? Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. (f) Total funds outside the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expendence for expendence is enclosed of organization to engonization the region of the optical grant service, weathereful, grant is or assistance. (f) Total expendence for expense is enclosed of a region in foregoin of the optical grant service. The optical grant service is enclosed of a region of weathereful, grant is or expense in region organization the region of the optical grant service. (f) Total expense is enclosed of the optical grant service. (1) CENTRAL AMERICA/CARIBBEAM 0. 1. PROGRAM SERVICES 108ACT EVALUATION 215, 476. (2) EAT ASIA and THE PACIFIC 2. 34. PROGRAM SERVICES 108ACT EVALUATION 1, 236, 236. (3) HODLE EAT ASIA AND THE PACIFICA 1. 34. PROGRAM SERVICES 108ACT EVALUATIO			POVERTY A	ACTION					
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance. Ves No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Ves No 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Autivities (a) and (a)	Part				Outside the L	Jnited States. Complete	if the organization	answered "Yes" to	
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of continuent of con		1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the							
(a) Region (b) Number of region (c) Number of region (d) Activities conducted in the region by type (is grant by region by type) (is grant by region by type) (is grant by region) (d) Ital twisties in the productions of a program service, agendatives to product by type (is grant by type) (is grant by t		-		ait v the organ			use of grant funds		
(a) Region (b) Number of region (c) Number of region (d) Activities conducted in the region by type (is grant by region by type) (is grant by region by type) (is grant by region) (d) Ital twisties in the productions of a program service, agendatives to product by type (is grant by type) (is grant by t	3	Activities per Regi	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)		
(2) EAST ASIA AND THE FACIFIC 2. 38. FROGRAM SERVICES IMPACT EVALUATION 1,326,188. (3) MIDDLE EAST AND NORTH AFRICA 1. 3. PROGRAM SERVICES IMPACT EVALUATION 672,646. (4) NORTH AMERICA 1. 3. PROGRAM SERVICES IMPACT EVALUATION 672,646. (5) SOUTH AMERICA 1. 9. PROGRAM SERVICES IMPACT EVALUATION 1,393,735. (6) SOUTH ASIA 1. 14. PROGRAM SERVICES IMPACT EVALUATION 1,893,735. (6) SOUTH ASIA 1. 10. PROGRAM SERVICES IMPACT EVALUATION 1,806,059. (7) SUB-SAMARAN AFRICA 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. (8) 9 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. (10) 9 9 9 9 9. 9. 9. (11) 9 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. 9. (12) 9 9 9. 9. 9. 9. 9. 9. (14) 9 <td></td> <td></td> <td>, </td> <td>(b) Number of offices in the</td> <td>(c) Number of employees, agents, and independent contractors</td> <td>(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients</td> <td>(e) If activity listed in a program servic describe specific ty</td> <td>e, expenditures for pe of and investments</td>			, 	(b) Number of offices in the	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients	(e) If activity listed in a program servic describe specific ty	e, expenditures for pe of and investments	
Image: Second services Impact Evaluation 672,646. (3) MIDDLE EAST AND NORTH AFRICA 1. 3. PROGRAM SERVICES IMPACT EVALUATION 672,646. (4) NORTH AMERICA 1. 9. PROGRAM SERVICES IMPACT EVALUATION 1,393,735. (5) SOUTH AMERICA 1. 14. PROGRAM SERVICES IMPACT EVALUATION 734,635. (6) SOUTH ASIA 1. 10. PROGRAM SERVICES IMPACT EVALUATION 1,906,059. (7) SUB-SAHARAN AFRICA 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. (8)	(1)	CENTRAL AMERICA/C	ARIBBEAN	0.	1.	PROGRAM SERVICES	IMPACT EVALUATIO	N 215,476.	
(4) NORTH AMERICA 1. 9. PROGRAM SERVICES IMPACT EVALUATION 1,393,735. (5) SOUTH AMERICA 1. 14. PROGRAM SERVICES IMPACT EVALUATION 734,635. (6) SOUTH ASIA 1. 10. PROGRAM SERVICES IMPACT EVALUATION 1,806,059. (7) SUB-SAHARAN AFRICA 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. (8)	(2)	EAST ASIA AND THE	PACIFIC	2.	38.	PROGRAM SERVICES	IMPACT EVALUATIO	N 1,326,188.	
(5) SOUTH AMERICA 1. 14. PROGRAM SERVICES IMPACT EVALUATION 734,635. (6) SOUTH ASIA 1. 10. PROGRAM SERVICES IMPACT EVALUATION 1,806,059. (7) SUB-SAHARAN AFRICA 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. (8)	(3)	MIDDLE EAST AND N	ORTH AFRICA	1.	3.	PROGRAM SERVICES	IMPACT EVALUATIO	N 672,646.	
(6) SOUTH ASIA 1. 10. PROGRAM SERVICES IMPACT EVALUATION 1,806,059. (7) SUB-SAHARAN AFRICA 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9,331,966. (8) (9) (10) (10) (11) (11) (11) (11) (12) (13) (14) (14) (15) (15) (15) (16) (17) (15) (16) (17) (15) (15) b Total from continuation 15. 517. (15,480,705. (15,480,705.	(4)	NORTH AMERICA		1.	9.	PROGRAM SERVICES	IMPACT EVALUATIO	N 1,393,735.	
(7) SUB-SAHARAN AFRICA 9. 442. PROGRAM SERVICES IMPACT EVALUATION 9, 331, 966. (8) (9) (10) (11) (11) (11) (11) (12) (13) (14) (14) (15) (15) (16) (17) 3a Sub-total,,, 15. 517. (15, 480, 705.	(5)	SOUTH AMERICA		1.	14.	PROGRAM SERVICES	IMPACT EVALUATIO	N 734,635.	
(8) (9) (10) (10) (11) (11) (12) (11) (13) (11) (14) (14) (15) (16) (16) (17) 3a Sub-total, 15. 517. b Total 15. 517.	(6)	SOUTH ASIA		1.	10.	PROGRAM SERVICES	IMPACT EVALUATIO	N 1,806,059.	
(9)	(7)	SUB-SAHARAN AFRIC	A	9.	442.	PROGRAM SERVICES	IMPACT EVALUATIO	N 9,331,966.	
(10)	(8)								
(11)	(9)								
(12)	<u>(10)</u>								
(13)	<u>(11)</u>								
(14) (14) (14) (15) (15) (16) (16) (17) (17) 3a Sub-total (15) b Total (15) 15. 517. (15,480,705.)	<u>(12)</u>								
(15)	<u>(13)</u>								
(16) Image: Constraint of the second se	<u>(14)</u>								
(17) Image: Sub-total Image: Sub-t	(15)								
3a Sub-total 15. 517. 15,480,705. b Total from continuation 15,480,705.	<u>(</u> 16)								
b Total from continuation									
				15.	517.			15,480,705.	

cTotals (add lines 3a and 3b)15.517.For Paperwork Reduction Act Notice, see the Instructions for Form 990. 15. 517. JSA 0E1274 1.000 5806CS 700J

15,480,705.

Schedule F (Form 990) 2010

Part II	Grants and Other Assist Part IV, line 15, for any re Part II can be duplicated if	ecipient who recei	ved more than \$5,000.	e the United S Check this b	tates. Complete ox if no one recip	if the organization in the organization in the organization in the organization of the	ation answered " more than \$5,00	Yes" to Form 0	990, ▶□
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient orga he IRS, or for which the grantee er total number of other organiza	or counsel has prov	ided a section 501(c)(3) e	quivalency letter			►		(Form 990) 2010

Schedule F (Form 990) 2010

06-1660068

Page **2**

Page 3

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

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

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Foreign Forms

Part IV

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X 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	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, COLUMN F

ALL EXPENDITURES REPORTED IN COLUMN F ARE ACCOUNTED FOR USING THE ACCRUAL

METHOD (THE SAME METHOD USED FOR THE ORGANIZATION'S FINANCIAL STATEMENTS

AND FORM 990).

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

INNOVATIONS FOR POVERTY ACTION

FORM 990, PART VI, SECTION B

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

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

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

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

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

FOR ALL EMPLOYEES. THE ORGANIZATION RELIES ON MARKET ANALYSIS TO DETERMINE COMPENSATION ACROSS ALL LEVELS, USING SIMILARLY SIZED ORGANIZATIONS AS A BENCHMARK. THE ORGANIZATION HIRED A NONPROFIT PROFESSIONAL ADVISORY GROUP TO PERFORM THE SPECIFIC ANALYSIS, AS WELL AS TO SEARCH FOR THE CHIEF FINANCIAL OFFICER.

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

FORM 990, PART VI, SECTION C

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

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

FORM 990, PART III, LINE 2 OTHER PROGRAM SERVICES THE ORGANIZATION COMMENCED THREE NEW SUBSTANTIAL PROGRAMS IN 2010:

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

Page 2

V 10-8.2

Schedule O (Form 990 or 990-EZ) 2010

Page 2

AND EVALUATING A PROVEN PROGRAM FROM INDIA. TCAI TRAINS COMMUNITY MEMBERS

TO ASSIST IN ELEMENTARY CLASSROOMS WITH POOR-PERFORMING KIDS. GHANA IS THE FOURTH AND LARGEST SITE IN WHICH THE MODEL HAS BEEN ROLLED OUT WITH A

RIGOROUS EVALUATION.

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

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

FORM 990, PART III, LINE 4(D)

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

Page 2

06-1660068

PLEASE GO TO HTTP://WWW.POVERTY-ACTION.ORG. FOR MORE INFORMATION ABOUT THE ORGANIZATION, IS ACTIVITIES AND ITS PROGRAMS, PLEASE REVIEW THE ANNUAL REPORT AT HTTP://WWW.POVERTY-ACTION.ORG/ANNUALREPORT2010.

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

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

ATTACHMENT 2

ATTACHMENT 1

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

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

Employer identification number 06-1660068

ATTACHMENT 2 (CONT'D)

Page 2

FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT HTTP://WWW.POVERTY-ACTION.ORG/WORK/PROJECTS/SAFEWATER

ATTACHMENT 3

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

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

 ATTACHMENT 4

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

 KENYA

 GHANA

 LIBERIA

 MALAWI

 MALI

 JSA

Schedule O (Form 990 or 990-EZ) 2010			
Name of the organization	Employer identification number		
INNOVATIONS FOR POVERTY ACTION	06-1660068		
	ATTACHMENT 4 (CONT'D)		

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

MEXICO

MOROCCO

PHILIPPINES

UGANDA

SIERRA LEONE

ATTACHMENT 5

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

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

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ) 2010		Page 2
Name of the organization		Employer identification number
INNOVATIONS FOR POVERTY ACTION		06-1660068
	-	ATTACHMENT 5 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRAC	CTORS
NAME AND ADDRESS	DESCRIPTION OF S	ERVICES COMPENSATION
RESEARCH FOR POVERTY ALLEVIATION PO BOX 33223	RESEARCH SERVIC	ES 125,917.

TOTAL COMPENSATION

DAR ES SALAAM

TANZANIA

REGENT ESTATE TANZANIA

1,343,037.