

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: X Address change Name change Initial return Final return/terminated Amended return Application pending
C Name of organization: INNOVATIONS FOR POVERTY ACTION
D Employer identification number: 06-1660068
E Telephone number: 203-672-9507
G Gross receipts \$: 53,278,625.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.POVERTY-ACTION.ORG
K Form of organization: X Corporation
L Year of formation: 2002
M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: ANNIE DUFLO, EXECUTIVE DIRECTOR
Preparer: MAGDALENA CZERNIAWSKI
Date: 11/08/24
Firm: CBIZ MARKS PANETH LLC

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 13,045,825. including grants of \$ 3,610,664.) (Revenue \$ 1,505,221.) EDUCATION: IPA PARTNERED WITH THE LEGO FOUNDATION AND MINISTRIES OF EDUCATION IN FIVE COUNTRIES TO ESTABLISH EMBEDDED EVIDENCE LABS AIMED AT IMPROVING EARLY LEARNING OUTCOMES FOR CHILDREN. THE PRIMARY OBJECTIVE IS TO ENHANCE THE USE OF DATA AND EVIDENCE FOR EDUCATION POLICY BY EMBEDDING TEAMS WITHIN THE MINISTRIES. THIS APPROACH FOSTERS A HORIZONTAL LEARNING PROCESS, ENABLING BOTH PARTIES TO LEARN FROM EACH OTHER WHILE SIMULTANEOUSLY BUILDING CAPACITY IN DATA AND EVIDENCE UTILIZATION. IN RWANDA, IPA AND THE GEORGETOWN UNIVERSITY INITIATIVE ON INNOVATION, DEVELOPMENT AND EVALUATION (GUI2 DE) HAVE ESTABLISHED AN EMBEDDED EVIDENCE LAB TO SUPPORT THE MINISTRY OF EDUCATION IN SCALING A SUCCESSFUL PAY-FOR-PERFORMANCE CONTRACT SCHEME. THE LAB'S CURRENT FOCUS

4b (Code:) (Expenses \$ 5,940,239. including grants of \$) (Revenue \$) THE FINANCIAL INCLUSION PROGRAM SEEKS TO INFORM PROGRAMS THAT CAN ENSURE LOW-INCOME HOUSEHOLDS HAVE ACCESS TO AFFORDABLE AND SAFE SERVICES TO MANAGE THEIR FINANCIAL RESOURCES. IN 2022, IPA LAUNCHED AN EMBEDDED LAB AT THE CENTRAL BANK OF NIGERIA TO STRENGTHEN THE USE OF DATA AND EVIDENCE-BASED DECISION-MAKING WITHIN THE DEPARTMENT TO ENHANCE CONSUMER PROTECTION POLICIES AND PROGRAMS. IT ESTABLISHED THE FINANCIAL INCLUSION PROGRAM SCIENTIFIC ADVISOR GROUP AND THE INTEROPERABLE PAYMENT SYSTEMS GROUP AND CONVENED THE ANNUAL RESEARCHER GATHERING. IT COMPLETED A PROJECT IN INDONESIA AND LESOTHO ON WOMEN ENTREPRENEURS' ACCESS TO FINANCIAL SERVICES, WHICH INCLUDED WORKING DIRECTLY WITH FINANCIAL SERVICE PROVIDERS ON PROTOTYPING NEW PRODUCTS AND SERVICES BASED ON RIGOROUS EVIDENCE. IN ADDITION, IPA PUBLISHED

4c (Code:) (Expenses \$ 5,546,491. including grants of \$) (Revenue \$) ONE NOTABLE RCT CONDUCTED BY IPA IN PARTNERSHIP WITH RESEARCHERS MICHAEL KREMER AND EDWARD MIGUEL IN KENYA EXAMINED THE IMPACT OF A FREE DEWORMING PROGRAM FOR CHILDREN AT SCHOOLS. THE RESULTS WERE REMARKABLE. THE PROGRAM REDUCED SERIOUS WORM INFECTIONS BY 61 PERCENT AND EVEN HAD POSITIVE EFFECTS ON UNTREATED CHILDREN IN NEARBY AREAS (KNOWN AS SPILLOVER EFFECTS). THESE HEALTH IMPROVEMENTS TRANSLATED INTO SIGNIFICANT EDUCATIONAL BENEFITS, INCLUDING A 25 PERCENT REDUCTION IN SCHOOL ABSENTEEISM AND INCREASED ATTENDANCE IN SECONDARY SCHOOL, PARTICULARLY FOR GIRLS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 17,408,094. including grants of \$) (Revenue \$)

4e Total program service expenses 41,940,649.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NC, NJ, NY, CA, AL, FL, IL, MA, MD, OR, PA, VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ANNIE DUFLO - EXECUTIVE DIRECTOR - 203-672-9507 1701 RHODE ISLAND AVE NW, 3-124, WASHINGTON, DC 20036

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNIE DUFLO EXECUTIVE DIRECTOR	40.00			X			265,999.	0.	50,314.	
(2) SARAH DE TOURNEMIRE CHIEF PARTNER, & PHILANTHROPY OFFICE	40.00				X		244,978.	0.	55,175.	
(3) ERIC FULLILOVE CFO	40.00			X			274,768.	0.	23,968.	
(4) STEVEN GLAZERMAN CHIEF RSRCH & METHODOLOGY	40.00				X		229,742.	0.	55,587.	
(5) STACEY DAVES-OHLIN GENERAL COUNSEL	40.00			X			224,486.	0.	58,574.	
(6) PACE PHILLIPS DIR. BUSINESS & PROG DEVEL	40.00				X		152,710.	0.	54,329.	
(7) FARAN NADIR SENIOR DIRECTOR	40.00				X		149,805.	0.	48,655.	
(8) DAVID ANDREW BERRY SENIOR DIRECTOR (OUTGOING)	40.00				X		172,372.	0.	9,361.	
(9) MESERET ANSEBO CHIEF PEOPLE OFFICER (OUTGOING)	40.00			X			145,030.	0.	25,768.	
(10) AGNIESZKA ZIEMINSKA YANK DIRECTOR	3.00	X					0.	0.	0.	
(11) ANKUR VORA DIRECTOR	3.00	X					0.	0.	0.	
(12) BENJAMIN APPEN DIRECTOR	3.00	X					0.	0.	0.	
(13) CINA LAWSON DIRECTOR	3.00	X					0.	0.	0.	
(14) COLIN TEICHHOLTZ DIRECTOR	3.00	X					0.	0.	0.	
(15) DAVID WELLS DIRECTOR	3.00	X					0.	0.	0.	
(16) HEATHER WOODRUFF GRIZZLE DIRECTOR	3.00	X					0.	0.	0.	
(17) JANE MARIARA DIRECTOR	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANET ZHOU DIRECTOR	3.00	X						0.	0.	0.
(19) JYOTSNA PURI DIRECTOR	3.00	X						0.	0.	0.
(20) KAREN LEVY DIRECTOR	3.00	X						0.	0.	0.
(21) KENTARO TOYAMA DIRECTOR	3.00	X						0.	0.	0.
(22) LAURA HATTENDORF DIRECTOR	3.00	X						0.	0.	0.
(23) MUSHFIQ MOBARAK DIRECTOR	3.00	X						0.	0.	0.
(24) RAKESH RAJANI DIRECTOR (OUTGOING)	3.00	X						0.	0.	0.
(25) RUSSELL SIEGELMAN CHAIRMAN	3.00	X		X				0.	0.	0.
(26) TREY BECK DIRECTOR	3.00	X						0.	0.	0.
1b Subtotal								1,859,890.	0.	381,731.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,859,890.	0.	381,731.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 34

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELLING SERVICE CO. LLC, 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022	ADVISORY SERVICES	216,000.
VENABLE LLP 750 E. PRATT STREET, BALTIMORE, MD 21202	LEGAL SERVICES	153,598.
FISCHER CONSULTING, LLC, 5000 THAYER CENTER, SUITE C, OAKLAND, MD 21550	LEGAL SERVICES	115,220.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VINEET BEWTRA DIRECTOR	3.00	X						0.	0.	0.
(28) WENDY ABT DIRECTOR (OUTGOING)	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,956,677.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	48,488,832.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		51,445,509.				
Program Service Revenue	2 a	CONSULTANCY	Business Code	900099	492,086.	492,086.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			492,086.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			327,895.		327,895.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	959,099.	959,099.		
	b	FOREIGN CURRENCY TRANSLATION ADJ.		900099	54,036.	54,036.		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			1,013,135.			
12	Total revenue. See instructions			53,278,625.	1,505,221.	0.	327,895.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,622,444.	1,622,444.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,988,220.	1,988,220.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,068,903.	6,326.	1,062,577.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,503,147.	17,709,198.	6,426,049.	367,900.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,042,377.	827,156.	208,419.	6,802.
9 Other employee benefits	3,945,844.	3,149,647.	770,293.	25,904.
10 Payroll taxes	1,284,788.	992,966.	283,658.	8,164.
11 Fees for services (nonemployees):				
a Management				
b Legal	601,969.		601,969.	
c Accounting	351,106.		351,106.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,242,242.	4,482,882.	609,764.	149,596.
12 Advertising and promotion	466,339.	344,992.	97,256.	24,091.
13 Office expenses	1,258,119.	1,074,932.	166,121.	17,066.
14 Information technology	1,211,697.	1,144,516.	29,670.	37,511.
15 Royalties				
16 Occupancy	1,085,488.	887,520.	173,669.	24,299.
17 Travel	4,899,270.	4,342,477.	541,682.	15,111.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	900,139.	719,169.	180,462.	508.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,300.	6,317.	110,983.	
23 Insurance	278,051.	202,116.	63,705.	12,230.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	1,645,253.	1,645,253.		
b MOTOR VEHICLE EXPENSE	309,238.	309,238.		
c DUES & SUBSCRIPTIONS	253,102.	187,242.	52,785.	13,075.
d TAXES, LICENSES & FEES	189,752.	140,376.	39,573.	9,803.
e All other expenses	166,178.	157,662.	6,825.	1,691.
25 Total functional expenses. Add lines 1 through 24e	54,430,966.	41,940,649.	11,776,566.	713,751.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,456,771.	1	10,115,642.
	2 Savings and temporary cash investments	5,409,139.	2	9,479,259.
	3 Pledges and grants receivable, net	4,687,552.	3	588,589.
	4 Accounts receivable, net	11,827,345.	4	9,733,696.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	254,511.	8	315,623.
	9 Prepaid expenses and deferred charges	996,095.	9	1,183,218.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 657,564.		
	b Less: accumulated depreciation	10b 402,770.	373,920.	10c 254,794.
	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	825,950.	15	397,195.
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,831,283.	16	32,068,016.	
Liabilities	17 Accounts payable and accrued expenses	4,562,090.	17	3,572,401.
	18 Grants payable		18	
	19 Deferred revenue	22,056,105.	19	18,052,434.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	354,390.	25	182,005.
	26 Total liabilities. Add lines 17 through 25	26,972,585.	26	21,806,840.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,981,146.	27	6,696,482.
	28 Net assets with donor restrictions	4,877,552.	28	3,564,694.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,858,698.	32	10,261,176.
	33 Total liabilities and net assets/fund balances	38,831,283.	33	32,068,016.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,278,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,430,966.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,152,341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,858,698.
5	Net unrealized gains (losses) on investments	5	-445,181.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,261,176.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Input box for number of supported organizations

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43805398.	36348863.	47518994.	53884762.	51445509.	233003526
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	43805398.	36348863.	47518994.	53884762.	51445509.	233003526
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)						40157479.
6 Public support. Subtract line 5 from line 4.						192846047

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	43805398.	36348863.	47518994.	53884762.	51445509.	233003526
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,094.	6,398.	1,175.	17,368.	327,895.	366,930.
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 VI.)			41,442.	867,680.	959,099.	1868221.
11 Total support. Add lines 7 through 10						235238677
12 Gross receipts from related activities, etc. (see instructions)					12	796,221.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	81.98 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	77.98 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar 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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2021 AMOUNT: \$ 41,442.

2022 AMOUNT: \$ 867,680.

2023 AMOUNT: \$ 959,099.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		647,460.	400,749.	246,711.
e Other		10,104.	2,021.	8,083.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				254,794.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	182,005.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	52,833,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-445,181.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-445,181.
3	Subtract line 2e from line 1	3	53,278,625.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	53,278,625.

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

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

1	Total expenses and losses per audited financial statements	1	54,430,966.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	54,430,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	54,430,966.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023 AND 2022, IN ACCORDANCE WITH FASB ASC TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

INNOVATIONS FOR POVERTY ACTION

06-1660068

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	10	18	PROGRAM SERVICES	IMPACT EVALUATION	939,506.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	6	58	PROGRAM SERVICES	IMPACT EVALUATION	3,025,285.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	4	10	PROGRAM SERVICES	IMPACT EVALUATION	254,491.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	26	PROGRAM SERVICES	IMPACT EVALUATION	2,019,239.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	5	95	PROGRAM SERVICES	IMPACT EVALUATION	6,111,732.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	2	27	PROGRAM SERVICES	IMPACT EVALUATION	1,352,142.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	24	380	PROGRAM SERVICES	IMPACT EVALUATION	24,338,074.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	1	PROGRAM SERVICES	IMPACT EVALUATION	0.
3 a Subtotal	53	615			38,040,469.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	53	615			38,040,469.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	THE EFFECTS OF MULTI-SECTORAL INTERVENTIONS ON IPV AMONG ADOLESCENT	37,200.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ECD TECH INTERVENTION	109,584.	WIRE TRANSFER	0.		
		SOUTH ASIA	EVALUATION OF THE EARLY CHILDHOOD DEVELOPMENT PROGRAMME	70,832.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIO-EMOTIONAL SKILLS	96,384.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIO-EMOTIONAL SKILLS	19,950.	WIRE TRANSFER	0.		
		MIDDLE EAST	THE STRIKE OF THE RIGHTEOUS - THE IMPACT OF HATE LITERATURE ON	14,885.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	UGANDA (CTDR-U)	19,640.	WIRE TRANSFER	0.		
		EUROPE	J-PAL EUROPE RESEARCH FUNDS FOR IKF DISPLACED LIVELIHOODS INITIATIVE	580,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 34

3 Enter total number of other organizations or entities 34

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	THINKMD - INCREASING HEALTH WORKER SKILLS WITH TECHNOLOGY	14,488.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SEME - LEARNING CRISIS	236,029.	WIRE TRANSFER	0.		
		SOUTH AMERICA	DO BODY-WORN CAMERAS AFFECT POLICE BEHAVIOR?	24,966.	WIRE TRANSFER	0.		
		EUROPE	MAI	11,286.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVING LABOR MARKET OUTCOMES FOR REFUGEES	15,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	QR PAYMENTS BY MICRO AND SMALL MERCHANTS IN PAKISTAN	29,960.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WOMEN PARTICIPATION MARKET-ORIENTED CROP PRODUCTION AND IPV	55,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	THE IMPACTS OF FAST RETAIL PAYMENTS ON FINANCIAL INSTITUTIONS AND	30,411.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NIGERIA NATIONAL SOCIAL SAFETY NETS PROGRAM LIVELIHOOD PILOT ON IPV	49,931.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	WHAT HAPPENS WHEN CASH TRANSFERS SUDDENLY END? IPV	23,144.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCOME VOLATILITY & PSYCHOLOGICAL WELLBEING	7,423.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PILOT STUDY ON RAI0 PATROLS IN BRAZIL	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GROWTH CHARTS SCALE-UP (ZAMCHARTS)	11,221.	WIRE TRANSFER	0.		
		NORTH AMERICA	REFUGEE BUSINESS DEVELOPMENT AND REGIONAL MARKETS IN A HUMANITARIAN SETTING	20,000.	WIRE TRANSFER	0.		
		AUSTRALIA	FIP - EVALUATING NEW DEPLOYMENTS OF LIP-ALIGNED PAYMENTS SYSTEMS	48,624.	WIRE TRANSFER	0.		
		EUROPE	MRP TO IMPROVE SAMPLING AND GENERALIZABILITY IN FIELD EXPERIMENTS	18,914.	WIRE TRANSFER	0.		
		EUROPE	UCL (GREECE)	126,471.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CAN DEMOCRATIC AGENCY REDUCE THE APPEAL OF VIOLENT EXTREMISM AMONG YOUTH?	12,920.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEME - LEARNING CRISIS	100,000.	WIRE TRANSFER	0.		
		EUROPE	SL2 SIERRA LEONE	63,642.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BECOMING ONE	91,168.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PRIOR TO ISSUING A SUBAWARD, IPA CONDUCTS A DUE DILIGENCE PROCESS TO EVALIATE SUBAWARDEES, INCLUDING GENERAL INFORMATION ON THE ORGANIZATION, ITS HISTORY, FINANCIAL SYSTEMS AND INTERNAL CONTROLS AND COPIES OF FEDERAL SINGLE AUDITS (IF APPLICABLE) OR TWO YEARS OF AUDITED FINANCIAL STATEMENTS. IPA ALSO REVIEWS THE ORGANIZATIONS AND ITS OFFICERS AGAINST THE RELEVANT ANTI-TERRORISM AND DEBARRED AGENCIES LISTS. ONCE AN ORGANIZATION HAS BEEN VETTED AND APPROVED TO RECEIVE THE SUBAWARD, IPA SIGNS A SUBAWARD AGREEMENT WITH THE ORGANIZATION THAT SPECIFIES THE SCOPE OF WORK, BUDGET, PAYMENT TERMS AND DELIVERABLES. IPA'S PROGRAM STAFF MONITOR PERFORMANCE BY SUBAWARDEES AND RECEIVE APPROVE DELIVERABLES PRIOR TO APPROVING RELEASE OF PAYMENT. FINANCIAL REPORTS ARE REVIEWED AGAINST APPROVED BUDGETS AND SUPPORTING DOCUMENTATION IS REQUESTED FIR ANY QUESTIONED EXPENSES. FINAL PAYMENT IS NOT RELEASED UNTIL ALL DELIVERABLES HAVE BEEN MET, INCLUDING FINANCIAL REPORTING.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THE EFFECTS OF MULTI-SECTORAL INTERVENTIONS ON IPV AMONG ADOLESCENT MOTHERS

REGION: MIDDLE EAST

(D) PURPOSE OF GRANT: THE STRIKE OF THE RIGHTEOUS - THE IMPACT OF HATE LITERATURE ON RADICALIZATION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: THE IMPACTS OF FAST RETAIL PAYMENTS ON FINANCIAL

Part V Supplemental Information

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

INSTITUTIONS AND INNOVATION

REGION: SUB-SAHARAN AFRICA

**(D) PURPOSE OF GRANT: COORDINATING RESEARCH ON SOFT SKILLS MEASUREMENT
IN LOW- AND MIDDLE-INCOME COUNT**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BROWN UNIVERSITY 69 BROWN STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	72,354.	0.			WELFARE SCORING FOR DIGITAL CREDIT
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	15,248.	0.			SEME - LEARNING CRISIS
COMMUNITY PARTNERS INTERNATIONAL 580 CALIFORNIA STREET, 16TH FLOOR SAN FRANCISCO, CA 94104	94-3375666	501(C)(3)	49,213.	0.			MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) IN MYANMAR
DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27701	56-0532129	501(C)(3)	23,151.	0.			EQUITABLE ENERGY ACCESS IN MYANMAR
ELEISON FOUNDATION 251 SAWMILL RD MILAN, NY 12571	90-0431305	501(C)(3)	35,381.	0.			ELEISON FOUNDATION (PHILIPPINES)
END MODERN SLAVERY INITIATIVE FOUND - 2021 L ST NW STE 101-361 - WASHINGTON DC, DC 20036	47-3594688	501(C)(3)	131,507.	0.			GFEMS (INDIA)

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20.
- 3 Enter total number of other organizations listed in the line 1 table _____.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST NEW YORK, NY 10168	13-5660870	501(C)(3)	43,727.	0.			BECOMING ONE
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1 SHIELDS AVENUE - DAVIS, CA 95646	94-6036494	501(C)(3)	110,000.	0.			ASKING ABOUT VIOLENCE (NIGERIA)
SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVE. NW SUITE 110 WASHINGTON DC, DC 20036	52-1257425	501(C)(3)	5,245.	0.			NIGERIA HERDER FARMER DIALOGUES
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA - 500 UNIVERSITY BLVD E - TUSCALOOSA, AL 35401	63-6001138	501(C)(3)	6,927.	0.			HTRI-HART UGANDA
THE COLLEGE OF WILLIAM AND MARY PO BOX 8795 WILLIAMSBURGH, VA 23187-8795	54-6001718	501(C)(3)	47,661.	0.			TIPS MERCHANT USE CASE PRELIMINARY SCOPING EXERCISE + PHASE II - TANZANIA
THE FREEDOM FUND 315 FLATBUSH AVENUE #406 BROOKLYN, NY 11217	30-0805768	501(C)(3)	170,255.	0.			THE FREEDOM FUND (BRAZIL)
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 1210 MESA ROAD - SANTA BARBARA, CA 93106	94-3067788	501(C)(3)	25,083.	0.			BACK-AND-FORTH MOVEMENTS OF SYRIANS IN LEBANON
THE REGENTS OF UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE RM 130 MC 1103 - BERKLEY, CA 94720-1103	94-6002123	501(C)(3)	180,815.	0.			COMPETITION AND ENTRY IN DIGITAL FINANCIAL MARKETS
THE REGENTS OF UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE RM 130 MC 1103 - BERKLEY, CA 94720-1103	94-6002123	501(C)(3)	48,872.	0.			ACADEMIC LEAD - UNIVERSITY OF CALIFORNIA BERKELEY (MO)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE RM 130 MC 1103 - BERKLEY, CA 94720-1103	94-6002123	501(C)(3)	79,726.	0.			SYRIAN REFUGEE LIFE STUDY
THE REGENTS OF UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE RM 130 MC 1103 - BERKLEY, CA 94720-1103	94-6002123	501(C)(3)	54,648.	0.			TEACHER TRANSFERS
THE REGENTS OF UNIVERSITY OF CALIFORNIA, BERKELEY - 2195 HEARST AVE RM 130 MC 1103 - BERKLEY, CA 94720-1103	94-6002123	501(C)(3)	94,109.	0.			EDUCATE! FOLLOW-UP STUDY
THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	55,750.	0.			WHAT DRIVES INDIVIDUALS TO JOIN ARMED ORGANIZATIONS?
TRUSTEES OF BOSTON UNIVERSITY 1 SILBER WAY BOSTON, MA 02215	04-2103547	501(C)(3)	26,599.	0.			GROWTH CHARTS SCALE-UP (ZAMCHARTS)
UNIV OF PENN, TRUSTE P.O. BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	11,176.	0.			ACADEMIC LEAD - UNIVERSITY OF PENNSYLVANIA (GROSSMAN)
UNIV OF PENN, TRUSTE P.O. BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	25,000.	0.			SEME - LEARNING CRISIS
UNIVERSITY OF SOUTHERN CALIFORNIA 3551 TROUSDALE PARKWAY LOS ANGELES, CA 90007	95-1642394	501(C)(3)	50,000.	0.			PLANNING TO REDUCE VIOLENCE (IPV)
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT ST - BURLINGTON, VT 05405	03-0179440	501(C)(3)	20,149.	0.			RFSA IN MOZAMBIQUE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT ST - BURLINGTON, VT 05405	03-0179440	501(C)(3)	20,149.	0.			ZIMBABWE TAKUNDA / AMALIMA LOKO
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT ST - BURLINGTON, VT 05405	03-0179440	501(C)(3)	10,872.	0.			CARE TITUKULANE
WILLOW INTERNATIONAL DBA EVERFREE 308 W CHAPMAN AVENUE #40 ORANGE, CA 92856	35-2534806	501(C)(3)	18,417.	0.			FREEDOM GREENLIGHT WITH WILLOW INTERNATIONAL
YALE UNIVERSITY 34 HILLHOUSE AVENUE, ROOM 135 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	50,437.	0.			INTERGROUP CONTACT AND REFUGEE-NATIVE INTEGRATION IN LEBANON
YALE UNIVERSITY 34 HILLHOUSE AVENUE, ROOM 135 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	131,454.	0.			CREATING A PANEL DATABASE ON ROHINGYA REFUGEES - COX'S BAZAR PANEL SURVEY (CBPS)

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

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

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

PART I, LINE 2:

PRIOR TO ISSUING A SUBAWARD, IPA CONDUCTS A DUE DILIGENCE PROCESS TO EVALIATE SUBAWARDEES, INCLUDING GENERAL INFORMATION THE ORGANIZATION, ITS HISTORY, FINANCIAL SYSTEMS AND INTERNAL CONTROLS AND COPIES OF FEDERAL SINGLE AUDITS (IF APPLICABLE) OR TWO YEARS OF AUDITED FINANCIAL STATEMENTS. IPA ALSO REVIEWS THE ORGANIZATIONS AND ITS OFFICERS AGAINST THE RELEVANT ANTI-TERRORISM AND DEBARRED AGENCIES LISTS. ONCE AN ORGANIZATION HAS BEEN VETTED AND APPROVED TO RECEIVE THE SUBAWARD, IPA SIGNS A SUBAWARD AGREEMENT WITH THE ORGANIZATION THAT SPECIFIES THE SCOPE OF WORK, BUDGET, PAYMENT

Part IV Supplemental Information

TERMS AND DELIVERABLES. IPA'S PROGRAM STAFF MONITOR PERFORMANCE BY SUBAWARDEES AND RECEIVE APPROVE DELIVERABLES PRIOR TO APPROVING RELEASE OF PAYMENT. FINANCIAL REPORTS ARE REVIEWED AGAINST APPROVED BUDGETS AND SUPPORTING DOCUMENTATION IS REQUESTED FIR ANY QUESTIONED EXPENSES. FINAL PAYMENT IS NOT RELEASED UNTIL ALL DELIVERABLES HAVE BEEN MET, INCLUDING FINANCIAL REPORTING.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNIE DUFLO EXECUTIVE DIRECTOR	(i)	265,549.	0.	450.	8,359.	41,955.	316,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH DE TOURNEMIRE CHIEF PARTNER. & PHILANTHROPY OFFICE	(i)	244,288.	0.	690.	5,215.	49,960.	300,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC FULLILOVE CFO	(i)	270,959.	0.	3,809.	8,216.	15,752.	298,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN GLAZERMAN CHIEF RSRCH & METHODOLOGY	(i)	228,452.	0.	1,290.	7,136.	48,451.	285,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STACEY DAVES-OHLIN GENERAL COUNSEL	(i)	222,506.	0.	1,980.	7,050.	51,524.	283,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PACE PHILLIPS DIR. BUSINESS & PROG DEVEL	(i)	152,260.	0.	450.	4,880.	49,449.	207,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FARAN NADIR SENIOR DIRECTOR	(i)	149,544.	0.	261.	1,576.	47,079.	198,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID ANDREW BERRY SENIOR DIRECTOR (OUTGOING)	(i)	119,812.	51,270.	1,290.	1,304.	8,057.	181,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MESERET ANSEBO CHIEF PEOPLE OFFICER (OUTGOING)	(i)	122,189.	22,438.	403.	4,463.	21,305.	170,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

IPA DOES NOT HAVE AN OFFICIAL BONUS POLICY. BONUSES ARE PROCESSED AS
EXCEPTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

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

IS ON SUPPORTING THE GOVERNMENT OF RWANDA'S NEW COMPREHENSIVE
ASSESSMENT IN PUBLIC SCHOOLS, WHICH IS NECESSARY FOR AN EFFECTIVE
SCALE-UP OF THE CONTRACT INITIATIVE. ITS BROADER VISION IS TO SERVE AS
A CENTRAL HUB PROVIDING SERVICES RELATED TO DIVERSE EDUCATIONAL THEMES,
ENGAGING WITH ACADEMICS, STRENGTHENING POLICY-ANALYTIC CAPABILITIES,
AND FOSTERING ITERATIVE FEEDBACK LOOPS FOR POLICY DESIGN, EVALUATION,
AND ADAPTATION. ULTIMATELY, THE EMBEDDED EVIDENCE LAB AIMS TO CREATE AN
ENVIRONMENT WHERE DATA-DRIVEN DECISION-MAKING AND EVIDENCE-BASED
PRACTICES LEAD TO IMPROVED LEARNING OUTCOMES FOR STUDENTS, MAKING A
LASTING IMPACT ON EDUCATION POLICY.

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

FIVE FINANCIAL INCLUSION BRIEFS AND DEVELOPED AND LAUNCHED NEW PROJECTS
IN BANGLADESH, THE PHILIPPINES, AND TANZANIA.

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

PEACE & RECOVERY: IPA'S WORK ON PEACE AND RECOVERY AIMS TO BUILD
RIGOROUS EVIDENCE ON EFFECTIVE WAYS TO INCREASE PEACE AND STABILITY IN
CONFLICT AND CRISIS-AFFECTED CONTEXTS. IN 2022, IPA SUPPORTED NEW
RESEARCH PROJECTS IN THIS SECTOR THROUGH A COMPETITIVE RESEARCH FUND,
INCLUDING WORK ON PEACEBUILDING IN NIGERIA, MILITARIZED POLICING IN
BRAZIL, AND INTEGRATION OF VENEZUELAN MIGRANTS IN COLOMBIA. IPA ALSO
LAUNCHED THE DISPLACED LIVELIHOODS INITIATIVE, A DEDICATED RESEARCH
FUND TO GENERATE EVIDENCE ON LIVELIHOODS PROGRAMS FOR DISPLACED
POPULATIONS.

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

Schedule O (Form 990) 2023

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

EXPENSES \$ 4,739,254. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SOCIAL PROTECTION: THE SOCIAL PROTECTION SECTOR PROGRAM AIMS TO SUPPORT COUNTRIES TO IDENTIFY AND IMPLEMENT THE MOST EFFECTIVE POVERTY REDUCTION PROGRAM THAT THEY CAN AFFORD, GIVEN THEIR FINANCIAL AND POLITICAL CONTEXTS. IPA HAS A GROWING BODY OF RESEARCH ON IDENTIFYING AND SCALING EFFECTIVE SOCIAL PROTECTION PROGRAMS, INCLUDING CASH TRANSFERS, GRADUATION PROGRAMS, AND JOB TRAINING. IN 2022, IPA CONTINUED TO EXPAND ITS WORK WITH THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) AND BUREAU FOR HUMANITARIAN ASSISTANCE (BHA) WITH NEW RESEARCH TARGETING RESILIENCE AND FOOD SECURITY FOR VULNERABLE HOUSEHOLDS IN MOZAMBIQUE AND CONTINUES TO ADVANCE SIMILAR STUDIES IN UGANDA, ZIMBABWE AND MALAWI. THE SECTOR ALSO BEGAN A NEW PARTNERSHIP WITH THE BOMA PROJECT IN KENYA, INVESTIGATING ADAPTATIONS TO GRADUATION PROGRAMS SITTING AT THE NEXUS OF CLIMATE CHANGE AND SOCIAL PROTECTION WITH SUPPORT FROM THE IKEA FOUNDATION.

EXPENSES \$ 5,546,491. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INNOVATIONS FOR POVERTY ACTION (IPA) IS A GLOBAL RESEARCH AND POLICY NONPROFIT THAT DISCOVERS AND ADVANCES WHAT WORKS TO IMPROVE THE LIVES OF PEOPLE LIVING IN POVERTY.

LIMITED EVIDENCE EXISTS ON WHAT WORKS TO HELP PEOPLE LIVING IN POVERTY, AND THE EVIDENCE THAT DOES EXIST OFTEN GOES UNUSED. THIS LEADS TO PROGRAMS THAT ARE EITHER INEFFECTIVE OR NOT AS EFFECTIVE AS THEY COULD BE, AND OFTEN TO WASTED MONEY AND ENDURING POVERTY. IPA EXISTS TO SOLVE THESE PROBLEMS. IPA TESTS PROMISING IDEAS ACROSS CONTEXTS AND ALONG THE PATH TO SCALE, PROACTIVELY ENGAGES KEY DECISION-MAKERS THROUGHOUT THE RESEARCH PROCESS, SHARES FINDINGS WITH THE RIGHT PEOPLE AT THE RIGHT

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

TIME, AND EQUIPS PARTNERS WITH THE SKILLS AND TOOLS THEY NEED TO USE
DATA AND EVIDENCE.

SINCE IPA'S FOUNDING IN 2002, THE ORGANIZATION HAS WORKED WITH OVER 600
LEADING ACADEMICS TO CONDUCT OVER 900 EVALUATIONS IN 52 COUNTRIES. THIS
RESEARCH HAS INFORMED HUNDREDS OF SUCCESSFUL PROGRAMS THAT NOW IMPACT
HUNDREDS OF MILLIONS OF LIVES WORLDWIDE.

EXPENSES \$ 7,122,349. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

BURKINA FASO, COTE D IVOIRE, GHANA, KENYA,

LIBERIA, MALAWI, MALI, RWANDA,

SIERRA LEONE, TANZANIA, UGANDA, ZAMBIA,

BANGLADESH, OTHER COUNTRY, COLOMBIA, PERU,

MEXICO

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT IN CONJUNCTION WITH
THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 IS
CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND
COMMENT. EACH BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE
INFORMATION CONTAINED IN THE 990 PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. ALL NEW BOARD
OF DIRECTORS AND OFFICERS ARE ASKED TO RENEW AND ACKNOWLEDGE THEIR
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THE
ORGANIZATION DISTRIBUTES AN ANNUAL QUESTIONNAIRE TO ALL BOARD OF DIRECTORS
AND OFFICERS. THE GENERAL COUNSEL PRESENTS CONFLICTS OF INTEREST TO THE

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number

06-1660068

GOVERNANCE COMMITTEE, WHICH IS TASKED WITH REVIEWING POTENTIAL CONFLICTS OF INTEREST AND IF NECESSARY TAKING TO THE BOARD OF DIRECTORS FOR FURTHER REVIEW AND CONSIDERATION FOR DETERMINING COMPLIANCE.

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

IPA HAS A TOTAL REWARD PHILOSOPHY, WHICH IS USED TO ENSURE WE APPROPRIATELY ATTRACT, DEVELOP, AND RETAIN STAFF. IPS HAS SELECTED APPROPRIATE COMPARATOR ORGANIZATIONS AGAINST WHICH IT BENCHMARKS SALARIES. SALARY RANGES ARE REVIEWED ANNUALLY FOR EACH SALARY GRADE. IPA UTILIZED ACCREDITED EXTERNAL SPECIALISTS IN COMPENSATION AND BENEFITS TO ASSESS MARKET MOVEMENTS AND DETERMINE SALARY RANGES WITHIN OUR ABILITY TO PAY.

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

NC,NJ,NY,CA,AL,FL,IL,MA,MD,OR,PA,VA,WI,AR,GA,HI,KS,KY,MI,MN,MS,NH,NM,NC,RI
SC,TN,UT,WV

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS 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 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.

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.