IRS e-file Signature Authorization

Department of the Treasur
Internal Revenue Service

for an Exempt Organization

For calendar year 2020, or fiscal year beginning , 2020, and ending

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number

Name of exempt organization or person subject to tax

INNOVATIONS FOR POVERTY ACTION

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Name and title of officer or person subject to tax ANNIE DUFLO

EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b	Tot	al revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	<u>35,392,801.</u>
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b _	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b _	
<u>7a</u>	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	

Declaration and Signature Authorization of Officer or Person Subject to Tax Part II

Under penalties of perjury, I declare that	X I am an officer of the above organization or	l ar	m a person subject to tax with respect to
(name of organization)		, (EIN)	and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

X I authorize CLIFTONLARSONALLEN		to enter my PIN	60068
	ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	Date 🕨			
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN.	06714109205			
	Do not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electro that I am submitting this return in accordance with the requirements of Pub. 4163 , Mode IRS <i>e-file</i> Providers for Business Returns.	•			
ERO's signature LORI M. BUDNICK	Date 11/10/21			
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So				

LHA For Paperwork Reduction Act Notice, see instructions.

023051 11-03-20

Form 8879-EO (2020)

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
X	Addre				
	Name Chang	pe Doing business as		06-166000	58
	Initial returr		Room/suite	E Telephone number	
	Final Final		800	(203) 672	2-9507
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	35,392,801.
	Amer returr	WASHINGTON, DC 20005		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. ANNIE DOI DO		for subordinates	? Yes X No
	pend	^{ng} 655 15TH STREET NW, SUITE 800, WASHINGT	ON, D	H(b) Are all subordinates in	cluded? Yes No
		eempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
		ite: VWW.POVERTY-ACTION.ORG		H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2002 N	I State of legal domicile: NJ
Pa	nrt I	Summary			
ð	1	Briefly describe the organization's mission or most significant activities: INNO			
nc.		DISCOVERS AND PROMOTES EFFECTIVE SOLUTION	IS TO G	LOBAL POVER	ΓΥ.
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	1 1	
No.	3				14
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			131
iviti	6	Total number of volunteers (estimate if necessary)			57
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		43,805,398.	36,348,863.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,094.	6,398.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-962,460.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>43,819,492</u> . 2,312,271.	35,392,801.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,312,2/1.	1,862,403.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		22,782,187.	23,177,983.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,702,107.	23,177,983.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	55	0.	0.
Ц.		· · · · · · · · · · · · · · · · · · ·		17,282,596.	10,507,789.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,377,054.	35,548,175.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,442,438.	-155,374.
or	19	Revenue less expenses. Subtract line 18 from line 12			
ts o ince		Total accests (Dart X line 16)		ginning of Current Year 22,299,235.	End of Year 25,619,295.
Assets Balanc	20 21	Total assets (Part X, line 16)		19,616,417.	23,091,851.
Net A	21 22	Total liabilities (Part X, line 26)		2,682,818.	2,527,444.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,002,010•	4,547,744.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date		
Here	ANNIE DUFLO, EXECUTIVE DIRECTOR			
	Type or print name and title			
	Print/Type preparer's name Preparer's signature	Date Check DTIN		
Paid	LORI M. BUDNICK LORI M. BUDNICK	11/10/21 self-employed P00046310		
Preparer	Firm's name CLIFTONLARSONALLEN	Firm's EIN ▶ 41-0746749		
Use Only	Firm's address 29 SOUTH MAIN STREET, 4TH FLOOR			
	WEST HARTFORD, CT 06107	Phone no. (860) 561-4000		
May the IRS discuss this return with the preparer shown above? See instructions				
032001 12-23	3-20 LHA For Paperwork Reduction Act Notice, see the separate instruction	Form 990 (2020)		

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: INNOVATIONS FOR POVERTY ACTION DISCOVERS AND PROMOTES EFFECTIVE
	SOLUTIONS TO GLOBAL POVERTY.
	SOLUTIONS TO GLOBAL POVERTI.
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." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
ł	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
la	(Code:) (Expenses \$4,331,434. including grants of \$614,530.) (Revenue \$
	PEACE & RECOVERY: IPA'S WORK IN THE SECTOR OF PEACE & RECOVERY AIMS TO
	BUILD RIGOROUS EVIDENCE ON EFFECTIVE WAYS TO BUILD PEACE AND STABILITY
	IN CONFLICT AND CRISIS-AFFECTED CONTEXTS. IN 2020, IPA'S MAJOR WORK AND
	ACCOMPLISHMENTS IN THE PEACE & RECOVERY SECTOR INCLUDED FUNDING
	RESEARCH PROJECTS THROUGH A COMPETITIVE FUND, INCLUDING SOLUTIONS TO REFUGEE CRISES IN BANGLADESH AND JORDAN, AS WELL AS RESEARCH ON HOW TO
	REFUGEE CRISES IN BANGLADESH AND JORDAN, AS WELL AS RESEARCH ON HOW IO REDUCE CRIME IN COLOMBIA.
	OTHER MAJOR WORK IN THIS SECTOR FOCUSED ON DEVELOPING AND TESTING WAYS
	TO IMPROVE SECURITY IN MEXICO CITY AND ON PROVIDE TIMELY DATA AND
	EVIDENCE ON THE FORCED DISPLACEMENT AND MIGRATION OF ROHINGYA REFUGEES
	INTO BANGLADESH. ON THE MEXICO PROJECT, IPA AND AFFILIATED RESEARCHERS
łb	(Code:) (Expenses \$ 2,653,555. including grants of \$ 0.) (Revenue \$
	EDUCATION: THE EDUCATION SECTOR PROGRAM AT IPA WORKS TO RIGOROUSLY EVALUATE PROGRAMS THAT AIM TO IMPROVE EDUCATION OUTCOMES, INCREASE
	ACCESS TO AND QUALITY OF EARLY CHILDHOOD EDUCATION, AND IMPROVE SCHOOL
	ATTENDANCE, AMONG OTHER GOALS. IN 2020, IPA'S LARGEST EDUCATION PROJECT
	WAS PLAYMATTERS, A FIVE-YEAR PROJECT FOCUSED ON BRINGING EVIDENCE-BASED
	LEARNING THROUGH PLAY TO REFUGEE AND HOST COMMUNITY CHILDREN IN
	ETHIOPIA, TANZANIA, AND UGANDA. IPA SHARED EXISTING EVIDENCE ON
	EDUCATION AND EARLY CHILDHOOD DEVELOPMENT IN HUMANITARIAN CONTEXTS WITH
	OUR PARTNERS TO INFORM THE INTERVENTION DEVELOPMENT PROCESS AND ALSO
	WORKED WITH OUR CONSORTIUM PARTNERS, MINISTRIES, AND COMMUNITY MEMBERS TO CONNECT, EXPAND, AND IMPROVE THE INFRASTRUCTURE OF ONGOING SERVICES,
	AND BUILD EVIDENCE OF THE IMPACT OF LEARNING THROUGH PLAY
łc	
	FINANCIAL INCLUSION: TO SUPPORT FINANCIAL INCLUSION EFFORTS AROUND THE
	WORLD, IPA PARTNERS WITH SERVICE PROVIDERS, GOVERNMENTS, AND
	RESEARCHERS TO DESIGN AND RIGOROUSLY TEST FINANCIAL SERVICES AND
	PROGRAMS ENCOURAGING HEALTHY FINANCIAL BEHAVIOR AMONG THE POOR. THIS
	SECTOR PROGRAM AIMS TO HELP LOW-INCOME HOUSEHOLDS HAVE AFFORDABLE,
	SAFE, AND SUITABLE FINANCIAL TOOLS TO MANAGE AND GROW THEIR MONEY. THE FINANCIAL INCLUSION PROGRAM'S LARGEST INITIATIVE IS THE CONSUMER
	PROTECTION RESEARCH INITIATIVE, A \$5.4 MILLION RESEARCH FACILITY FUNDED
	BY THE BILL & MELINDA GATES FOUNDATION TO SUPPORT POLICYMAKERS,
	FINANCIAL SERVICE PROVIDERS, AND CIVIL SOCIETY TO DEVELOP AND TEST
	CONSUMER PROTECTION SOLUTIONS IN EMERGING MARKETS. IPA DEVELOPED
	PARTNERSHIPS WITH PRACTITIONERS IN BANGLADESH, KENYA, MEXICO, NIGERIA,
łd	Other program services (Describe on Schedule O.)
	(Expenses \$ 16,456,678. including grants of \$ 1,247,873.) (Revenue \$)
le	Total program service expenses ► 26,748,714.
	Form 990 (202 2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)

<u>Form 990 (</u>		INNOVATIONS		POVERTY	ACTION
Part IV	Checklist of	Required Schedules	;		

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes." complete Schedule I. Parts I and II 21 X				Yes	No
2 Is the organization engage in direct or indirect by difuel campaign activities on behalf of or in opposition to candidates for public office? If 11*es, "complete Schedule C, Part I 3 X 4 Section 501(b)(3) organizations. Did the organization engage in kobying activities, or have a section 501(b) election in effect of indirect philos of the organization activities on behalf of or in opposition to candidates for similar amounts as defined in Revenue Procedure B19? If 'ves, "complete Schedule C, Part II 4 X 5 It the organization assettion 501(b) election in intertent of amounts in such funds or accounts? If 'ves, 'complete Schedule C, Part II 5 X 6 C X 5 X 7 Not the organization matrian any done advised tunds or any similar funds or accounts? If 'ves, 'complete Schedule D, Part II 6 X 7 X To the organization matrian collections of variss of art, histocial transures, or other similar assets? If 'ves, 'complete Schedule D, Part II 8 X 9 Did the organization matrian collections of variss of art, histocial transures, or other similar assets? If 'ves, 'complete Schedule D, Part V 10 X 10 Did the organization matrian the oflowing questions is 'ves, 'the complete Schedule D, Part V 10 X 11 If the organization report an amount for loladving questions is 'ves, 'the c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 S X 6 Did the organization ensitient of 10(c)(d) 501(c)(d). 501(c)(d)					
public office? If ''Yes, 'complete Schedule Q, Part I 3 X 4 Section 501(c)(3) organization. Did the organization engage in liablying activities, on have a section 501(h) election in effect during that say year // 'Yes,' complete Schedule Q. Part I 4 X 5 ts the organization a section 501(c)(4), 501(c)(5) or 501(c)(4) complete Schedule Q. Part II 5 X 6 Did the organization or investment of amounts in such that read-was consider 5 wheel Schedule D, Part II 6 X 7 Did the organization reads or thick of structures? If 'Yes, 'complete Schedule D, Part II 7 X 8 Did the organization reads or thick of structures? If 'Yes, 'complete Schedule D, Part II 8 X 9 Did the organization reported credit consensity, device and schedule D, Part II 8 X 9 Did the organization reported credit consensity, device and scout thabity, serve as a custodian for amounts not its indicated organization, neoty or produce credit consensity, device and scout thabity, serve as a custodian for amounts not its indicated organization, neoty or produce credit consensity, device and scout thabity, serve as a custodian for amounts not investments - the securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part V 11 11 X 9 Did the organization report an amount for investmentes - other securities in Part X, line 10? If 'Yes, 'c	-		2	X	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 80:187 // Yeg, "complete Schedule C, Part II Did the organization nearting and door 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 for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice and must in Reart X, the 21, for eacrow or custodial account fability. Serve as a custodian for the second or part X, propriets Checkule D, Part II Did the organization and anount in Part X, the 21, for eacrow or custodial account fability. Serve as a custodian to serve for any of the following questions is "Yes," then complete Schedule D, Part V, in quadiendowments // Yrys," complete Schedule D, Part V Did the organization export an amount for investments - other securities in Part X, line 127, Hr 'Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 127, Hr 'Yes," complete Schedule D, Part V Did the organization report an amount for other assets in Part X, line 127, Hr 'Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 127, Hr 'Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 127, Hr 'Yes," complete Schedule D, Part X Did the organization report an amount for other assets i	3				37
during the tax year? If Yes,* complete Schedule C, Part II 4 X is the organization a sectors D(CH4), 501(CB) or 501(3		X
5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revnue Proceedure B9197 (if Yes, "complete Schedule C, Part II) 5 X D Did the organization markania any domor advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II 6 X D Did the organization neares in the ordan coassimut, including assematis to the previous pace, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II 7 X D Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian services? If Yes, "complete Schedule D, Part II 7 X D Did the organization, instruct, Y, or provide credit counsaling, deth management, credit repair, or obtic neglicitation services? If Yes, "complete Schedule D, Part IV 8 X D Did the organization, instruct, Yes, "complete Schedule D, Part V 10 X 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VI 10 X D Did the organization report an amount for rinvestments - other securities in Part X, line 13; that is 5% or more of Its total assets reported in Part X, line 19? If Yes, "complete Schedule D, Part VI 11a X D Did the organization report an amount for other assets in Part X, line 13; that	4				v
similar amounts as defined in Revenue Procedure 99-197 # Yes," complete Schedule C, Part II 5 X Obt the organization maintain any domer advised funds or any similar funds or accounts? If Yres," complete Schedule D, Part II 6 X To bit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If Yres," complete Schedule D, Part II 6 X 8 X 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yres," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes," complete Schedule D, Part V 9 X 10 Did the organization answer to any of the following questions is 'Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 197. If 'Yes," complete Schedule D, Part V 11 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 197. If 'Yes," complete Schedule D, Part V 11 X 11 If the organization report an amount for land, Schatt a 5% or more of its total assets reported in Par	_		4		
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? // "Yes," complete Schedule D, Part II 6 X 7 Z Z Complete Schedule D, Part II 7 X 8 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? // *Yes," complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // *Yes," complete Schedule D, Part II 7 X 9 Did the organization register of the distribution of investments or no quasi andownents? // *Yes," complete Schedule D, Part V 8 X 9 Did the organization register any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, N, or X as applicable. 9 X 9 Did the organization report an amount for investments - other securities in Part X, line 10? // *Yes, "complete Schedule D, Part V 10 X 9 U the organization report an amount for investments - orbor securities in Part X, line 10? // *Yes, "complete Schedule D, Part X 11 X 10 U the organization report an amount for investments - program related in Part X, line 10? // *Yes, "complete Schedule D, Part X 111 X	5		_		v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 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 "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custolian for amounts no listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi andowments? If "res," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - organizet Schedule D, Part XIII 11b X 12 Did the organization report an amount for investments - organizet and the part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X <td>~</td> <td></td> <td>5</td> <td></td> <td></td>	~		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 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? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization schedule and consolicated, independent a	0				v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical reserves, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrow 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? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? If "Yes," complete Schedule D, Part V 10 X 11 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 167 if "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII 11b X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X VIII 11b X 14 X Did the organization separate or consolidated financial statements for the taxy ear? If "Yes," complete Schedule D, Part X </td <td>7</td> <td></td> <td>0</td> <td></td> <td></td>	7		0		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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? 9 X 10 Did the organization in Querce ID, Part V 10 X 11 If the organization is mower to any of the following questions is "Yes," then complete Schedule D, Part X, UII, VIII, VII, VX, or X as applicable. 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - rogram related in Part X, line 13; that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11a X 11 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 167 If "Yes," complete Schedule D, Part X 11e X 11 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization schedule of consolidated, independent audited financial statements for the tax year? 11f X 12a </td <td>'</td> <td></td> <td>-</td> <td></td> <td>v</td>	'		-		v
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Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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 116? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X	12a				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," 19 X 20a Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? // "Yes," complete Schedule I, Parts I and II 21 X	18				
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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? If "Yes," complete Schedule I, Parts I and II 21 X	20a				X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	b		20b		
	21				
5)32003 12-23-20 Form 990 (2020)		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			L

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			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dar	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Par				∵
	Check if Schedule O contains a response or note to any line in this Part V		V	X
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a44Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2020) INNOVATIONS FOR POVERTY ACTION 06-1660 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 06-1660	068	Р	age 5
T ai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-			Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 131			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)	20	- 11	
30	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country > SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of quantee intellectual property, did the organization me rorm boos as required in	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

INNOVATIONS FOR POVERTY ACTION

06-1660068 Page 6

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.

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisior	۱			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)				
						Yes	_
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the f	orm?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	in Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a				_
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ▶MC, NJ, NY, CA, A						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990-	T (Section &	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest po	olicy, and	financ	cial	
	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 boo	ks and	l records	►			
	<u>ANNIE DUFLO - (203)672-9507</u>	-					
	655 15TH STREET NW, SUITE 800, WASHINGTON, DC 2000	5			-	000	
22006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(202

Form	990	(2020)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

See 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.

		l	- in Lu			-por	our		(E)	(F)
(A)	(B)			۲os	C) ition			(D)	.,	
Name and title	Average hours per		not cl , unles	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	Istee			insate		(W-2/1099-MISC)	,	organization
	organizations	trust	al tru		oyee	ompe				and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) LUCY BERKOWITZ	40.00									
CFAO AND TREASURER				Х				284,613.	0.	23,733.
(2) STEVEN GLAZERMAN	40.00									
CHIEF RESEARCH & METHODOLO						X		201,685.	Ο.	39,315.
(3) ANNIE DUFLO	40.00									
CHIEF EXECUTIVE OFFICER		1		Х				188,381.	Ο.	33,362.
(4) STACEY DAVES-OHLIN	40.00									
GENERAL COUNSEL/SECRETARY		1		х				180,357.	Ο.	39,186.
(5) RADHA RAJKOTIA	40.00									
CHIEF RESEARCH & POLICY OF		1				X		190,784.	Ο.	1,557.
(6) ELLIOTT M. COLLINS	40.00									
DIRECTOR/ POVERTY MEASUREMENT						Х		124,790.	0.	37,976.
(7) JOHN M. PALIEN	40.00									
GLOBAL HR DIRECTOR						X		148,920.	0.	1,545.
(8) TREY BECK	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(9) STEPHEN TOBEN	3.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(10) DEAN KARLAN	3.00									
FOUNDER AND PRESIDENT		Х		Х				0.	0.	0.
(11) WENDY ABT	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(12) BENJAMIN APPEN	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(13) SUSAN ATHEY	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(14) AROON BALANI	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(15) HEATHER WOODRUFF GRIZZLE	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(16) LAURA HATTENDORF	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(17) ALEXIA LATORTUE	3.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
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Form 990 (2020) INNOVATIO	NS FOR	PC	VE	RT.	Υ.	AC'	ΓI	ON	06-16	60	<u> 368</u>	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	phest	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)			(F)
Name and title	Average			Posit	tion			Reportable	Reportable			imated
	hours per			heck m ss pers				compensation	compensatior	ו ו		ount of
	week			d a dir				from	from related			other
	(list any	ctor						the	organizations	,	comp	ensation
	hours for	r dire				eq		organization	(W-2/1099-MIS	C)	frc	om the
	related	tee or	istee			ensati		(W-2/1099-MISC)			orga	inization
	organizations	trus	al tri		oyee	9d mo					and	related
	below	Individual trustee or director	nstitutional trustee	er	anplo	est c loyee	ıer				orgar	nizations
	line)	Indiv	ln sti	Officer	Key employee	Highest compensated employee	Former					
(18) RAKESH RAJANI	3.00											
DIRECTOR / TRUSTEE		Х						0.		0.		0.
(19) KENTARO TOYAMA	3.00											
DIRECTOR / TRUSTEE		х						0.		0.		0.
(20) ANKUR VORA	3.00											
DIRECTOR / TRUSTEE		х						0.		0.		0.
(21) DAVID WELLS	3.00									<u> </u>		
DIRECTOR / TRUSTEE	5.00	х						0.				٥
DIRECTOR / TRUSTEE		Λ						0.		0.		0.
										$ \rightarrow $		
1b Subtotal				I				1,319,530.		0.	176	5,674.
c Total from continuation sheets to Part VI								0.		0.		0.
								1,319,530.		0.	176	674.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 									200 of reportable	••		,0/14
		ose	liste	u abo	ovej	whic) ie	ceived more than \$100,				7
compensation from the organization												Yes No
										1		Tes NO
3 Did the organization list any former officer,	,					,	0		5			
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	che	dule	J f	or such individual			4	<u>x</u>
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ich p	erso	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt coi	ntra	ctor	s th	nat received more than \$	100.000 of comp	ensat	ion from	 n
the organization. Report compensation for t	•	•							•			
(A)	,			3				(B)			(C)	
Name and business	address							Description of s	ervices	С	ompen	
GREYLOCKE & COMPANY, 3 BE		ME	TR (0				•				
CENTER, STE 910, BETHESDA				0				RECRUITING			108	8,940.
CREATIVE FINANCIAL STAFFI		01	-				-	KHCKOI I ING			100	,) 10 .
		m	٥с	10/	1			DECOLITETNO			105	610
2 ENTERPRISE DR #302, SHE	LTON, C	T.	00	404	ŧ		_	RECRUITING			105	640.
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to t	hos	e list	ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz					2							
,, _,	F										Form 9	90 (2020)
												(-020)

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Check If Schedule O contains a response or note to any line in this Part VII Total revenue Tot					IONS	FOR POVER	TY ACTION		06-1660	068 Page 9
Image: construction of the second	Pa	rt V	/111							
Total revenue Patient or somethy function revenue Percenter business revenue Percenter total or somethy function revenue Percenter business revenue Percenter total or somethy function revenue Percenter business revenue Percenter total or somethy accions 5 9 1 a Federated campaigns 1a 1a 1a 0 Percenter 1a 1a 1a 0 Normment grants (contributions) of the contributions (contributions) of contributions (cons) (contributions) of contributions (contributions) of co				Check if Schedule O contains	a respons	e or note to any line				
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Business Code Business Code a	ifts, r Ai									
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Business Code Business Code a	Sir									
Business Code Business Code Image: Code state	outi					30,394,124.				
Business Code Business Code Image: Code state	dÖ		g			645,352.				
ground 2 a	ano		h	Total. Add lines 1a-1f			36,348,863.			
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g Total. Add lines 2a:2f Investment income (including dividends, interest, and other similar amounts) 6, 398. 4 Income from investment of tax exempt bond proceeds 6, 398. 5 Royalties 0) Real 6 a Gross rents 6a 9 Costs rents 6b 0 Net rental income or (loss) 6c 7 a Gross amount from sales of assets other than inventory 6c 7a 7 a Gross amount from sales of row that income or (loss) 10) Securities 0) Other a sales other than inventory 7a 7a 7a 7a Gross amount from sales of row that income or (loss) 7a 7a 7a Gross income from fundraising events (not including \$	e	2	а			_				
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and sales expenses 7b										
c Gain or (loss) 7c Image: construction of the second secon			b							
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e Total. Add lines 11a-11d ▶962, 460.	Mise									
								-		
						▶	35,392,801.	⁰ .	٥. ا	-956,062. Form 990 (2020

INNOVATIONS FOR POVERTY ACTION 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 respon		er organizations must con this Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,418,269.	1,418,269.		
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	444,134.	444,134.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			102 204	0 0 0 0
	trustees, and key employees	530,088.	397,845.	123,304.	8,939
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 000 000		4 050 704	200 200
7	Other salaries and wages	18,287,207.	13,725,031.	4,253,794.	308,382.
8	Pension plan accruals and contributions (include	122 215	227 052	205 262	
-	section 401(k) and 403(b) employer contributions)	433,215.	227,952. 2,171,152.	205,263.	165 250
9	Other employee benefits	2,934,018.		597,507.	165,359.
10	Payroll taxes	993,455.	273,404.	720,051.	
11	Fees for services (nonemployees):				
	Management	166,783.	158,648.	8,135.	
b	0	550,278.	98,904.	451,374.	
c	Accounting	550,270.	90,904.	451,574.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		2,232,447.	1,939,641.	280,581.	12,225.
40	column (A) amount, list line 11g expenses on Sch 0.)	2,232,447.	1,939,041.	200,301.	14,443.
12	Advertising and promotion	810,736.	692,449.	108,577.	9,710.
13	Office expenses	1,130,490.	336,925.	725,257.	68,308.
14 15	Information technology	1,130,490.	550,925.	123,231.	00,500.
15 16	Royalties	1,186,812.	932,708.	217,561.	36,543.
16 17	Occupancy	1,888,883.	1,800,689.	87,426.	768.
17 18	Travel Payments of travel or entertainment expenses	1,000,005.	1,000,005.	07,420.	700.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	355,081.	346,844.	7,538.	699.
20		20,766.	466.	20,300.	
20	Interest Payments to affiliates	_0,.001	1000		
22	Depreciation, depletion, and amortization	89,809.	16,445.	73,364.	
23	Insurance	278,308.	88,241.	175,473.	14,594.
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 0.)				
а	PROGRAM SUPPLIES	778,285.	778,254.	31.	0.
b	OTHER EXPENSES	409,126.	292,869.	105,229.	11,028.
с	OUTSIDE SERVICES	396,230.	394,216.	2,014.	0.
d		213,755.	213,628.	127.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35,548,175.	26,748,714.	8,162,906.	636,555
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 if following SOP 98-2 (ASC 958-720)				
3201	0 12-23-20				Form 990 (2020

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14121110 131839 241-708888

-870,086.

3,552,904.

2,682,818.

22,299,235.

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INNOVATIONS FOR	POVERTY	ACTION
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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,425,829. 14,939,377. 1 Cash - non-interest-bearing 955,907. 1,238,188. Savings and temporary cash investments 2 3,552,904. 791,255. 3 Pledges and grants receivable, net 12,420,544. 6,782,375. Accounts receivable, net 4 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 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 30,174. Inventories for sale or use 8 1,452,979. 1,413,052. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other _____<u>10a</u> 1,434,781. basis. Complete Part VI of Schedule D 1,053,512. 389,972. 381,269. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 101,100. 43,605. 15 Other assets. See Part IV, line 11 22,299,235. 25,619,295. Total assets. Add lines 1 through 15 (must equal line 33) 16 4,006,676. 4,844,355. Accounts payable and accrued expenses 17 18 Grants payable 15,109,741. 18,205,856. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 500,000. 25 41,640. of Schedule D 19,616,417. 23,091,851. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀

25,619,295. Form 990 (2020)

2,527,444.

1,736,189.

791,255.

Form 990 (2020)	
Part X	Ba	ance	Sheet

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and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Liabilities

Net Assets or Fund Balances

Assets

	990 (2020) INNOVATIONS FOR POVERTY ACTION	06-1	660068	Pa	_{ge} 12
Pa	t 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	35,392		
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,548		
3	Revenue less expenses. Subtract line 2 from line 1	3	-155		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,682	2,8	18.
5	Net unrealized gains (losses) on investments	5			
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	2,527	7,4	<u>44.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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		
	2020		
	Open to Public Inspection		
Employer identification number			

_			R POVERTY ACT				0	6-1660068
Part	I Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The org 1 2 3 4	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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		llege or university owned	or operate	ed by a go	overnmental ur	nit describe	ed in
• □	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local go	-						
7 X	Ŭ	-	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	public described in
• -	section 170(b)(1)(A)(vi). (C							
8	A community trust describe			-				
9	An agricultural research org	-			-		-	-
	or university or a non-land-c	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor
10	university: An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ne membershi	n fees an	d gross receipts from
	activities related to its exen							
	income and unrelated busir		-					-
	See section 509(a)(2). (Col				boob doqui	red by the org	amzation	
11	An organization organized a		velv to test for public sat	etv. See	section 50	09(a)(4).		
12	An organization organized a	-	•	•			rv out the	purposes of one or
	more publicly supported or	-	•	-			•	
	lines 12a through 12d that	-						
а [Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b [Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ving
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported
-	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,
	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally						-	
	that is not functionally int			•		-	an attentiv	veness
г	requirement (see instruct		-					
e	Check this box if the orga					Type I, Type I	I, Type III	
	functionally integrated, or							
	inter the number of supported or provide the following information	-	d organization(s)					
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 INNOVATIONS FOR POVERTY ACTION Part II Support Schedule for Organizations Described in Sections 170(b)(1)

06-1660068 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-			-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	49609926.	<u>42513910.</u>	41107442.	43805398.	36348863.	213385539	
2	Tax revenues levied for the organ-							
	ization'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	10.000.000	10510010	44405440	10005000			
	Total. Add lines 1 through 3	49609926.	42513910.	41107442.	43805398.	36348863.	213385539	
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)						35281559.	
	Public support. Subtract line 5 from line 4.						178103980	
	ction B. Total Support	I						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016 49609926.	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	49609926.	42513910.	4110/442.	43805398.	50540005.	213303333	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1 4 4 7 0	E E / 1	0 222	14 004	6 200	10 026	
	and income from similar sources	14,470.	5,541.	8,333.	14,094.	6,398.	48,836.	
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.)						213434375	
	Total support. Add lines 7 through 10		````				213434375	
	Gross receipts from related activities		,					
13	First 5 years. If the Form 990 is for the	-			•			
Sec	organization, check this box and sto ction C. Computation of Publ							
				acluma (f))		14	83.45 %	
	Public support percentage for 2020 (Public support percentage from 2019		•			15	83.45 %	
	33 1/3% support test - 2020. If the					· · · ·		
104	stop here. The organization qualifies						N V	
h	33 1/3% support test - 2019. If the		-			or more check th		
Ň	and stop here. The organization qua	-						
17a	10% -facts-and-circumstances test		•			and line 14 is 10%		
170	and if the organization meets the fact	-						
	meets the facts-and-circumstances te			-	-	•		
h	10% -facts-and-circumstances test	-		• • • •	-	17a and line 15 is		
U.	more, and if the organization meets t	-						
	organization meets the facts-and-circ							
18	-		•					
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Check this box and see instructions							

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 INNOVATIONS FOR POVERTY ACTION 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.)

Se	ction A. Public Support			-	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	ization'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						
	a Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	 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 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
						16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiza	tion	
k	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
0320	23 01-25-21		4 -	-	Sch	edule A (Form 99	0 or 990-EZ) 2020
			15)			

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Schedule A (Form 990 or 990-EZ) 2020 INNOVATIONS FOR POVERTY ACTION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

10a

Schedule A (Form 990 or 990-EZ) 2020

Yes No

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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9b

9c

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Schedule A (Form 990 or 990-EZ) 2020 INNOVATIONS FOR POVERTY ACTION

		10000	0 га	age o
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	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.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructior	1 <u>s).</u>	
2	Activities Test Answer lines 2a and 2b below.		Yes	No

- 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,
- b Did the activities described in 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? 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.
- **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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

	(Form 990 or 990-EZ) 2020				
Part V	Type III Non-Functio	nally Integrated 5	09(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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona	lly integrated		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 INNOVATIONS FOR POVERTY ACTION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j				
7					
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020	INNOVATIONS F	OR POVERTY	ACTION	06-1660068	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2	ation. Provide the expl , 3b, 3c, 4b, 4c, 5a, 6, 9a es 2 and 3; Part IV, Secti	anations required by , 9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2	y Part II, line 10; Part II, and 11c; Part IV, Sectior b, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Par	C,
	(See instructions.)		100 2, 0, and 0. 7 100			
032028 01-25-2	1		20		Schedule A (Form 990 or 990-I	E Z) 2020
			20			

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SCHEDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Employer identification number

06 - 1660068

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Pai	organizations Maintaining Donor Advised		ACCOUNTS. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's of	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose con	ferring
_	impermissible private benefit?		
Pa			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		Sector Sector Sector and sector sector as
	Preservation of land for public use (for example, recreat		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a			
b			
с	Number of conservation easements on a certified historic stru		<u>2c</u>
d	Number of conservation easements included in (c) acquired a		
~	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	janization during the tax
	year ►	annant is la satural N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, i		
0	Stan and volunteer hours devoted to monitoring, inspecting,	nariding of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		erance of public
L	service, provide in Part XIII the text of the footnote to its finan		and all and would af
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			. .
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial ga	
2	the following amounts required to be reported under FASB A		iii, piovide
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020
	1 12-01-20		
		27	

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contextures of this contextures of the organization acquisition, accession, and other records, check any of the following that make significant use of its contextures of the organization accessing of the orga	Sche		IONS FOR PO						06-16			age 2
collection ferms (check all that apply): Collection ferms (check all that apply): Complete if the organization answered "Yes" on Form 990, Part V, line 5, or regorded an anount on Form 990, Part X, line 21, for secret or contributions or other assets not included on form 900, Part X, line 21, the secret or costadial account liability? Coll the organization include an anount on Form 990, Part X, line 21, for secret or costadial account liability? Coll the organization include an anount on Form 990, Part X, line 21, for secret or costadial account liability? Coll the organization include an anount on Form 990, Part X, line 10. Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Similaı	r Assets	(contin	ued)	
a Public exhibition d Clean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make si	ignificant ι	use of its			
b Scholary research e Other c 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, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or responded an anound to no Form 980, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is a list erganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is a list erganization angenet in Part XIII and complete the tollowing table: Amount c Beginning balance It It It It a bit the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII It is a list in the organization answered 'Yes' on Form 980, Part X, line 21. No b If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII It is a list in the organization answered 'Yes' on Form 980, Part X, line 10. c Othe		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they tither the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic to receive donations of art, historical treasures, or other similar assets 1 Description of the organization's collections and explain how they tither the organization's exempt purpose in Part XIII. 6 Dering the year, did the organization or receive donations of art, historical treasures or other similar assets 1 Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Beginning balance	а	Public exhibition	c	I 🗌 L	_oan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is disting balance Is diaditions during the year Is diaditions during the year Is objective to the organization and the organization answered "Yes" on Form 900, Part X2 Distributions during the year Is objective to the organization include an amount on Form 900, Part X2, line 21, for escrow or custodial account liability? Yes No b if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization include on Part XIII Beginning of year balance Ia Beginning of year balance Ia Current year I (b) Prior year Is do year balance Is orbitative expenses Is a do year balance Is orbitative expenses Is orbitative expe	b	Scholarly research	e	, 🗌 (Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization is collection? Part W Escrow and Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 190, Part V, line 9, or reported an amount on Form 190, Part X, line 21. Is the organization an agement in Part XIII and complete the following table:	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization accellations = ["Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ta is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. A list the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fusdee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. A mount Is diditions during the year Is A mount Is diditions during the year Is A mount If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Is a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Is a Begin designated or quasitions Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Contributions	4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
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. Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount 1d 1d 1d 1d 1d a Additions during the year 1d a Distributions during the year 1d a Enditions during the year 1t a Distributions during the year 1t a Distributions during the year 1t a Distributions during the year 1t a Baginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) and possible as anaparations and programs (d) maintering and insignation and programs (d) maintered for the organization maintering and insis dono round (d) mai	5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_		_
reported an amount on Form 930, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1e c Beginning balance 1d 1e 1e d Additions during the year 1e 1e 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the expanization answered 'Yes'' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes'' on Form 980, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a a Administrative expenses (a) (a) (a) Prior year (b) Three years back (e) Four years back (e) Four years back ie (c) Four yea	_									_		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the comparison answered "Yes" on Form 990, Part IX, line 10. Image: Complete the comparison answered "Yes" on Form 990, Part IX, line 10. Image: Complete the comparison answered "Yes" on Form 990, Part IX, line 10. Image: Complete the complete the comparison answered "Yes" on Form 990, Part IX, line 10. Image: Complete the complete the comparison answered "Yes" on Form 990, Part IX, line 10. Image: Complete the complete table: Image: Complete the complete table: Image: Complete table: Image: Complete table: Image: Complete table: Image: Completa	Par			ete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV, I	ine 9, or		
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 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Stack (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back if (e) Four years back if a Beginning of year balance (b) Ornor years back if (c) Three years back if (•										
b If "Yes," explain the arrangement in Part XII and complete the following table:	1 a								_	-		-
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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 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (d) Current year (e) Drior year (f) Three years back (f) Four years back c Not there setimated percentages of the current year end balance (line 1g, column (a)) held as: a a a a Board designated or quasi-endowment >% % Yes No 3a(0) 3a(0) b Provide the estimated percentages of the organization that are held and administered for the organization by: (g at (g)												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions Controbutions Controbutions Controbutions Controbutions c No transcription (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other exponditures for facilities a a a a a a a a a a b b b c b b a a a b b b b b	е											
b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Administrative expenses (a) Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back (f) Two years back fi C) Two years back fi C) Two years back fi C) Two years back										7		1
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back a Contributions (c) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (c) Two years back (d) Three years back (e) Four years back a Contributions (c) Two years back (d) Three years back (e) Four years back a Contributions (c) Two years back (d) Three years back (e) Four years back a Contributions (c) Two years back (d) Three years back (e) Four years back a Contributions (c) Two years back (d) Three years back (e) Four years a Contributions (c) Two years back (d) Three years (d) Contrest (d) Three years (d) Three years		-						ity?	L	∐ Yes] NO]
(a) Current year (b) Prior year (c) Two years back (c) food year b								10				<u></u>
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	1 41								vaara baak	(a) Four	vooro	haal
b Contributions	10	Paginning of year balance	(a) Current year	(D) PI	nor year	(C) TWO yea	IS DACK	(a) Thee y	HEATS DACK	(e) Four	years	Jack
c Net investment earnings, gains, and losses	ia k											
d Grants or scholarships	u o											
e Other expenditures for facilities and programs	С А											
and programs												
f Administrative expenses	e											
g End of year balance	f											
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 Indus not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Querciption of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value 1a Land												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d 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: (i) Unrelated organizations (ii) Related organizations 3a(i)3a(i)3a(i)3a(i)3a(i)3a(i)3b			L	l a (lina 1a	column (a)) held as:						
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (i) Unrelated organizations (iii) Related organizations listed as required on Schedule R? (iii) Additings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation depreciation depreciation (d) Book value basis (investment) (d) Cost or other basis (other) (e) Cost core there basis (other) (f) Book value depreciation (f) Book value depreciation (g) Cost core there basis (other)					, column (a)	neiu as.						
c Term endowment ▶ _% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Are the related 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. (d) Book value basis (other) (f) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cost or other (f) Cost or other (g) Cost or other (h) Cost		3										
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: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Part XIII the intended uses of the organization's endowment funds. Yes No 3a(i) b buildings<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>												
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 337, 335. (c) Leasehold improvements (c)	3a			ation that	are held ar	nd administer	red for th	ne organiza	ation			
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5 5 337, 335. 0. c Leasehold improvements 337, 335. 337, 335. 0. d Equipment 235, 103. 223, 613. 11, 490. e Other 862, 343. 492, 564. 369, 779.					ure nera ur			ie erganize		ſ	Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (b) Cost or other (c) Accumulated Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value b Buildings		-								3a(i)		
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 1a Land												
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 Buildings (d) Book value c Leasehold improvements 337,335. d Equipment 235,103. 223,613. e Other 862,343. 492,564.	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sc	hedule R?							
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)(c) Accumulated depreciation(d) Book value1a Landb Buildingsc Leasehold improvements337,335.337,335.0.d Equipment235,103.223,613.11,490.e Other862,343.492,564.369,779.	4									·	•	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipm	ient.									
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV,	, line 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings 337,335. 337,335. 0. c Leasehold improvements 235,103. 223,613. 11,490. e Other 862,343. 492,564. 369,779.		Description of property			• •				ed	(d) Bool	k value	;
b Buildings 337,335. 337,335. 0. c Leasehold improvements 235,103. 223,613. 11,490. e Other 862,343. 492,564. 369,779.	1a	Land										
c Leasehold improvements 337,335. 337,335. 0. d Equipment 235,103. 223,613. 11,490. e Other 862,343. 492,564. 369,779.												
d Equipment 235,103. 223,613. 11,490. e Other 862,343. 492,564. 369,779.	с				33	7,335.		337,33	35.			
e Other										11	,49	90.
				X. colum	n (B). line 1	0c.)						

Schedule D (Form 990) 2020

032052 12-01-20

Part VII	Investments -	Other Securities.				Ī
Schedule D) (Form 990) 2020	INNOVATIONS	FOR	POVERTY	ACTION	

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 (4) (B) (C) (C) (C) (C)

(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	41,640.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	41,640.

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 INNOVATIONS FOR POVERTY	ACTION	06-	1660068 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			35,392,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	35,392,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990) Part 1 line 12)		5	35,392,801.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper		<u>35,392,801.</u> n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990) Part 1 line 12)	tements With Exper		n.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper e 12a.	ises per Retur	35, 548, 175.
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Exper e 12a.	ises per Retur	n.
Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	e 12a.	ises per Retur	n.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a.	ises per Retur	n.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	tements With Exper e 12a. 2a	ises per Retur	n.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	tements With Exper e 12a.	ises per Retur	n.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1	n. <u>35,548,175</u> . 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	tements With Exper e 12a. 2a 2b 2c 2d	1 2e	n.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	tements With Exper e 12a. 2a 2b 2c 2d	1 2e	n. <u>35,548,175</u> . 0.
Pa 1 2 b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1 2e	n. <u>35,548,175</u> . 0.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1 2e	n. <u>35,548,175</u> . 0.
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	tements With Exper e 12a. 2a 2b 2c 2d 2d	1 1 2e 3	n. 35,548,175. 0. 35,548,175. 0.
Pa 1 2 a b c d a b c 3 4 b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	tements With Exper e 12a. 2a 2b 2c 2d 2d	1 1 2e 3 4c	n. <u>35,548,175</u> . 0.

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.

032054 12-01-20

Statement of Activities Outside the United States SCHEDULE F (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number INNOVATIONS FOR POVERTY ACTION 06-1660068 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region employees, offices (by type) (such as, fundraising, prois a program service, agents, and in the region gram services, investments, grants to describe specific type independent contractors of service(s) in the region recipients located in the region) in the region CENTRAL AMERICA AND CARIBBEAN 1 1 PROGRAM SERVICES IMPACT EVALUATION EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES IMPACT EVALUATION 0 NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 2 123 PROGRAM SERVICES IMPACT EVALUATION

Totals (add lines 3a С 21 584 and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

21

0

2

3

13

0

85

59

316

0

584

0

PROGRAM SERVICES

PROGRAM SERVICES

PROGRAM SERVICES

PROGRAM SERVICES

032071 12-03-20

SOUTH AMERICA

SOUTH ASIA

SUB-SAHARAN AFRICA

3 a Subtotal **b** Total from continuation

sheets to Part I

MIDDLE EAST AND NORTH AFRICA

	pen t spec	blic	

Yes

ΖυΖυ	
pen to Public	
nspection	

XNo

(f) Total

expenditures

for and

investments

in the region

284,417.

2,150,534.

1,791,291.

2,468,418.

2,798,792.

16,078,875.

418,645.

25,990,972.

25,990,972.

Ο.

IMPACT EVALUATION

IMPACT EVALUATION

IMPACT EVALUATION

IMPACT EVALUATION

OMB No. 1545-0047

0000

Schedule F (Form 990) 2020

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 (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, FM) appraisal, other)
			CONTRACT FOR SOCIAL					
		NORTH AMERICA	MEDIA USAGE	4,590.	WIRE TRANSFER	0.		
			RELIGIOUS LEADERS					
			CRISIS RESPONSE TO					
		SOUTH ASIA	COVID	15,000.	WIRE TRANSFER	0.		
			MEASURING JOB SEARCH,					
		SOUTH ASIA	EMPLOYMENT IN PAKISTAN	6,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN	PRE-EMPLOYMENT					
		AFRICA	INTERNSHIPS IN BF	4,135.	WIRE TRANSFER	0.		
		SUB-SAHARAN	YOUTH EMPLOYMENT					
		AFRICA	CONFERENCES IN SAHEL	4 954.	WIRE TRANSFER	Ο.		
			RURAL FINANCE &					
			COMMITMENT MECHANISMS					
		SUB-SAHARAN	IN AGRI INPUT					
		AFRICA	DECISIONS	8,110.	WIRE TRANSFER	٥.		
			INCREASING POLICE					
			INNOVATION &					
			EFFECTIVENESS IN					
		SOUTH AMERICA	LATIN AMERICA & THE	9,038.	WIRE TRANSFER	0.		
			SURVEY BASED					
		SUB-SAHARAN	HOUSEHOLD INCOME					
		AFRICA	MEASURES IN UGANDA	5,000.	WIRE TRANSFER	Ο.		

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

032072 12-03-20

Schedule F (Form 990) 2020

Page 2

Schedule F (Form 990)	INNOV	ATIONS FOR P	OVERTY ACTION		06-16	60068		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1))	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SKILLING & EMPLOYMENT OPPORTUNITIES ON FEMALE RURAL-TO-URBAN MIGRANT (INDIA)	40 000	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ESCAPING POVERTY IN GHANA		WIRE TRANSFER	0.		
		SOUTH ASIA	EVALUATION OF THE MEDHA PROGRAM IN INDIA	3,689.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIPS SCHOOLS FOR LIBERIA: IMPACT ON ACCOUNTABILITY MECHANISMS &	10 160	WIRE TRANSFER	0.		
		SOUTH ASIA	P&R COVID OFF-CYCLE PROPOSAL: STATE ENGAGEMENT WITH RELIGIOUS LEADERS IN		WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR CITY COVID-19 IMPACTS & RECOVERY MONITOR		WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENHANCING ACCESS TO INDEX-BASED WEATHER AGRI INSURANCE IN BF	6,393.	WIRE TRANSFER	0.		
		SOUTH AMERICA	POLICY ASSISTANCE FOR TRAINING LOCAL LEADERS	5,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE FOR THE INNOVATION AGENDA ON ECD IN PERU	4,664.	WIRE TRANSFER	0.		

chedule F (Form 990)			OVERTY ACTION		06-16			Page
Part II Continuati	on of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organizat	ion (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, FM) appraisal, other)
			P&R PROPOSAL ROUND II					
			& ROUND VI SYRIAN					
		MIDDLE EAST AND	REFUGEE LIFE STUDY					
		NORTH AFRICA	(JORDAN)	12,500.	WIRE TRANSFER	0.		
			HEALTH MESSAGING FOR					
			CHANGING BEHAVIOURS &					
		SUB-SAHARAN	BELIEFS RELATED TO					
		AFRICA	COVID-19 TRANSMISSION	1,063.	WIRE TRANSFER	0.		
			P&R COVID-19 PROPOSAL					
		SUB-SAHARAN	FOR POP COUNCIL KENYA					
		AFRICA	URBAN SLUMS PROJECT	35,000.	WIRE TRANSFER	0.		
			P&R PROPOSAL ROUND					
			III: SOCIAL &					
		MIDDLE EAST AND	ECONOMIC INTEGRATION					
		NORTH AFRICA	OF SYRIAN REFUGEES IN	32,760.	WIRE TRANSFER	0.		
			MAIN RESEARCH FUNDS:					
			REPLICATION OF					
			ENTREPRENEURIAL					
		SOUTH AMERICA	MINDSET TRAINING	50,625.	WIRE TRANSFER	0.		
			REFUGEE BUSINESS					
		EUROPE (INCLUDING	DEVELOPMENT &					
		ICELAND &	REGIONAL MARKETS IN A					
		GREENLAND)	HUMANITARIAN SETTING	16,510.	WIRE TRANSFER	0.		
			EQUITY-BASED					
			MICROFINANCE					
			CONTRACTS FOR					
		SOUTH ASIA	MICROENTERPRISES	59,182.	WIRE TRANSFER	0.		
			ADDRESSING					
			IPV: EVALUATING					
			INTERVENTIONS WITH					
		SOUTH AMERICA	MALE PERPERTRATORS VS	45,000.	WIRE TRANSFER	0.		
			UNDERSTANDING THE					
			IMPACT OF THE MO-KASH					
		SUB-SAHARAN	DIGITAL CREDIT					
		AFRICA	INTERVENTION IN	1,582.	WIRE TRANSFER	٥.		

06-1660068

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		(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)
	NONE	0	0.		0.		
				1			

Schedule F (Form 990) 2020

Schedule F	F (Form 990) 2020	INNOVATIONS	FOR	POVERTY	ACTION
Part IV	Foreign Form	S			

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 INNOVATIONS FOR POVERTY ACTION 06-166	0068	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; an investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See inst	column (c)	
PART I, LINE 2:		
PRIOR TO ISSUING A SUBAWARD, IPA CONDUCTS A DUE DILIGENCE PROCESS	то	
EVALUATE SUBAWARDEES, INCLUDING GENERAL INFORMATION ON THE ORGANIZ	ATION,	
ITS HISTORY, FINANCIAL SYSTEMS AND INTERNAL CONTROLS AND COPIES OF	P	
FEDERAL SINGLE AUDITS (IF APPLICABLE) OR TWO YEARS OF AUDITED FINA	NCIAL	
STATEMENTS. IPA ALSO REVIEWS THE ORGANIZATION AND ITS OFFICERS AG	AINST	
THE RELEVANT ANTI-TERRORISM AND DEBARRED AGENCIES LISTS. ONCE AN		
ORGANIZATION HAS BEEN VETTED AND APPROVED TO RECEIVE A SUBAWARD, I	PA	
SIGNS A SUBAWARD AGREEMENT WITH THE ORGANIZATION THAT SPECIFIES TH	IE SCOP	'E
OF WORK, BUDGET, PAYMENT TERMS AND DELIVERABLES. IPA'S PROGRAM SI	AFF	
MONITOR PERFORMANCE BY SUBAWARDEES AND RECEIVE AND APPROVE DELIVER	ABLES	
PRIOR TO APPROVING RELEASE OF PAYMENT. FINANCIAL REPORTS ARE REVI	EWED	
AGAINST APPROVED BUDGETS AND SUPPORTING DOCUMENTATION IS REQUESTED) FOR	
ANY QUESTIONED EXPENSES. FINAL PAYMENT IS NOT RELEASED UNTIL ALL		

DELIVERABLES HAVE BEEN MET, INCLUDING FINANCIAL REPORTING.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCREASING POLICE INNOVATION & EFFECTIVENESS IN

LATIN AMERICA & THE CARIBBEAN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIPS SCHOOLS FOR LIBERIA: IMPACT ON

ACCOUNTABILITY MECHANISMS & EDUCATION OUTCOMES

REGION: SOUTH ASIA

032075 12-03-20

(D) PURPOSE OF GRANT: P&R COVID OFF-CYCLE PROPOSAL: STATE ENGAGEMENT
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Schedule F (Form 990) 2020

14121110 131839 241-708888

Schedule F (Form 990) 2020 INNOVATIONS FOR POVERTY ACTION

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.

WITH RELIGIOUS LEADERS IN PAKISTAN

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: P&R PROPOSAL ROUND III: SOCIAL & ECONOMIC

INTEGRATION OF SYRIAN REFUGEES IN HOST COMMUNITIES IN JORDAN

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: MAIN RESEARCH FUNDS: REPLICATION OF

ENTREPRENEURIAL MINDSET TRAINING (ECUADOR)

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: REFUGEE BUSINESS DEVELOPMENT & REGIONAL MARKETS IN

A HUMANITARIAN SETTING (TURKEY)

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: EQUITY-BASED MICROFINANCE CONTRACTS FOR

MICROENTERPRISES (PAKISTAN)

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ADDRESSING IPV: EVALUATING INTERVENTIONS WITH MALE

PERPERTRATORS VS FEMALE VICTIMS (BRAZIL)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: UNDERSTANDING THE IMPACT OF THE MO-KASH DIGITAL

CREDIT INTERVENTION IN UGANDA

032075 12-03-20

SCHEDULE I (Form 990)	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.								
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		ation.		Open to Public Inspection		
Name of the organization Employer identification number INNOVATIONS FOR POVERTY ACTION 06-1660068									
Part I General Information on Grant	s and Assistance								
1 Does the organization maintain record criteria used to award the grants or a	ssistance?						on 🔀 Yes 🗌 No		
2 Describe in Part IV the organization's									
Part II Grants and Other Assistance	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
recipient that received more that					(f) Method of				
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
INTERNATIONAL FOOD POLICY RESEARC	ен								
INSTITUTE - 1201 EYE STREET, NW	-						CONSERVATION AGRICULTURE		
WASHINGTON, DC 20433	52-1041632		30,043.	0.			GHANA		
INTERNATIONAL RESCUE COMMITTEE							EXPANDING THE EVIDENCE		
122 EAST 42ND STREET	13-5660870		40.305	0			BASE AND ADVANCING PILOTS		
NEW YORK, NY 10168-1289	13-2000010		42,395.	0.			ALONG THE PATH TO SCALE.		
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS	04-2103594		00.220	0.			EXPANDING HEALTH MODULE OF FOLLOW-UP SURVEYS		
AVENUE - CAMBRIDGE, MA 02139 NETWORK FOR EMPOWERMENT &	04-2103594		88,330.	0.			OF FOLLOW-OF SORVEIS		
PROGRESSIVE INITIATIVES - 475 RIVERSIDE DRIVE, SUITE 401 - NEW									
YORK, NY 10115	81-3844173		13,530.	0.			SUPPORT		
OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING									
CORVALLIS, OR 97331	61-1730890		11,073.	0.			EDUCATE IN RWANDA		
SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVENUE NW SUITH	: 1						NIGERIA HERDER FARMER		
WASHINGTON, DC 20036	52-1257425		74,878.	0.			DIALOGUES		
2 Enter total number of section 501(c)(3) and government or	ganizations listed in the	e line 1 table				>		
3 Enter total number of other organizat	ons listed in the line 1	I table					>		
LHA For Paperwork Reduction Act Not	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020								

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

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							P&R PROPOSAL ROUND III:
STANFORD UNIVERSITY							UNDERSTANDING THE
3145 PORTER DRIVE							DYNAMICS OF REFUGEE
PALO ALTO, CA 94304	94-1156365		54,693.	0.			RETURN
							INCENTIVIZING MOBILE
THE COLLEGE OF WILLIAM AND MARY							MONEY AS A FINANCIAL
200 STADIUM DRIVE							SAVINGS INSTRUMENT AMONG
WILLIAMSBURG, VA 23185	54-0734117		10,749.	0.			YOUNG WOMEN
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET -							PEACE AND RECOVERY
ANN ARBOR, MI 48109	38-6006309		77,752.	0.			INITIATIVE 2017
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA , CA 92093	95-6006144		141,188.	0.			HEALTH DECISION-MAKING IN THE AFTERMATH OF A DISASTER: IN MOZAMBIQUE
THE REGENTS OF THE UNIVERSITY OF			,				
CALIFORNIA BERKELEY - 1739							
PLEASANT VALLEY AVENUE - OAKLAND,							AFRICAN HEALTH MARKET FOR
CA 94611	94-6002123		587,234.	0.			EQUITY (AHME)
							HIRING A RESEARCH
UNIVERSITY OF PENNSYLVANIA							COORDINATOR-SUPPORT
3451 WALNUT STREET 5TH FLOOR							RESEARCH PROJECTS FUNDED
PHILADELPHIA, PA 19104-6205	23-1352685		15,119.	0.			BY SLOAN FOUNDATION
UNIVERSITY OF CALIFORNIA, SAN			,				
FRANCISCO - 1855 FOLSOM STREET,							
SUITE 425 - SAN FRANCISCO, CA							AFRICAN HEALTH MARKET FOR
94143	94-6036493		265,239.	0.			EQUITY (AHME)

032241 11-05-20

06-1660068

Page 1

Schedule I (Form 990) 2020

Part III

INNOVATIONS FOR POVERTY ACTION

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.
 (c) Number of recipients
 (c) Amount of cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

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

 (b) Number of recipients
 (c) Amount of cash assistance
 (c) Amount of non- cash assistance
 (b) Number of (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (c) Number of recipients
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance

 (c) Number of grant or assistance
 (c) Number of cash grant
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance

 (c) Number of grant or assistance
 (c) Number of non- cash assistance
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance
 (c) Amount of non- cash assistance

 (c) Number of grant or assistance
 (c) Number of non- cash assistance
 (c) Number of non- cash assistance
 (c) Number of non- cash assistance

 (c) Number of non- cash assistance
 (c) Number of non- cash assistance
 (c) Number of non- cash

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

EVALUATE 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 ORGANIZATION AND ITS OFFICERS AGAINST THE RELEVANT

ANTI-TERRORISM AND DEBARRED AGENCIES LISTS. ONCE AN ORGANIZATION HAS BEEN

VETTED AND APPROVED TO RECEIVE A SUBAWARD, IPA SIGNS A SUBAWARD AGREEMENT

WITH THE ORGANIZATION THAT SPECIFIES THE SCOPE OF WORK, BUDGET, PAYMENT

06-1660068

Page 2

Schedule I (Form 990)	INNOVATIONS	FOR POVERTY	ACTION	06-1660068 Page 2
Part IV Supplemental Infe	ormation			
TERMS AND DELIVERA	BLES. IPA'S .	PROGRAM STAF	F MONITOR PERFOR	MANCE BY
SUBAWARDEES AND RE	CEIVE AND APP	ROVE DELIVER	ABLES PRIOR TO A	PPROVING RELEASE
OF PAYMENT. FINAN	CIAL REPORTS 2	ARE REVIEWED	AGAINST APPROVE	D BUDGETS AND
SUPPORTING DOCUMEN	TATION IS REQU	UESTED FOR A	NY QUESTIONED EX	PENSES. FINAL
PAYMENT IS NOT REL	EASED UNTIL A	LL DELIVERAB	LES HAVE BEEN ME	T, INCLUDING
FINANCIAL REPORTIN	G.			

Schedule I (Form 990)

032291 04-01-20

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F		00	
(Compensated Employees		ZU	ZU	J
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
-	e of the organization		Employer i	dentificati	on nui	nber
		INNOVATIONS FOR POVERTY ACTION	06-1	66006	8	
Pa	rt I Questions	Regarding Compensation				
	•				Yes	No
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cl	narter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes of	n line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	· · ·	tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	·	ompensation consultant				
	Form 990 of ot	her organizations	ommittee			
4	During the year did	any names listed on Farm 000. Dort VII. Castion A line to with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a rel	e payment or change-of-control payment?		4a		x
h						X
c		aive normant from an equity based compensation excensional				x
Ŭ		es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	-			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			<u>6a</u>		X
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				<u> </u>
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) LUCY BERKOWITZ	(i)	284,613.	0.	0.	0.	23,733.	308,346.	0.	
CFAO AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) STEVEN GLAZERMAN	(i)	201,685.	0.	0.	0.	39,315.	241,000.	0.	
CHIEF RESEARCH & METHODOLO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ANNIE DUFLO	(i)	188,381.	0.	0.	0.	33,362.	221,743.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) STACEY DAVES-OHLIN	(i)	180,357.	0.	0.	0.	39,186.	219,543.	0.	
GENERAL COUNSEL/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) RADHA RAJKOTIA	(i)	190,784.	0.	0.	0.	1,557.	192,341.	0.	
CHIEF RESEARCH & POLICY OF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ELLIOTT M. COLLINS	(i)	124,790.	0.	0.	0.	37,976.	162,766.	0.	
DIRECTOR/ POVERTY MEASUREMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JOHN M. PALIEN	(i)	148,920.	0.	0.	0.	1,545.	150,465.	0.	
GLOBAL HR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

INNOVATIONS FOR POVERTY ACTION

Page 3

Part III Supplemental Information

Schedule J (Form 990) 2020

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.

Schedule J (Form 990) 2020

		Schodula J (Earm 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ΖU

Employer identification number

20

х

31

32a

Schedule M (Form 990) 2020

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Department of the Treasury
Internal Revenue Service

31

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

	INNOVATIONS	FOR PO	VERTY ACT	ION		06-1660	068	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determir cash contribution a		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	645,352.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	oorted in Part I, lines 1 throug	h 28, tha	tit		
	must hold for at least three years from the dat	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period	?				30a		X

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

b If "Yes," describe in Part II.

describe in Part II.

b If "Yes," describe the arrangement in Part II.

Schedule M (Form 990) 2020 INNOVATIONS FOR POVERTY ACTION

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS REPRESENT THE AMOUNT OF INDIVIDUALS WHO MADE

NONCASH CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

MERRILL LYNCH IS UTILIZED TO SELL STOCK THAT IS CONTRIBUTED TO THE

ORGANIZATION.

Schedule M (Form 990) 2020

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EX 2020 Open to Public Inspection Employer identification number

OMB No. 1545-0047

INNOVATIONS FOR POVERTY ACTION

06 - 1660068

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

FROM YALE WORKED IN PARTNERSHIP WITH THE MINISTRY OF PUBLIC SECURITY OF

MEXICO CITY AND THE NATIONAL SECURITY COMMISSION TO TEST HOW TO MAKE

POLICE ORGANIZATIONS IN MEXICO CITY MORE EFFECTIVE, RESILIENT, AND

TRUSTED.

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

INTERVENTIONS. ANOTHER LARGE PROJECT WE WORKED ON IN 2020 LOOKS AT THE

LONG-TERM IMPACTS OF SCHOOL-BASED DEWORMING PROGRAM IN KENYA.

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

PERU, THE PHILIPPINES, SIERRA LEONE, UGANDA, AND OTHER EMERGING MARKETS

TO PROMOTE A MORE RIGOROUS APPROACH TO CONSUMER PROTECTION POLICIES IN

DEVELOPING COUNTRIES. ANOTHER MAJOR PROJECTS IN IPA'S FINANCIAL

INCLUSION SECTOR CONTINUED TO BE THE FINANCIAL SERVICES FOR THE POOR

RESEARCH FUND. THE FINANCIAL SERVICES FOR THE POOR INITIATIVE SUPPORTS

RESEARCH ON DIGITAL INNOVATIONS TO HELP LOW-INCOME HOUSEHOLDS IN THE

DEVELOPING WORLD ACCESS AND BENEFIT FROM FORMAL FINANCIAL SERVICES.

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

INNOVATIONS FOR POVERTY ACTION (IPA) IS A RESEARCH AND POLICY NONPROFIT

THAT DISCOVERS AND PROMOTES EFFECTIVE SOLUTIONS TO GLOBAL POVERTY

PROBLEMS.

IN PARTNERSHIP WITH TOP RESEARCHERS IN THE FIELD, WE DESIGN AND

IMPLEMENT RANDOMIZED EVALUATIONS TO MEASURE THE EFFECTIVENESS OF

PROGRAMS AND POLICIES AIMED AT HELPING THE POOR. WE SPECIALIZE IN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 Instructions for Form 990 or 990-EZ

14121110 131839 241-708888

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
INNOVATIONS FOR POVERTY ACTION	06-1660068
RANDOMIZED CONTROLLED TRIALS (RCTS) BECAUSE THIS RIGOROUS	METHODOLOGY
ALLOWS US TO ISOLATE THE EFFECTS OF A PROGRAM FROM OTHER H	ACTORS. LIKE
IN MEDICAL TRIALS, RESEARCHERS ASSIGN PARTICIPANTS AT RANI	DOM TO
DIFFERENT STUDY GROUPS. ONE OR MORE GROUPS RECEIVE A PROGR	RAM (THE
"TREATMENT GROUPS") AND ANOTHER GROUP SERVES AS THE COMPAR	RISON (OR
"CONTROL") GROUP.	
IPA EVALUATIONS DO NOT SIMPLY GIVE A PASSING OR FAILING GR	ADE TO
PROGRAMS, BUT RATHER SEEK TO UNCOVER AND DISENTANGLE CAUSA	AL MECHANISMS
AND DETERMINE WHICH ADJUSTMENTS WILL MAKE A PROGRAM MORE B	SFFECTIVE.
OUR WELL-ESTABLISHED PARTNERSHIPS IN THE COUNTRIES WHERE W	VE WORK, AND A
STRONG UNDERSTANDING OF LOCAL CONTEXTS, HELP MAKE OUR RESE	EARCH PROJECTS
SUCCESSFUL. OUR TEAMS OPERATING IN 22 COUNTRIES WORK ON TH	IE GROUND TO
DEVELOP NEW STUDIES WITH NGOS AND GOVERNMENT INSTITUTIONS	INTERESTED IN
CONDUCTING RIGOROUS EVALUATIONS OF THEIR PROGRAMS AND IN 7	TESTING NEW
IDEAS. IPA HAS MORE THAN 1,000 RESEARCH STAFF WHO IMPLEMEN	IT THE
RESEARCH ON THE GROUND. STUDIES RANGE IN TIME FROM MONTHS,	TO YEARS, TO
DECADES.	
ONCE AN INTERVENTION HAS PROVEN EFFECTIVE IN ONE CONTEXT,	WE WORK TO
TEST IT IN OTHER CONTEXTS. THIS REPLICATION PROCESS IS AN	ESSENTIAL
STEP ON THE PATH TO SCALING UP EFFECTIVE PROGRAMS.	
IPA HAS AN EXTENSIVE NETWORK OF MORE THAN 600 RESEARCHERS	FROM AMONG
THE TOP UNIVERSITIES IN THE WORLD WHO COLLABORATE WITH US	IN DESIGNING
AND CONDUCTING THE EVALUATIONS. MANY OF THESE ACADEMICS AF	RE PIONEERS IN
THEIR FIELDS OF RESEARCH, PARTICULARLY IN DEVELOPMENT ECON	IOMICS.
TO DATE, WE HAVE DESIGNED AND EVALUATED MORE THAN 700 POTE	INTIAL
SOLUTIONS TO POVERTY PROBLEMS AND HAVE OVER 250 MORE EVALU	JATIONS IN
PROGRESS. WITH THIS EXPERIENCE, IPA HAS DEVELOPED EXTENSIV	/E EXPERTISE
IN CONDUCTING SUCCESSFUL EVALUATIONS, FROM THE INITIAL CON	ICEPT STAGE TO
032212 11-20-20 Sch 49	edule O (Form 990 or 990-EZ) 2020

14121110 131839 241-708888

^{2020.05000} INNOVATIONS FOR POVERTY A 241-7081

Schedule O (Form 990 or 9	90-EZ) 2020				Page 2
Name of the organization	INNOVATIONS	FOR	POVERTY	ACTION	Employer identification number 06-1660068
THE SHARING OF	RESULTS.				

EXPENSES \$ 16,456,678. INCLUDING GRANTS OF \$ 1,247,873. 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 ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 IS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE

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

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. ALL NEW BOARD

OF DIRECTORS AND OFFICERS ARE ASKED TO RENEW AND ACKNOWLEDGE THEIR

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. THE

ORGANIZATION DISTRIBUTES AN ANNUAL QUESTIONNAIRE TO ALL BOARD OF DIRECTORS

AND OFFICERS. THE PRESIDENT PRESENTS CONFLICTS OF INTEREST TO THE AUDIT &

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FINANCE COMMITTEE, WHO IS TASKED WITH REVIEWING POTENTIAL CONFLICTS OF

INTEREST AND IF NECESSARY TAKING TO THE BOARD OF DIRECTORS FOR FURTHER

REVIEW AND CONSIDERATION FOR DETERMINING COMPLIANCE.

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number $06-1660068$
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS FOR DETERMI	NING THE
COMPENSATION OF ITS EXECUTIVE OFFICERS, AND USES THE SAME	PROCESS FOR ALL
EMPLOYEES. THE ORGANIZATION RELIES ON MARKET ANALYSIS TO D	ETERMINE
COMPENSATION ACROSS ALL LEVELS, USING SIMILARLY SIZED ORG	ANIZATIONS AS A
BENCHMARK. THE ORGANIZATION HIRED A NONPROFIT PROFESSIONAL	ADVISORY GROUP
TO PERFORM THE SPECIFIC ANALYSIS. IT SHOULD BE NOTED THAT	THE PRESIDENT AND
CEO IS THE FOUNDER OF THE ORGANIZATION. THE PRESIDENT DRA	WS NO SALARY FROM
INNOVATIONS FOR POVERTY ACTION. THE BOARD HAS A COMPENSATI	ON COMMITTEE
WHICH SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND	THE SENIOR
MANAGEMENT TEAM REPORTING TO THE EXECUTIVE DIRECTOR.	

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

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