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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For th	e 2013 calendar year, or tax year beginning	and	ending					
	Check if applicab	C Name of organization			D Employer identi	fication number			
	Addre	e INNOVATIONS FOR POVERTY ACTION							
	Name	e Doing Business As			06-16	60068			
	Initial return Termi	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephone numb	oer 772-2216			
F	—lated ⊟Amen	101 WILLING! AVENUE							
	—lreturn □Appli	City or town, state or province, country, and z	IP or foreign postal code		G Gross receipts \$ H(a) Is this a group	40,525,545.			
_	—Ition pendi		Z		_				
		SAME AS C ABOVE	CALLIAN		for subordinate				
_	<del>-</del>		1 (inpert no.) 4047(e)(1)	or   E07	H(b) Are all subordinates				
		empt status: X 501(c)(3) 501(c)( ) te: WWW.POVERTY-ACTION.ORG	(insert no.) 4947(a)(1)	or 527		a list. (see instructions)			
_			opintion Other	I. Veer	H(c) Group exempt				
			ociation Other	L Year	of formation: 2002	M State of legal domicile; NJ			
	art I	Summary	· · · · · · · · · · · · · · · · · · ·	TIONS FOR	DOMEDRA ACRION				
Governance	1	Briefly describe the organization's mission or most: DISCOVERS AND PROMOTES EFFECTIVE SOLUT:			POVERTY ACTION				
na	2	Check this box  if the organization discon			than 25% of its net	accatc			
Ş	3	Number of voting members of the governing body (							
ၓ	4	Number of independent voting members of the gov							
ళ	5	Total number of individuals employed in calendar ye				·			
ij	1 [								
Activities	6	Total number of volunteers (estimate if necessary)				<u> </u>			
¥		Total unrelated business revenue from Part VIII, col				<u>-</u>			
_	D	Net unrelated business taxable income from Form 9	190-1, III le 34			-			
		Contributions and system (Dout VIII line 1b)			Prior Year 36,716,750	Current Year 40,518,319.			
ne	8	Contributions and grants (Part VIII, line 1h)		30,710,730					
Revenue	9				12,856				
Be			stment income (Part VIII, column (A), lines 3, 4, and 7d) r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	11				36 730 606				
_		Total revenue - add lines 8 through 11 (must equal I			36,729,606	<del></del>			
	13	Grants and similar amounts paid (Part IX, column (A			2,111,360	<del></del>			
	14	Benefits paid to or for members (Part IX, column (A)				0.			
Expenses	15	Salaries, other compensation, employee benefits (P			16,776,997				
ens	16a	Professional fundraising fees (Part IX, column (A), lir			0	0.			
꼾	b	Total fundraising expenses (Part IX, column (D), line							
	1/	Other expenses (Part IX, column (A), lines 11a-11d,			16,074,636				
	18	Total expenses. Add lines 13-17 (must equal Part IX			34,962,993				
. (/	19	Revenue less expenses. Subtract line 18 from line 1	2		1,766,613	· · · · · · · · · · · · · · · · · · ·			
SOC	5			Ве	ginning of Current Yea				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			22,372,256	<u>' ' '                                </u>			
at A	21	, , , , , , , , , , , , , , , , , , , ,			20,929,865				
		Net assets or fund balances. Subtract line 21 from	ine 20		1,442,391	1,679,308.			
_	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, i			•	my knowledge and belief, it is			
true	e, corre	t, and complete. Declaration of preparer (other than officer	) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer			Doto				
Sig	gn	Signature of officer			Date				
He	re	ANNIE DUFLO, EXECUTIVE DIRECTOR Type or print name and title							
_		, , ,	Dranararia aignatura	11	Date Check	T T PTIN			
Pai	id	Print/Type preparer's name LORI M. BUDNICK	Preparer's signature	[	if	D00046310			
			ם כי מסא'מ		self-empl	·			
	parer	Firm's name BLUM, SHAPIRO & COMPANY,	Firm's EIN	06-1009205					
USE	e Only	Firm's address 29 S. MAIN STREET, P.O. B			Dh	O E 61 4000			
_		WEST HARTFORD, CT 06127-2			Phone no.86	50 561-4000			
Ma	y the I	RS discuss this return with the preparer shown above	ve? (see instructions)			X Yes No			

	1990 (2013) INNOVATIONS FOR POVERTY ACTION 06-1660066	Page <b>∠</b>
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	INNOVATIONS FOR POVERTY ACTION DISCOVERS AND PROMOTES EFFECTIVE	
	SOLUTIONS TO GLOBAL POVERTY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "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? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	5.
	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.	
4a	(Code:) (Expenses \$4,498,507. including grants of \$ 751,630. ) (Revenue \$	)
	SCHOOL-BASED DEWORMING: OVER 600 MILLION SCHOOL-AGE CHILDREN ARE AT	
	RISK OF PARASITIC WORM INFECTION. WORM INFECTIONS INTERFERE WITH	
	NUTRIENT UPTAKE; CAN LEAD TO ANEMIA, MALNOURISHMENT AND IMPAIRED MENTAL	
	AND PHYSICAL DEVELOPMENT; AND POSE A SERIOUS THREAT TO CHILDREN'S	
	HEALTH, EDUCATION, AND PRODUCTIVITY. INFECTED CHILDREN ARE OFTEN TOO	
	SICK OR TIRED TO CONCENTRATE AT SCHOOL, OR TO ATTEND AT ALL. WORM	
	INFECTIONS ARE ESTIMATED TO CAUSE A LOSS OF 200 TO 524 MILLION YEARS OF	
	PRIMARY SCHOOLING. PARASITIC EXACT A CLEAR TOLL ON HUMAN CAPITAL,	
	HINDERING ECONOMIC DEVELOPMENT IN PARTS OF THE WORLD THAT CAN LEAST	
	AFFORD IT. OVER 400 MILLION AT-RISK SCHOOL-AGE CHILDREN REMAIN	
	UNTREATED. TREATMENT WITH A SIMPLE PILL IS UNIVERSALLY RECOGNIZED AS A	
	A SAFE AND COST-EFFECTIVE SOLUTION. SCHOOL-BASED DEWORMING PROGRAMS	
4b	(Code:) (Expenses \$5,913,152. including grants of \$\$	)
	DISPENSERS FOR SAFE WATER AND WASH: CHLORINE KILLS 99.99% OF HARMFUL	
	BACTERIA, KEEPS WATER FREE FROM CONTAMINATION FOR UP TO 72 HOURS, AND	
	REDUCES THE INCIDENCE OF DIARRHEA BY 40%. A RANDOMIZED CONTROLLED TRIAL	
	WAS CONDUCTED IN KENYA TO COMPARE CHLORINE	
	DISPENSERS TO OTHER CHLORINATION OPTIONS. THE RESEARCHERS FOUND THAT	
	50-61% OF PEOPLE ADOPTED THE CHLORINE DISPENSER SYSTEM COMPARED WITH	
	ONLY 6-14% IN THE CONTROL GROUP, OR A NEARLY 10-FOLD INCREASE. ADOPTION	
	WAS SUSTAINED OVER TIME. INSPIRED BY THE SUSTAINED SUCCESS OF THIS	
	LOW-COST INTERVENTION, THE DISPENSERS FOR SAFE WATER PROGRAM WAS	
	DEVELOPED TO SCALE UP CHLORINE DISPENSERS AND PROVIDE ACCESS TO SAFE	
	WATER FOR MILLIONS OF PEOPLE.	
	1 200 704	
4c	(Code:) (Expenses \$ 1,362,784. including grants of \$ 433,861. ) (Revenue \$ EVALUATING THE AFRICAN HEALTH MARKET FOR EQUITY (AHME) IN GHANA AND	)
	KENYA: SUB-SAHARAN AFRICA ACCOUNTS FOR 24 PERCENT OF THE GLOBAL BURDEN	
	OF DISEASE, WHILE PRIVATE CLINICS ARE THE FIRST SOURCE OF CARE FOR MANY	
	AFRICANS, THE QUALITY OF CARE OFFERED IN PRIVATE FACILITIES IS	
	INCONSISTENT AND OFTEN WEAK, AND THE PRIVATE HEALTHCARE SECTOR FACES A	
	WIDE HOST OF CHALLENGES. IN THIS STUDY, IPA-AFFILIATED RESEARCHERS FROM	
	UC BERKELEY AND UCSF WILL EVALUATE THE IMPACT OF A MULTI-PRONGED	
	PRIVATE HEALTHCARE INITIATIVE ON HEALTHCARE UTILIZATION, QUALITY OF	
	CARE, CLINIC FINANCIAL OUTCOMES, AND CHILD HEALTH OUTCOMES IN KENYA.	
	DOLLOW TOUR	
	POLICY ISSUE:	
	Other and a series of (Departies in Oaks date O.)	
<b>4</b> d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ 25,835,287. including grants of \$ 796,266.) (Revenue \$ )	

332002 10-29-13

SEE SCHEDULE O FOR CONTINUATION(S)

#### Part IV Checklist of Required Schedules

1 Is the organization described in section SO1(c)(3) or 4947(a)(1) (other than a private foundation?  If "Yes," complete Schedule B, Schedule B, Schedule of Contributions?  2 Is the organization region in direct or indirect prolifect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Section SO1(c)(3) organization as coloris SO1(c)(4), SO1(c)(5), or SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II  Did the organization martrain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or hatoric extitutures? If "Yes," complete Schedule D, Part II  Did the organization martrain amount in Part X, line 21, for secroe or custodial account flability, serve as a custodian for amounts in such tised in Part X, or provise credit conselling, dolt management, credit pracy or debt negotiation services?  If "Yes," complete Schedule D, Part II  Did the organization report an amount for land, buildings, and equipment in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 10 ff "Yes," complete Schedule D, Part X II  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 10 ff "Yes," complete Schedule D, Part X II  Did the organization sport an amount for other assets in P				Yes	No
2 Is the organization required to complete Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I as Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II as the organization assection 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6)	1		1	Х	
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer (If 'Yes,' complete Schedule C, Part I    4 Section 501(c)(3) organizations. Dit the organization engage in lobbying activities, or have a section 501(r)(4) election in effect during the tax year? If "Yes,' complete Schedule C, Part II    5 Is the organization a section 501(r)(6), 50	2			Х	
Section 501(R)   Section 501(R)   Search   Section 501(R)   election in effect during the tax year? If "Yes," complete Schedule C, Part II   S   S   the organization section 501(R)   601(R)   S   501(R)   S   501(R)   S   501(R)   S   S   S   S   S   S   S   S   S					
4 Section 501(c)(3) organizations. Did the organization engage in hobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19 If "Yes," complete Schedule C, Part II or 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 amounts in such funds or accounts? If "Yes," complete Schedule D, Part II or Did the organization reserve in orbid a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II or Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, diet management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV or Did the organization and interest or through a reliated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V or If the organization sarver or any of the folioloring questions is "Yes," then complete Schedule D, Part V or If the organization sarver or any of the folioloring questions is "Yes," then complete Schedule D, Part V or If the organization sarver or any of the folioloring questions is "Yes," then complete Schedule D, Part V or If If the organization is prort an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V or If			3		Х
during the tax year? If "Yes," complete Schedule C, Part II  s is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III  bit the organization maintain any olonor 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 7 if "Yes," complete Schedule D, Part II  bit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures 9 if "Yes," complete Schedule D, Part III 7, and are such common and areas, or historic structures 9 if "Yes," complete Schedule D, Part III 7, and are such common and areas, or historic structures 9 if "Yes," complete Schedule D, Part III 7, and are an area of the part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 7, and the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V III 11 X 11 If Did the organization report an amount for investments - total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 11 X 11 If Did the organization report an amount for investments - total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 11 X 11 Did the organization selection of the se	4				
5 Is the organization a section 601c(i/d), 501c(i/d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-191 if "Pies," complete Schedule C, Part III			4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space.  8 Did the organization receive or hold a conservation easement, including easements to preserve open space.  8 Did the organization and areas, or historic structures? If "Yes," complete Schedule D, Part III  9 Did the organization maintain collections of works of art, historical treasures, or other similiar assets? If "Yes," complete Schedule D, Part III  9 Did the organization 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?  10 "Yes," complete Schedule D, Part IV  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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 18? If "Yes," complete Schedule D, Part VII  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 18? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII III X  16 Did the organization report an amount for other assets in Inart X, line 15 that is 5% or more of its total assets	5				
provide advice on the distribution or investment of amounts in such tunds or accounts? If "Yes," complete Schedule D, Part II 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 8  8		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III    9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    9 Did the organization perport 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? If "Yes," complete Schedule D, Part IV    10 Did the organization by through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, III, VIII, IX, or X as a spicicable.  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V    11 If X    11 If the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part V    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 16? If "Yes," complete Schedule D, Part VII    13 Did the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    2 Did the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    2 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    2 Did	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   8		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
8	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III  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? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI III III X  13 Did the organization report an amount for investments - ordan related in Part X, line 10? If "Yes," complete Schedule D, Part VI III III X  14 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 III III X  2 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  2 Did the organization is separate or consolidated financial statements for the tax year include a foothote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  11 D Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X  12 Did the organization obtain a separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X III III X  12 Did the organization as achool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X III III X  13 Is the orga		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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?  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10	8		8		х
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	۵		x
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11d	10		-		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  3 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 VIII  4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  5 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  6 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  7 Did the organization on botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII  8 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E, and If the organization animatian an office, employees, or agents outside of the United States?  1 Did the organization animatian an office, employees, or agents outside of the United States?  1 Did the organization animatian an office, employees, or agents outside of the United States?  1 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  1 Did the organization report on Part IX, co			10		Х
as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X line 17 line 18	11				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

06-1660068

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
0.7	Part V, line 1	34		х
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		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

06 - 1660068

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Х
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 74			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 214			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	<u> </u>
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE 0			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ا ما		х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		х
b	and the second s	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ī	to file Form 8282?	7c		х
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	, , , , , , , , , , , , , , , , , , , ,	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	,	9a		<b> </b>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross respires included on Form 900. Part VIII, line 12 for public use of plub facilities.			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	and the state of t			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pai	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0			"No" r	espon	se	
	Check if Schedule O contains a response or note to any line in this Part VI					х	
Sec	tion A. Governing Body and Management						
	ton / it do tonning body and management				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3	100		
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			2		х	
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4	X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or				
	more members of the governing body?			7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:				
а	The governing body?			8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9							
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х	
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			- <del></del>	
					Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			10a			
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to answer their appretions are appriented with the organization's everything are appriented with the organization's everything are appriented.	cnapter	s, amiliates,	10b			
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bofo	uro filing the form?	11a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	uy beic	ite illing the forms	Ha			
	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 ris	e to con	flicts?	12b	Х	<u> </u>	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.5			
·	in Schedule O how this was done			12c	х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	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 approx						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	•				
а	The organization's CEO, Executive Director, or top management official			15a	Х		
	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).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				
	taxable entity during the year?			16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	ate its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	n's				
	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure		MD OD 53				
17	List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY, CA, CO, FL, I						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ि(Sect	ion 501(c)(3)s only)	availab	le		
	for public inspection. Indicate how you made these available. Check all that apply.	- i- 0	inadula (C)				
40	X Own website Another's website X Upon request Other (explain			- ما 4:			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, of statements available to the public during the tax year.	Onflict	oi interest policy, ar	u iinar	icial		
20	State the name, physical address, and telephone number of the person who possesses the books a	and roo	ords of the organize	tion: 🕨			
20	VIVIAN BRADY-JONES - (203)772-2216	and 180	ords or the organiza	LIOII.			

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2013)

101 WHITNEY AVENUE, NEW HAVEN, CT 06510

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

#### 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.

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

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

(A) Name and Title	(B) Average	(do	not c	Pos	C) ition	) than	one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	cer ar	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio na I truste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEAN KARLAN	5.00									
FOUNDER, PRESIDENT		Х		Х				0.	0.	0.
(2) GREGORY FISCHER	5.00	1							_	_
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(3) JOSEPH MCCONNELL DIRECTOR / TRUSTEE	5.00	x						0.	0.	0.
(4) PARAS MEHTA	5.00	123	$\vdash$					· ·	0.	•••
DIRECTOR / TRUSTEE	3.00	x						0.	0.	0.
(5) JODI NELSON	5.00	<del> </del>						1	- •	
DIRECTOR / TRUSTEE		x						0.	0.	0.
(6) JAMES PRESCOTT	5.00									
DIRECTOR / TRUSTEE		x						0.	0.	0.
(7) STEVEN TOBEN	5.00									
DIRECTOR / TRUSTEE		х						0.	0.	0.
(8) KENTARO YOYAMA	5.00									
DIRECTOR / TRUSTEE		Х						0.	0.	0.
(9) ANNIE DUFLO	40.00									
EXECUTIVE DIRECTOR				Х				132,170.	0.	1,260.
(10) THOMAS GRAY	40.00									
CFO				Х		<u> </u>		105,773.	0.	700.
(11) KAREN LEVY	40.00	1								
RESEARCH DIRECTOR						Х		105,550.	0.	3,028.
(12) JOHN HUGHES	40.00	4						101.654		0.051
FORMER DIRECTOR OF FINANCE			-			Х	-	101,654.	0.	2,951.
		-								
		1								
		1								
		L	L	L	L	L	L			

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck ss pe	ition more rson		one h an	( <b>D</b> )  Reportable  compensation  from	( <b>E)</b> Reportable compensatior from related		ar	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom th anizat d relat anizati	e ion ed
	·	<u>-</u>	<u>-</u>	0	×	± a	4						
1b Sub-total c Total from continuation sheets to Part V								445,147.		0.		7 ,	939
d Total (add lines 1b and 1c)							no r	445,147.	0,000 of reportable	0.		7,	,939
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	•				•			•			5		X
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										oens	sation	from	
(A) Name and business	•	NO						(B) Description of s		C	(C Compe		n
Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than		Form	990 (	2012

ıa	rt VI	Check if Schedule O cont		e or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra		Membership dues						
ts,		Fundraising events						
ᇕᇕ	d	Related organizations	1d					
ns, Sim		Government grants (contribut	. —	7,647,308.				
e Eio	f	All other contributions, gifts, gran						
<sub>ế</sub>		similar amounts not included abo		32,871,011.				
Contributions, Gifts, Grants and Other Similar Amounts	I -	Noncash contributions included in lines			40 510 310			
<u>O a</u>	h	Total. Add lines 1a-1f		Business Code	40,518,319.			
<b>o</b>	2 a	•		Business Code				
Š	b							
Ser	C							
ame	d							1
Program Service Revenue	е							
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)			7,226.			7,226.
	4	Income from investment of ta						
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents						
	l .	Less: rental expenses						
		Rental income or (loss)  Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	′ "	assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		<b></b>				
nue	l .	Gross income from fundraisin including \$	g events (not					
Other Revenue		contributions reported on line						
<u>ج</u> ج		Part IV, line 18	,	a				
ţ	b	Less: direct expenses						
O	c	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19		a				
	l .	Less: direct expenses		·				
	l .	: Net income or (loss) from gan						
	10 a	Gross sales of inventory, less						
	١.	and allowances						
	l .	Less: cost of goods sold						
	<u>c</u>	Net income or (loss) from sale						
	11 ~	Miscellaneous Revenu		Business Code				
	11 a   b							<del>                                     </del>
	0							<del> </del>
		All other revenue						<del> </del>
		• Total. Add lines 11a-11d		_				
	12	Total revenue. See instructions.			40,525,545.	0.	0.	7,226.
33200 10-29	19 - 13							Form <b>990</b> (2013)

#### 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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	496,088.	496,088.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	1,536,159.	1,536,159.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	.=			
	trustees, and key employees	453,086.	417,910.	30,079.	5,097
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,115,423.	14,864,294.	1,069,837.	181,292.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,247.	16,420.	4,827.	
9	Other employee benefits	2,437,540.		156,327.	38,932
10	Payroll taxes	151,101.	151,101.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	90,338.	48,817.	40,596.	925
С	Accounting	149,311.	55,718.	93,593.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	1,891,507.	1,532,659.	248,950.	109,898
12	Advertising and promotion				
13	Office expenses	828,836.	747,581.	79,500.	1,755
14	Information technology	762,225.	666,596.	90,213.	5,416
15	Royalties		225 151		
16	Occupancy	993,436.	896,164.	97,272.	20.101
17	Travel	3,263,847.	3,146,902.	94,821.	22,124
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100 506	285 552	40, 603	0.560
19	Conferences, conventions, and meetings	420,796.	375,553.	42,683.	2,560
20	Interest	1,135.		1,135.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	01 246	42.207	20.040	
23	Other expenses. Itemize expenses not covered	81,346.	42,297.	39,049.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SURVEY EXPENSE	6,899,524.	6,899,524.		
b	MOTOR VEHICLE EXPENSE	1,213,147.	1,212,415.	40.	692
c	SUBAWARDS	1,091,006.	1,090,938.	68.	
d	OTHER EXPENSES	864,265.	643,850.	189,115.	31,300
	All other expenses	527,265.	526,463.	,	802
25	Total functional expenses. Add lines 1 through 24e	40,288,628.	37,609,730.	2,278,105.	400,793
26	<b>Joint costs.</b> 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)				
	n 10-20-13		I	<b>I</b>	Form <b>990</b> (2013)

# Form 990 (2013) Part X Balance Sheet

Га	IT X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any li	ine in this Part X			<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			8,506,702.	1	4,746,489.
	2	Savings and temporary cash investments			1,211,562.	2	350,088.
	3	Pledges and grants receivable, net			196,020.	3	50,000.
	4	Accounts receivable, net			11,806,311.	4	18,581,288.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated empl	oyees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ß		employees' beneficiary organizations (see instr)	, ,	`` <i>'</i>		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		240,873.	9	546,143.	
	1	Land, buildings, and equipment: cost or other			·		,
		basis. Complete Part VI of Schedule D	10a	879,508.			
	Ь	Less: accumulated depreciation		524,958.	256,766.	10c	354,550.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		154,022.	15	441,014.	
	16	Total assets. Add lines 1 through 15 (must equ			22,372,256.	16	25,069,572.
	17	Accounts payable and accrued expenses	1,098,752.	17	1,690,200.		
	18	Grants payable		18			
	19	Deferred revenue		19,831,113.	19	21,700,064.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r officers,	directors, trustees,			
ΞĔ		key employees, highest compensated employee	es, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third par	rties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			20,929,865.	26	23,390,264.
		Organizations that follow SFAS 117 (ASC 958	3), check l	here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets			1,246,371.	27	1,629,308.
Bal	28	Temporarily restricted net assets		196,020.	28	50,000.	
<u> </u>	29	Permanently restricted net assets		29			
Ξ		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶☐			
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment f	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			1,442,391.	33	1,679,308.
	34	Total liabilities and net assets/fund balances .	<u></u>	<u></u>	22,372,256.	34	25,069,572.

06-1660068

Pa	rt 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		,525,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	40		628.
3	Revenue less expenses. Subtract line 2 from line 1	3		236,	917.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,442,	391.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,679,	308.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separar	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or guidite, explain why in Schedule O and describe any stone taken to undergo such audite		26	x	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INNOVATIONS FOR POVERTY ACTION

Employer identification number 06-1660068

Parl	: 1	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The or	gani	zation is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
<b>3</b> [	$\neg$			tal service organization of		in <b>section</b>	170(b)(1)	A)(iii).					
4	$\overline{}$	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hosp	oital's nar	ne,
		city, and state	-			•				•			
<b>5</b> [		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
		_	( <b>b)(1)(A)(iv).</b> (Comple	-	,	•	,	Ü					
<b>6</b> [				ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7	$\neg$			eives a substantial part					or from the	general	nublic d	escribed	in
• -			b)(1)(A)(vi). (Comple		or ito oupp	ore morn a	govornine	intal arm c	, 110111 1110	goriorai	pabile a	coomboa	""
<b>8</b> [				ection 170(b)(1)(A)(vi).	Complete	Part II \							
9 [	$\neg$			eives: (1) more than 33 1			rom contri	hutions m	nemhershi	n fees a	nd aross	s receints	from
<b>J</b> _				nctions - subject to certa									
			•	axable income (less sect	•	•	•				•		
			<b>509(a)(2).</b> (Complete		.ioii 5 i i ta	.x) 110111 bu	311103303 6	acquired b	y trie orga	inzation	arter our	16 50, 15	75.
<b>10</b> [				perated exclusively to te	et for publ	ic safety 9	Saa <b>cac</b> tio	n 500(a)(4	11				
11 [		-	-	perated exclusively for the		-			-	v out the	nurnos	os of one	or
		Ü		ations described in section		′ '		,		,			Oi
				organization and comple				.). See <b>se</b> t	, tioii 309(	а)(Э). Оп	eck lile i	וומנ	
		a Type I				nctionally		4	qyT 🔲 I	o III. No	n functio	nally inte	aratad
<b>e</b> [		• •	•	•		•	-		• •			-	-
e L				at the organization is not han one or more publicly									
4				ten determination from t						(a)(1) OI	Section	309(a)(2)	•
f				to to an									
_			rganization, check th										Ш
g				organization accepted ar								Yes	No
				irectly controls, either al								_	+140
				upported organization?									+-
				n described in (i) above?									+
<b>L</b>				person described in (i) o							11g	(111)	
h		Provide the fo	ollowing information	about the supported org	ganization	(S).							
					(iv) lo the c	raonization	(v) Did vo	, notify the	(vi) le	the			
(i) N		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in vour			( <b>vi)</b> Is organizațio			ount of mo	netary
	orga	nization				document?			(i) organiz U.S	ea in the .?		support	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					100	110	100	110	100	110			
Γotal													

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,997,069.	26,532,400.	29,863,735.	36,716,750.	40,518,319.	152,628,273.
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						
4	Total. Add lines 1 through 3	18,997,069.	26,532,400.	29,863,735.	36,716,750.	40,518,319.	152,628,273.
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)						54,577,055.
	Public support. Subtract line 5 from line 4.						98,051,218.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	18,997,069.	26,532,400.	29,863,735.	36,716,750.	40,518,319.	152,628,273.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	29,354.	23,203.	25,887.	12,856.	7,226.	98,526.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						152,726,799.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2013 (I					14	64.20 %
	Public support percentage from 2012					15	60.37 %
16a	<b>33 1/3</b> % <b>support test - 2013.</b> If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2012. If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b>	<b>ere.</b> Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	publicly supported	l organization		▶□
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part IV how the	;
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶∐.
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		s • L

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•		•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
<b>19a 33 1/3% support tests - 2013.</b> If the	-					
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2012.</b> If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public

Inspection
Employer identification number

Name of the organization INNOVATIONS FOR POVERTY ACTION 06-1660068 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

Solidation of the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):		t III Organizations Maintaining C	ollections of Art	, Historical T	reasures, o	or Other	Similar Ass	ets(continu	ied)
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	, check any of the	following tha	t are a sign	ificant use of it	s collection	items
b Scholarly research 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, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ		(check all that apply):							
b Scholarly research 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, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ	а	Public exhibition	d	Loan or exc	change progra	ams			
c	b	Scholarly research	е						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c Beginning balance  1 Amount  1 Description during the year  1 Description during the year  2 Distributions during the year  2 Distributions during the year  2 Distributions during the year Interest YiII. Description of Interest YiII. Part Y Pes No  3 Description of Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  4 Description of Year balance  2 Provide the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  4 Description of Year balance  5 Contributions  6 Other expenditures for facilities and programs  1 Administrative expenses  9 Contributions  1 Other expenditures for facilities and programs  1 Administrative expenses  9 End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  2 Board designated or quasi-endowment Pys  9 Endowment Funds not in the possession of the organization that are held and administered for the organization by:  1 Description of property  4 Description of property  10 Unrelated organizations  10 If viest to Salid, are the related organizations listed as required on Schedule R?  4 Description of property  10 Land  11 Land  12 Land  13 Salid									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XP   Ves   No   If "Yes," explain the arrangement in Part XIII and complete the following table:	_		llections and explain	how they further	the organizati	on's exemn	t purpose in P	art XIII	
Does old to raise funds rather than to be maintained as part of the organization's collection?								u	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217   Yes   No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.   Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance   Qa Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (f) Three years back   (f) Four	·							Yes	☐ No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  1d	Pai								
on Form 990, Part X7  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Armount				· ·			•		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1d   1d   1d	1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributio	ns or other as	sets not inc	cluded		
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance		on Form 990, Part X?						Yes	☐ No
c Beginning balance d Additions during the year e Distributions during the year 1 te 1 tri 1 tri 1 tri 2 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Drot If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ %  1 Temporarily restricted endowment ▶ %  1 The percentages in lines 2a, 2b, and 2c should equal 100%. 3 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 (iii) related organizations  2 Port V	b								
d Additions during the year   1 t								Amount	
d Additions during the year   1 t	С	Beginning balance					1c		
e Distributions during the year  f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217							1d		
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?    Part V   Endowment Funds. Complete if the explanation has been provided in Part XIII.   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (e) F							1e		
Did the organization include an amount on Form 990, Part X, line 217    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Table Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	f						1f		
Describe in Part XIII   Check here if the explanation has been provided in Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (f) Three years back   (g) Three years back   (g) Four years back   (g) Three years back   (g) Three years back   (g) Four years back	2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	21?				Yes	No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    a   Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four ye									
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		'					Three years bac	k (e) Four	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance	,			<u> </u>	•		
c Net investment earnings, gains, and losses d Grants or scholarships									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	·								
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶									
a Board designated or quasi-endowment ▶	_	<del>-</del>	ent vear end halance	(line 1a, column (	(a)) held as:	I			
b Permanent endowment ▶			•		a)) ficia as.				
Temporarily restricted endowment ▶		-							
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements 336,071, 122,531, 213,540.		· —							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (ii) unrelated organizations (iii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  336,071. 122,531. 213,540.	·								
by: (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  (d) Book value  1a Land  b Buildings  C Leasehold improvements  336,071. 122,531. 213,540.	22	, ,	•	tion that are hold	and administs	arod for the	organization		
(i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  3a(i)  3a(ii)  4 Das(iii)  3b  4 Describe in Part XIII the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements	Ja		ssion of the organizar	tion that are neid a	and administe	iled for title	organization	Г	/os No
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  1a Land  b Buildings  c Leasehold improvements  3a(ii)  3b  4 Describe in Part XIII the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  (c) Accumulated depreciation  4 Description of property  (a) Cost or other basis (other)  1a Land  5 Buildings  6 Leasehold improvements  336,071.  122,531.  213,540.		-							163 140
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  336,071.  122,531.  213,540.									_
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  336,071.  122,531.  213,540.	h	If "Vos" to 20(ii) are the related ergonizations	listed as required on	Sobodulo D2				3d(II)	_
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  336,071.  122,531.  213,540.								30	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  C Description answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  1a Land  2a Land  336,071.  122,531.  213,540.	_			vinient iunas.					
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  basis (other)  basis (other)  c Leasehold improvements  336,071.  122,531.  213,540.	ı aı			Dart IV line 11a 9	See Form 990	Part Y line	10		
basis (investment)         basis (other)         depreciation           b Buildings         2         336,071.         122,531.         213,540.								(d) Pook	volue
b Buildings       336,071.       122,531.       213,540.		Description of property	\ \ \ \	' '			I	( <b>a)</b> Book	value
b Buildings       336,071.       122,531.       213,540.		Land							
c Leasehold improvements       336,071.       122,531.       213,540.									
	C	Leasehold improvements			336,071.		122,531.		213,540.
q-q									
e Other 239,776. 221,814. 17,962.									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				(, column (B), line					

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 INNOVATIONS FOR PO	JAERIA ACTION	00	-1000000 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" t			<del> </del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
	o Form 000 Dort IV	line 11e Cae Form 000 Port V line 12	
Complete if the organization answered "Yes" t  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	
	(b) Book value	(b) Mothod of Valdation. Coot of of	d or your 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" t	o Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.	
	escription		(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.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" t	o Form 990, Part IV,		5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). C	heck here if the text of the footnote has beer	n provided in Part XIII 📖

Schedule D (Form 990) 2013

Part	XI Reconciliation of Revenue per Audited Financia		ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a.		
<b>1</b> T	otal revenue, gains, and other support per audited financial statemen	ts	1	40,525,545.
<b>2</b> A	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	Net unrealized gains on investments	2a		
	Oonated services and use of facilities			
c F	Recoveries of prior year grants	2c		
<b>d</b> C	Other (Describe in Part XIII.)	2d		
	Add lines <b>2a</b> through <b>2d</b>			0.
<b>3</b> S	Subtract line <b>2e</b> from line <b>1</b>		3	40,525,545.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> C	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b>			0.
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			40,525,545.
Part	XII Reconciliation of Expenses per Audited Financia	-	ises per Return.	
	Complete if the organization answered "Yes" to Form 990, Part			
	otal expenses and losses per audited financial statements		1	40,288,628.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Oonated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			0.
<b>3</b> S	Subtract line 2e from line 1		3	40,288,628.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b>			0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	line 18.)	5	40,288,628.
ines 2d	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	vide any additional information.		

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047 Open to Public Inspection

423,787.

466,355.

Department of the Treasury Internal Revenue Service Name of the organization

MIDDLE EAST AND NORTH AFRICA

NORTH AMERICA

**Employer identification number** 

INNOVATIONS FOR POVERTY ACTION 06-1660068 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes 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 **United States** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) (a) Region (b) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND CARIBBEAN PROGRAM SERVICES IMPACT EVALUATION 289,096. EAST ASIA AND THE PACIFIC PROGRAM SERVICES IMPACT EVALUATION 2,050,239.

PROGRAM SERVICES

PROGRAM SERVICES

5

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SOUTH AMERICA	2	20	PROGRAM SERVICES	IMPACT EVALUATION	1,185,654.
SOUTH ASIA	1	212	PROGRAM SERVICES	IMPACT EVALUATION	3,928,017.
SUB-SAHARAN AFRICA	12	600	PROGRAM SERVICES	IMPACT EVALUATION	29,209,765.
EUROPE	1	1	PROGRAM SERVICES	IMPACT EVALUATION	56,815.
3 a Sub-total	20	977			37,609,728.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	20	977			37,609,728.

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

Schedule F (Form 990) 2013

IMPACT EVALUATION

IMPACT EVALUATION

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TARGETING ULTRA POOR	15,342.	WIRE TRANSFER	0.		
		SOUTH ASIA	INDIA DEWORMING	93,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	PHILLIPINE KALAHI					
			EVAL.	10,660.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
			EVALUATION OF SPEED S	30,873.	WIRE TRANSFER	0.		
		SOUTH ASIA	MOBILE MONEY PROJECT	21,960.	WIRE TRANSFER	0.		
				•				
		SOUTH AMERICA	SMALL AND MEDIUM ENT	9,735.	WIRE TRANSFER	0.		
				•				
		SOUTH ASIA	PARTNERSHIP GRANTS	15.000.	WIRE TRANSFER	0.		
				_ , , , , , , ,				
		EUROPE	AFRICAN SCOPING STUDY	16 444	WIRE TRANSFER	0.		
0 5 1 1 1 1 1			FILLIOIN, DOOLING BIODI			•••		L

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exem	pt 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

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Schedule F (Form 990) 2013

Schedule F (Form 990)		A TIMEVOT NOT ENDI		Page :						
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		SUB-SAHARAN								
		AFRICA	HEALTH SIERRE LEONE	5,120.	WIRE TRANSFER	0.				
		SUB-SAHARAN	YOUTH							
		AFRICA	ENTREPRENEURSHIP	20,813.	WIRE TRANSFER	0.				
				,						
		SOUTH ASIA	SURVEY SRI LANKEN ENT.	90 909	WIRE TRANSFER	0.				
				20,2021						
		SOUTH ASIA	INDIA FIELD SURVEY	22 166	WIRE TRANSFER	0.				
		SOUTH ASTA	INDIA FIELD SURVEI	33,100.	WIRE TRANSFER	0.				
				650.045						
		SOUTH AMERICA	INDIA DEWORMING CAM.	679,015.	WIRE TRANSFER	0.				
		SUB-SAHARAN	ASSET TRANSFER AND							
		AFRICA	co.	20,200.	WIRE TRANSFER	0.				
		SOUTH ASIA	TARGETING ULTRA POOR	12,880.	WIRE TRANSFER	0.				
			BANGLADESH RCT WATER							
		SOUTH ASIA	TREATMENT	9,506.	WIRE TRANSFER	0.				
			SMALL AND MEDIUM							
		EUROPE	ENTERPRISE	5,000.	WIRE TRANSFER	0.				

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations 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)
		SUB-SAHARAN	SENEGAL SANITATION					
		AFRICA	VALUE CHAIN IN DAKAR	39,580.	WIRE TRANSFER	0.		
			FERTILIZER COMMITMENT					
		PORTUGAL	SAVINGS	6,343.	WIRE TRANSFER	0.		
			EVALUATION OF CHC'S -					
		SUB-SAHARAN AFRICA	COMMUNITY HYGIENE CLUBS	20 144	WIRE TRANSFER	0.		
		AFRICA	СПОВЗ	30,144.	WIRE TRANSFER	0.		
		SOUTH AMERICA	QUIPU COMMISSION	21,725.	WIRE TRANSFER	0.		
			SMALL AND MEDIUM					
		EUROPE	ENTERPRISE	8,502.	WIRE TRANSFER	0.		
		SUB-SAHARAN	WATER AND SANITATION					
		AFRICA	AFRICA	175,359.	WIRE TRANSFER	0.		
		a a						
		SUB-SAHARAN AFRICA	TASO CASH FRAMING UGANDA	69 382	WIRE TRANSFER	0.		
				22,202,		"		
			BEHAVIORAL SAVINGS,	44 000				
		AFRICA	MICRO SAVINGS	11,232.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	ACCESS TO FINANCE	35,000.	WIRE TRANSFER	0.		

Scriedule	e F (FORM 990)	11110 1111	IONS FOR TOVERTE A			00 10000			Page 2
Part II		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nan	ne 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)
				FCRF AWARDS					
			SOUTH AMERICA	MATCHMAKING	6,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA	AFRICAN SCOPING STUDY	8,519.	WIRE TRANSFER	0.		
			EAST ASIA AND THE						
			PACIFIC	PARTNERSHIP GRANTS	11,750.	WIRE TRANSFER	0.		
			SOUTH ASIA	MICRO FINANCE	15 000	WIRE TRANSFER	0.		
			SOUTH ASIA	MICRO FINANCE	13,000.	WIRE TRANSFER	0.		

Schedule	F (Form 990) 2013	INNOVATIONS FOR POVERTY ACTION	06-1660068
Part III	Grants and Other As	sistance to Individuals Outside the United States. Co	mplete if the organization answered "Yes" on Form 990, Part IV, line 16.
	Part III can be duplica	ated 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	NONE	0	0.		0.		

Sched	ule F (Form 990) 2013 INNOVATIONS FOR POVERTY ACTION	06-1660068	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	\ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	x No

Schedule F (Form 990) 2013

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

INNOVATIONS F	OR POVERTY AC	TION					06-1660068
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments ar	d Organizations in th	ne United States. C	omplete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	itional space is need	ded.	(f) Mathed of	1	
(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
THE UNIVERSITY OF CALIFORNIA 2195 HEARST AVENUE		504 (5) 2	205 204				
BERKELEY, CA 94720	94-6002123	501(C)3	306,801.	0.			EVALUATION
HARVARD COLLEGE PO BOX 415649 BOSTON , MA 02241	04-2103580	501(C)3	7,500.	0.			RESEARCH QUESTIONS
COLUMBIA UNIVERSITY 615 WEST 131ST NEW YORK, NY 10027	13-5598093	501(C)3	8,960.	0.			EXPLORE RESEARCH QUESTIONS
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)3	166,828.	0.			EVALUATION
UNIVERSITY OF WISCONSIN - OFFICE OF SPONSORED PROGRAMS - 21 N PARK STREET, STE 6401 - MADISON , WI 53715	39-6006492	501(0)3	5,999.	0.			EVALUATION
33723	33 0000432	552(0)3	3,333.				
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table			1	<b>&gt;</b> 5.
3 Enter total number of other organization		4					5.

INNOVATIONS FOR POVERTY ACTION

Part III	Grants and Other Assistance to Individuals in the Part III can be duplicated if additional space is need	ded.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Provide the information	l l n required in Part I, lin	e 2, Part III, colum	l n (b), and any other a	 dditional information.	

### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

INNOVATIONS FOR POVERTY ACTION 06 - 1660068FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LEVERAGE THE EXISTING AND EXTENSIVE INFRA-STRUCTURE OF SCHOOLS AND THE DOCUMENTED IMPORTANCE OF CONVENIENCE IN ACHIEVING HIGH TAKE-UP OF PREVENTITIVE HEALTHCARE. RIGOROUS EVIDENCE SHOWS THAT SCHOOL-BASED DEWORMING IS A COST-EFFECTIVE SOLUTION THAT TRANSFORMS THE LIVES OF CHILDREN OVER THE SHORT AND LONG TERM. A 2007 STUDY OF AN EARLY 20TH CENTURY HOOKWORM ERADICATION EFFORT IN THE SOUTHERN UNITED STATES FOUND TREATMENT TO INCREASE SCHOOL ENROLLMENT, ATTENDANCE, LITERACY, AND ADULT INCOMES. CHRONIC HOOKWORM INFECTION REDUCED ADULT WAGES BY 43%. A RANDOMIZED TRIAL IN KENYA IN THE EARLY 2000S FOUND SCHOOL-BASED **DEWORMING:** -REDUCES SCHOOL ABSENTEEISM BY 25% -INCREASES HOURS WORKED BY ADULTS BY 12% -INCREASES FUTURE WAGE EARNINGS BY 23% SPILLOVER EFFECTS OF TREATMENT PROVIDE BENEFITS TO UNTREATED SCHOOL-AGE AND PRESCHOOL CHILDREN AS WELL. IN KENYA, YOUNG SIBLINGS OF THOSE TREATED AND CHILDREN WHO LIVE NEARBY, BUT WERE TOO YOUNG TO BE SHOWED GAINS IN COGNITIVE DEVELOPMENT EQUAL TO HALF A YEAR OF WITH A TOTAL PER CHILD COST OF LESS THAN \$0.50 PER YEAR SCHOOLING. THE JAMEEL POVERTY ACTION LAB AT MIT (J-PAL) LISTS MASS SCHOOL-BASED DEWORMING AS A "BEST BUY" IN BOTH EDUCATION HEALTH. FURTHERMORE FUTURE INCOME GAINS MEAN THAT INVESTMENTS IN DEWORMING GENERATE A RETURN OF UP TO 82% PER YEAR. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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

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

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
INCREASE RATES OF HOUSEHOLD CHLORINATION. CHLORINE DISINFECTS DRINKING	
WATER WHILE PROTECTING IT FROM RECONTAMINATION. WE HAVE CONTINUED TO	
SEE HIGH ADOPTION RATES AS WE SCALE THIS PROGRAM IN BOTH KENYA AND	
UGANDA. WE ARE CURRENTLY PILOTING THE CHLORINE DISPENSER SYSTEM IN	
MALAWI AND TANZANIA. AS OF MID-2013, WE HAVE PROVIDED 1 MILLION PEOPLE	
WITH ACCESS TO SAFE WATER.	
WASH BENEFITS IS ONE OF THE LARGEST AND MOST AMBITIOUS PROJECTS IN	
IPA'S TEN-YEAR HISTORY. ITS PURPOSE IS TO FIND THE MOST EFFECTIVE	
APPROACHES TO PREVENTING DIARRHEAL DISEASE THROUGH IMPROVEMENTS IN	
WATER QUALITY, SANITATION, AND HYGIENE. WASH BENEFITS GREW OUT OF	
PREVIOUS IPA RESEARCH IN KENYA THAT AIMED TO INCREASE THE NUMBER OF	
PEOPLE TREATING THEIR WATER WITH CHLORINE, AN EFFECTIVE AND SAFE WAY TO	
KILL THE PATHOGENS THAT CAUSE DISEASE. CHLORINE IS INEXPENSIVE AND	
READILY AVAILABLE IN WESTERN KENYA, YET IPA RESEARCHERS MICHAEL KREMER	
AND EDWARD MIGUEL, TOGETHER WITH JESSICA LEINO AND ALIX ZWANE, FOUND	
THAT ONLY EIGHT PERCENT OF SURVEYED HOUSEHOLDS HAD DETECTABLE CHLORINE	
IN THEIR WATER. BY INSTALLING CHLORINE DISPENSERS NEAR WATER COLLECTION	
SITES, THE RESEARCHERS WERE ABLE TO INCREASE THE PERCENTAGE OF	
HOUSEHOLDS WITH CHLORINE-TREATED WATER TO 61 PERCENT GREATER THAN 600	
PERCENT INCREASE THAT RESULTED IN LESS DISEASE.	
CHLORINE TREATMENT IS IMPORTANT, BUT IT IS NOT THE ONLY OPTION. OTHER	
RESEARCH HAS SHOWN THAT SANITATION AND HYGIENE CAN PREVENT	
POST-TREATMENT CONTAMINATION OF WATER, AND THAT CHILDREN UNDER TWO	
YEARS OF AGE FURTHER BENEFIT FROM NUTRITIONAL SUPPLEMENTS. THESE	
APPROACHES RAISE QUESTIONS ABOUT WHICH INTERVENTION IS THE MOST	
EFFECTIVE, AND WHAT HAPPENS WHEN THEY ARE COMBINED. THE WASH BENEFITS	
PROJECT WILL PRODUCE ANSWERS IN A FIVE-YEAR STUDY IN WESTERN KENYA THAT  332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)
09-04-13 3.7	Ocheanie O (i Orin 990 01 990-LZ) (2013)

Name of the organization  INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
INVOLVES MORE THAN 100,000 PEOPLE IN 1,000 COMMUNITIES. LAUNCHED IN	
2011, THE PROJECT WILL ASSESS THE INDIVIDUAL AND COMBINED IMPACT OF SIX	
INTERVENTIONS, INCLUDING THE USE OF CHLORINE DISPENSERS AND OTHER	
SANITATION AND HYGIENE PROGRAMS. SOME PARTICIPANTS WILL ALSO RECEIVE	
NUTRITIONAL SUPPLEMENTS TO HELP SMALL CHILDREN GET THE NUTRIENTS THEY	
NEED. RESEARCHERS WILL MEASURE A BROAD SUITE OF OUTCOMES, AND USE THE	
RESULTS TO HELP STEER GOVERNMENT AND PRIVATE RESOURCES TO THE MOST	
PROMISING PROGRAMS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
SUB-SAHARAN AFRICA ACCOUNTS FOR 24 PERCENT OF THE GLOBAL BURDEN OF	
DISEASE, YET IT ONLY HAS 11 PERCENT OF THE WORLD'S POPULATION. THE	
HEALTH CARE SYSTEMS OF THE COUNTRIES IN THE REGIONS ARE FACING NUMEROUS	
CHALLENGES AT ONCE, INCLUDING LACK OF TRAINING AND ORGANIZATION,	
INSUFFICIENT STANDARDS AND QUALITY MONITORING, AND HIGH OUT-OF-POCKET	
EXPENDITURES. WHILE MANY EFFORTS TO ADDRESS PROBLEMS IN THE HEALTH	
CARE SECTOR HAVE FOCUSED ON GOVERNMENT CLINICS AND HOSPITALS, PRIVATE	
PROVIDERS ARE IN FACT THE FIRST SOURCE OF CARE FOR MANY AFRICANS.	
THOUGH MILLIONS OF PEOPLE RELY ON PRIVATE CLINICS, REGULATION AND	
ENFORCEMENT OF QUALITY CARE IN PRIVATE FACILITIES IS GENERALLY WEAK,	
AND THE PRIVATE HEALTHCARE SECTOR IS NOT STRUCTURED TO ENSURE EITHER	
QUALITY OR AFFORDABILITY. THESE ISSUES HAVE IMPELLED GOVERNMENTS AND	
NGOS TO TURN THEIR ATTENTION TO IMPROVING CARE IN PRIVATE FACILITIES.	
THUS FAR, MANY PROGRAMS HAVE AIMED TO SOLVE INDIVIDUAL CONSTRAINTS TO	
PROVIDING HIGH-QUALITY HEALTH CARE, BUT FEW HAVE INTERVENED ON MULTIPLE	
FRONTS SIMULTANEOUSLY. A MULTI-FACETED APPROACH HAS NOT BEEN TESTED.	
THIS RESEARCH WILL FILL THIS GAP BY TESTING AN INITIATIVE THAT	

ADDRESSES MULTIPLE HEALTH CHALLENGES IN THE REGION AT ONCE.

Name of the organization **Employer identification number** INNOVATIONS FOR POVERTY ACTION 06-1660068 CONTEXT OF THE EVALUATION: GHANA, KENYA AND NIGERIA, THE COUNTRIES PARTICIPATING IN THE AFRICAN HEALTH MARKET FOR EQUITY (AHME) INITIATIVE, ALL HAVE LARGE POPULATIONS, A HIGH DISEASE BURDEN, HIGH OUT-OF-POCKET PAYMENTS FOR HEALTHCARE, AND THEY ARE ALL WORKING TO EXPAND THE REACH OF THEIR HEALTH INSURANCE PROGRAMS. THE INITIATIVE WAS DESIGNED AND IS BEING IMPLEMENTED BY MARIE STOPES INTERNATIONAL, POPULATION SERVICES INTERNATIONAL, PHARMACCESS FOUNDATION, GRAMEEN FOUNDATION, THE INTERNATIONAL FINANCE CORPORATION, AND SOCIETY FOR FAMILY HEALTH. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: KENYA, GHANA, LIBERIA, MALAWI, MALI, MEXICO, MOROCCO, PHILIPPINES, UGANDA, SIERRA LEONE, PERU, ZAMBIA, BANGLADESH FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: IN 2013, IPA REVISED ITS BY-LAWS TO CLARIFY THE ROLES AND POSITIONS OF ITS OFFICERS. THE EXECUTIVE DIRECTOR WAS INCLUDED IN THE LIST OF CORPORATE OFFICERS, AND THE CFO WAS LISTED AS THE TREASURER. ADDITIONALLY, THE BY-LAWS WERE UPDATED TO GRANT OFFICERS OF THE CORPORATION WITH SIGNATORY AUTHORITY AND AUTHORIZE THE EXECUTIVE DIRECTOR TO DELEGATE SIGNATORY AUTHORITY. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990

Name of the organization INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
IS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION	-
AND COMMENT. EACH BOARD MEMBER IS PROVIDED OPPORTUNITY TO COMMENT ON THE	
INFORMATION CONTAINED IN THE 990 PRIOR TO FILING WITH THE INTERNAL REVENUE	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE.	
ALL NEW EMPLOYEES AND BOARD MEMBERS ARE ASKED TO RENEW AND ACKNOWLEDGE	
THEIR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.	
THE ORGANIZATION DISTRIBUTES AN ANNUAL QUESTIONNAIRE TO ALL EMPLOYEES	
(INCLUDING EXECUTIVES) AND BOARD OF TRUSTEES MEMBERS. THE BOARD OF	
DIRECTORS IS TASKED WITH REVIEWING ANY POTENTIAL CONFLICTS OF INTERST AND	
DETERMINING COMPLIANCE WITH THE ORGANIZATION'S POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS FOR DETERMINING	
THE COMPENSATION OF ITS EXECUTIVE OFFICERS, AND USES THE SAME PROCESS FOR	
ALL EMPLOYEES. THE ORGANIZATION RELIES ON MARKET ANALYSIS TO DETERMINE	
COMPENSATION ACROSS ALL LEVELS, USING SIMILARLY SIZED ORGANIZATIONS AS A	
BENCHMARK. THE ORGANIZATION HIRED A NONPROFIT PROFESSIONAL ADVISORY GROUP	
TO PERFORM THE SPECIFIC ANALYSIS, AS WELL AS TO SEARCH FOR THE CHIEF	
FINANCIAL OFFICER. IT SHOULD BE NOTED THAT THE PRESIDENT AND CEO IS THE	
FOUNDER OF THE ORGANIZATION. THE PRESIDENT DRAWS NO SALARY FROM	
INNOVATIONS FOR POVERTY ACTION.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CT,NJ,NY,CA,CO,FL,IL,MA,MD,OR,PA,VA,WI,AK,AR	

Name of the organization  INNOVATIONS FOR POVERTY ACTION	Employer identification number 06-1660068
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, FORM 990 AND	
ANNUAL SUMMARY ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE	
AT THE ADDRESS LISTED ON PAGE 1 OF THE FORM 990. THE FORM 990 IS, LIKEWISE,	
PUBLISHED ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND	
CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S	
DISCRETION. THEY ARE OFTEN PICKED UP FOR OTHER CHARITY EVALUATION WEBSITES	
SUCH AS CHARITY NAVIGATOR.	
990, PART XII, LINE 2C	
EXPLANATION: THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR	
OVERSIGHT OF THE AUDIT.	

Form 88	68 (Rev. 1-2014)					Page	2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box			-	
	nly complete Part II if you have already been granted an							
	are filing for an Automatic 3-Month Extension, comple							
Part II				al (no c	opies need	ed).	_	
	-		Enter filer's	identifyii	ng number, s	ee instructions	_ s	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification	number (EIN)	or	
print								
File by the	INNOVATIONS FOR POVERTY ACTION				06-166006	;8	_	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 101 WHITNEY AVENUE	ee instruc	tions.	Social se	ecurity number	· (SSN)		
instructions	City, town or post office, state, and ZIP code. For a for NEW HAVEN, CT 06510	oreign add	lress, see instructions.					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	_	
Applicat	ion	Return	Application			Return	_ ۱	
Is For		Code	Is For			Code	Code	
Form 99	0 or Form 990-EZ	01						
Form 99	O-BL	02	Form 1041-A			08	_	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	_	
Form 99	0-PF	04	Form 5227				_	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				_	
-	0-T (trust other than above)	06	Form 8870			12	_	
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a previ	iously file	ed Form 8868		_	
	VIVIAN BRADY-JONES		N OF 06510					
	ooks are in the care of   101 WHITNEY AVENUE - 1	NEW HAVE					_	
	hone No. (203) 772-2216	مالمالماني	Fax No.			<b>▶</b> □		
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit					.   coup obsolv this	_	
box >		7	ich a list with the names and EINs of				5	
			15, 2014	all IIIeIIIL	ers the extent	31011 15 101.	_	
	r calendar year 2013, or other tax year beginning		, and ending	,				
	he tax year entered in line 5 is for less than 12 months, or	heck reas		J Final r	return			
	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			otani			
7 Sta	ate in detail why you need the extension							
	DITIONAL TIME IS NEEDED TO GATHER THE INFO	RMATION	TO FILE A COMPLETE				_	
AN	D ACCURATE RETURN						_	
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8a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any				_	
no	nrefundable credits. See instructions.		,	8a	\$	C	).	
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069				_			
tax	payments made. Include any prior year overpayment al							
pr	eviously with Form 8868.	8b	\$	C	٠.			
c Ba	lance due. Subtract line 8b from line 8a. Include your pa							
EF	TPS (Electronic Federal Tax Payment System). See instru			8c	\$		<u>.</u>	
			st be completed for Part II o	•				
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo		panying schedules and statements, and to	the best o	of my knowledge	and belief,		
Signature	► Title ► I	EXECUTIV	E DIRECTOR	Date	<b>•</b>			
					Form 88	368 (Rev. 1-201	4)	