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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2011 Open to Public Inspection

<u>A</u> _	For the 2011	alendar year, or tax year beginning	, and ending			
В	Check if applicable	C Name of organization			D Employer ide	ntification number
	Address change	POISE FOUNDAT	ION]	
\Box	Name change	Doing Business As			25-13	93426
己	Initial return	Number and street (or P O box if mail is not delivered to st	reet address)	Room/suite	E Telephone nu	
님		TWO GATEWAY CENTER, 603 ST	ANWIX ST.	1700	412-2	81-4967
ᆜ	Terminated	City or town, state or country, and ZIP + 4			Į.	
	Amended return	PITTSBURGH P	A 15222		G Gross receipts \$	3,070,527
\Box	Application pending	F Name and address of principal officer		H(a) Isthisa	group return for affiliate	s? Yes X No
		MARK LEWIS, PRESIDENT		n(a) isuisa	group return for anniate	
		603 STANWIX STREET			ffiliates included?	Yes No
		PITTSBURGH	PA 15222	If "N	lo," attach a list (see i	instructions)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert	no) 4947(a)(1) or 527			
7	Website:	POISEFOUNDATION.ORG			xemption number	
<u>K_</u> _	Form of organization	X Corporation Trust Association Of	her >	L Year of formation	L980 ms	tate of legal domicile PA
F	Part I S	ummary			 	
	1 Briefly o	escribe the organization's mission or most signific	cant activities.			
8	TO	IMPROVE THE QUALITY OF LIFE F		S IN THE CITY		
Tan	OF	PITTSBURGH AND ALLEGHENY COUN	TY.			
Activities & Governance	1	, mary				
ő	2 Check t	nis box ▶ ☐ if the organization discontinued its		nan 25% of its net ass		_
95	3 Number	of voting members of the governing body (Part V			3 10	
ties	4 Numbe	of independent voting members of the governing	- · ·		4 1	<u> </u>
ţį	5 Total nu	mber of individuals employed in calendar year 20	11 (Part V, line 2a)		5 5	
Ac	1	mber of volunteers (estimate if necessary)			6 0	
	1	related business revenue from Part VIII, column	• • •		7a	0
	b Net unr	elated business taxable income from Form 990-T	line 34	Prior Ye	7b	Current Year
	8 Contrib	itions and grants (Part VIII, line-1h)			3,285	2,643,977
Revenue	9 Program	a service revenue (Part VIII, line 2g) RECEI	/CD		8,631	30,533
Ş.	10 investm	ent income (Part VIII, column (A), lines 3, 4, and	<u>EU</u>		7,217	137,913
8	11 Other re	venue (Part VIII, column (A) elines 5, 6d, 8c, 9c,			1,945	0
		venue – add lines 8 through 11 (must equal Part			7,188	2,812,423
_		and similar amounts paid (Part IX-column_(A), lin			39,166	568,707
		paid to or for members (Part IX Column (A), line			0	0
s	1	, other compensation, employee benefits (Part I)	column-(A) lines 5–10)	26	0,644	307,826
penses	16a Profess	ional fundraising fees (Part IX, column (A), line 1			0	0
ě	b Total fu	ndraising expenses (Part IX, column (D), fine 25)				
Ж		openses (Part IX, column (A), lines 11a-11d, 11f-	•	35	4,155	442,173
	1	penses. Add lines 13–17 (must equal Part IX, co	•		3,965	1,318,706
_	10 Poveni	e less expenses. Subtract line 18 from line 12		-45	6,777	1,493,717
Net Assets or	Sec			Beginning of C		End of Year
seta	20 Total a	sets (Part X, line 16)			24,911	5,431,623
¥	21 Total lia	bilities (Part X, line 26)			57,181	627,085
Ž,	22 Net ass	ets or fund balances Subtract line 21 from line 2)	3,36	57,730	4,804,538
		ignature Block				
		f perjury, I declare that I have examined this return, incomplete Declaration of preparer (other than afficer) i				dge and belief, it is
٠.		Signature of officer			14/11/2	0/2
	gn ere	MARK LEWIS	PR	ESIDENT		
		Type or print name and title				
_			parer's signature	Date	Check	rf PTIN
Pa	Barae			PA 03/3	0/12 self-employe	
	eparer Firm's				Firm's EIN	25-1320431
Us	e Only Firm's	1121 BOYCE ROAD-S address PITTSBURGH, PA	SUITE 500 15241-3918		Phone no 7	24-942-4334
Ma		iss this return with the preparer shown above? (s				Yes No
_	r Paperwork	Reduction Act Notice, see the separate instruc				Form 990 (2011)

orm 990 (2011)	POISE FOUNDATIO	N	25-1393426	Page 2
Part III St	atement of Program S	ervice Accomplishments	a this Port III	
1 Briefly descri	be the organization's mission		AMERICANS IN THE CITY	
prior Form 99	nization undertake any signific 30 or 990-EZ? cribe these new services on Se	ant program services during the year which	ch were not listed on the	Yes X No
3 Did the organ services?		make significant changes in how it conduc	ds, any program	Yes X No
4 Describe the expenses Se	organization's program servicection 501(c)(3) and 501(c)(4)	e accomplishments for each of its three la organizations and section 4947(a)(1) trus xpenses, and revenue, if any, for each pro	its are required to report the amount of	
IN PITTS TO STREET	SBURGH AND ALLE	910,216 including grants of \$ OGRAM SUPPORT TO ORGOMENY COUNTY THAT ARE NAL, ECONOMIC OR CULT BLACK COMMUNITY.	E DESIGNED)
. <u></u>	<u>.</u>			
	FIT ORGANIZATIO	282,365 including grants of \$ RAMS IN CONJUNCTION S INS TO CARRY FORWARD		`
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d Other progra	am services. (Describe in Sch	edule O)		
(Expenses	\$ ram service expenses ▶	including grants of \$ 1,192,581) (Revenue \$	
AA TOLAI PROGR	am service expenses	1,192,301		Form 990 (201

25-1393426 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 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 98-197 If "Yes," complete Schedule C, X 5 Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes." complete Schedule D. Part i Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X q complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a 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 X 11b 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 X 11c 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 assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Part VIII. lines 1c and 8a? If "Yes." complete Schedule G. Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III X 20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		i	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	. 1	ļ	
	through 24d and complete Schedule K If "No," go to line 25	24a		_X_
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		İ	
	to defease any tax-exempt bonds?	24c		
đ	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
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			Í
	entity or family member of any of these persons? if "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	.		
	Schedule L, Part IV	28b		X
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		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ł	.
0.4	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24	l	x
22	Part	31	-	A_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
33	complete Schedule N, Part II	3 <u>z</u>		 ** -
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33]	x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	- 33		
J-4	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1000		
D	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	"		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			† <u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	1.
				_

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Pa	ırt V					
			- 1		· · · · · · · · · · · · · · · · · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	a	_11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_ 1	b				I
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	and					ŧ
	reportable gaming (gambling) winnings to prize winners?				1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.		-			1
	Statements, filed for the calendar year ending with or within the year covered by this return		a	5		•	Ŧ
ь	If at least one is reported on line 2a, did the organization file all required federal employment to				2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru				20		x
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•			3a 3b		^
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or	other autho	ontv		30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or of				ł	i	ł
	account)?	(riei illiancie	a ,		4a		x
b	If "Yes," enter the name of the foreign country						1
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fin	nancial Acco	ount	s			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			-	5a	•	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t		7		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	d did the					
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such con	ntributions o	r		i		
	gifts were not tax deductible?				6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).						1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and par	rtly for good	s				ŧ
	and services provided to the payor?				7a	X	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b_	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white	ich it was					
	required to file Form 8282?	1 -	1		7c_	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d				x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the organization received a contribution of qualified intellectual property, did the organization) on required?	7g	├ -	1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o				7 <u>9</u> 7h	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supp	_	11110	a / OIIII 1030-0		 	1
·	organizations. Did the supporting organization, or a donor advised fund maintained by a spot	_					I
	organization, have excess business holdings at any time during the year?				8	ĺ	x
9	Sponsoring organizations maintaining donor advised funds.					1	
а	Did the organization make any taxable distributions under section 4966?				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	1	I0a				I
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	l0b				1
11	Section 501(c)(12) organizations. Enter			•			
а	Gross income from members or shareholders	[1	11a				•
b	Gross income from other sources (Do not net amounts due or paid to other sources						1
	against amounts due or received from them)		l1b				1
12a	, , , , , , , , , , , , , , , , , , ,	1) [12a	 -	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>! 1</u>	12b	L <u></u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	┼	+
а	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	. ∪.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.	121-	1			
_	the organization is licensed to issue qualified health plans		13b_		:		1
1/1a	Enter the amount of reserves on hand	U	13c	L	14a	-	X
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	ichedule O			146	+	+
					,		

orm	990 (2011) POISE FOUNDATION 25-1393426		P	age 6
_	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and f		
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S			
	O See instructions. Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10		1	
	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		1	
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint] }		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 1		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		-	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1 1		ľ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ŧ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	!
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	—
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by			I
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		ŧ
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ŧ
	with a taxable entity during the year?	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			I
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

412-281-4967

TWO GATEWAY CENTER, STE. 1700

PA 15222

PITTSBURGH

organization > MARK LEWIS, CPA

Form 990 (2011) POISE FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Name and Title	Check this box if neither the orga		relat	ed o			ons c	om		1	
(1)MARK LEWIS, CPA (M-2/1099-MISC) (M-2/10	(A) Name and Title	hours per week (describe	cod	c, unle	Posi heck r iss per	tion more i	s both	an	compensation from the	compensation from related organizations	amount of other compensation
PRES/CEO		related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-21059-MISC)	organization and related
(2) PAUL G. PATTON CHAIR 0.00 X X (3) JOHN HAINES EX VICE CHAR 0.00 X X (4) LENNIE R. HENRY VICE CHAIR 0.00 X X (5) EDWARD E. GUY, JR. VICE CHAIR 0.00 X X (6) ANNETTE C. GILLCRESE SECRETARY 0.00 X X (7) DALE C. PERDUE, ESQ. COUNSEL 0.00 X X (8) DARRELL SMALLEY TREASURER 0.00 X X (9) WILLIAM R. ROBINSON MEMBER 0.00 X (10) JOHN LAYMON MEMBER 0.00 X MEM	• •	40.00	w.		v				95 500	0	0
CHAIR	(2) DAIII. C. DATTON	40.00	^		_				93,300	<u>~</u>	<u> </u>
(3) JOHN HAINES EX VICE CHAR (4) LENNIE R. HENRY VICE CHAIR 0.00 X X 0 0 (5) EDWARD E. GUY, JR. VICE CHAIR 0.00 X X 0 0 (6) ANNETTE C. GILLCRESE SECRETARY 0.00 X X 0 (7) DALE C. PERDUE, ESQ. COUNSEL 0.00 X X 0 (8) DARRELL SMALLEY TREASURER 0.00 X X 0 0 (9) WILLIAM R. ROBINSON MEMBER 0.00 X MEMBER 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	$ \mathbf{x} $	ļ	x				o	0	0
EX VICE CHAR		0.00	-	-	-						
(4) LENNIE R. HENRY VICE CHAIR 0.00 X X (5) EDWARD E. GUY, JR. VICE CHAIR 0.00 X X 0 (6) ANNETTE C. GILLCRESE SECRETARY 0.00 X X 0 0 (7) DALE C. PERDUE, ESQ. COUNSEL 0.00 X X 0 (8) DARRELL SMALLEY TREASURER 0.00 X X 0 (9) WILLIAM R. ROBINSON MEMBER 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0	• •	0.00	\mathbf{x}		X				o	0	0
(5) EDWARD E. GUY, JR. VICE CHAIR			T								
VICE CHAIR 0.00 X X 0 0 (6) ANNETTE C. GILLCRESE SECRETARY 0.00 X X 0 0 (7) DALE C. PERDUE, ESQ. 0.00 X X 0 0 (8) DARRELL SMALLEY 0.00 X X 0 0 (9) WILLIAM R. ROBINSON 0 0 0 0 MEMBER 0.00 X 0 0 (10) JOHN LAYMON 0 0 0 0 MEMBER 0.00 X 0 0 0 (11) LUCILLE DABNEY 0 0 0 0 0 0 0 0 (12) (13) 0	VICE CHAIR	0.00	X	ļ	X				0	0	0
(6) ANNETTE C. GILLCRESE SECRETARY 0.00 X X 0 0 (7) DALE C. PERDUE, ESQ. COUNSEL 0.00 X X 0 0 (8) DARRELL SMALLEY TREASURER 0.00 X X 0 0 (9) WILLIAM R. ROBINSON MEMBER 0.00 X 0 (10) JOHN LAYMON MEMBER 0.00 X 0 0 (11) LUCILLE DABNEY MEMBER 0.00 X 0 0 (13)	(5) EDWARD E. GUY, C	R.		Г							
SECRETARY			X		X			L.	0	0	0
(7) DALE C. PERDUE, ESQ. COUNSEL 0.00 X X 0 0 (8) DARRELL SMALLEY TREASURER 0.00 X X 0 0 (9) WILLIAM R. ROBINSON MEMBER 0.00 X 0 0 (10) JOHN LAYMON MEMBER 0.00 X 0 0 (11) LUCILLE DABNEY MEMBER 0.00 X 0 0 (12)	(6) ANNETTE C. GILLO							ļ			_
COUNSEL 0.00 X X D 0 0 0 (8) DARRELL SMALLEY TREASURER 0.00 X X D 0 0 0 (9) WILLIAM R. ROBINSON MEMBER 0.00 X 0 0 (10) JOHN LAYMON MEMBER 0.00 X 0 0 (11) LUCILLE DABNEY MEMBER 0.00 X 0 0 (12) (13)			X	$oxed{igspace}$	X			L.	_0	0	0
(8) DARRELL SMALLEY TREASURER 0.00 X X X 0 0 (9) WILLIAM R. ROBINSON MEMBER 0.00 X 0 0 (10) JOHN LAYMON MEMBER 0.00 X 0 0 (11) LUCILLE DABNEY MEMBER 0.00 X 0 0 (12)	· · · · · · · · · · · · · · · · · · ·			1			ļ			_	
TREASURER 0.00 X X X 0 0 0 (9) WILLIAM R. ROBINSON		0.00	X	<u> </u>	X		<u> </u>	_	0	. 0	0
(9) WILLIAM R. ROBINSON MEMBER (0.00 X (10) JOHN LAYMON MEMBER (11) LUCILLE DABNEY MEMBER (12) (13)		0.00	1		l			1		_	•
MEMBER 0.00 X 0 0 0 (10) JOHN LAYMON 0.00 X 0 0 (11) LUCILLE DABNEY MEMBER 0.00 X 0 0 (12) (13)			X	-	X	 			<u> </u>	<u>_</u>	0
(10) JOHN LAYMON MEMBER 0.00 X 0 (11) LUCILLE DABNEY MEMBER 0.00 X 0 (12)	• •		1.							,	o
MEMBER 0.00 X 0 0 0 (11) LUCILLE DABNEY 0.00 X 0 0 (12) (13)		0.00	A	1	-	-		H	0	U	
(11) LUCILLE DABNEY MEMBER 0.00 X 0 (12)	• •	0.00	\ .			ļ		1	0	٨	o
MEMBER 0.00 X 0 0 (12)		0.00	1	╁	┢	┢	┢	┢	ļ		
(12)	• •	0.00	x					l	0	o	l
		1						<u> </u>			
(14)	(13)		-	-	-	-					
	(14)										

5121401 03/30/2012 6 10 PM Form 990 (2011) **POISE FOUNDATION**

Par	t VII . Section A. Officers	, Directors, Tru	stee	s, Ke	ey E	mple	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (describe	box	c, unle	Pos check ess pe	more rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from	ated nt of er sation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-21033-MISC)	organiz and re organiz	ation lated	
(15)													
(16)													
(17)						-							
(18)													
(19)													
(20)							-	_					
(21)							ļ						
(22)													
(23)							 						
(24)							 						
(25)						\vdash							
1b	Sub-total			<u> </u>	J	ــــــــــــــــــــــــــــــــــــــ	ļ	>	95,500				
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	A 			<u> </u>	95,500				<u>-</u>
2	Total number of individuals (ir reportable compensation from			_	thos	e list	ted a	bove	e) who received more than	\$100,000 in			
3	Did the organization list any fo	ormer officer, du	ecto	r. or	trust	ee. I	(ev e	mple	oyee, or highest compensat	ed		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related orga	e 1a, is the sum	of re	port	able	com	pens	atio	n and other compensation f complete Schedule J for suc	rom the h	3		X
5	individual Did any person listed on line for services rendered to the o									ındıvıdual	5		X
	ction B. Independent Contrac	tors											
1	Complete this table for your fi compensation from the organ	ization Report c							dar year ending with or with	n the organization's tax yea	ı <u>r</u>	(C)	
	Name an	(A) d business address						+	Descri	(B) abon of services		(C) Compensa	ation
				-				+					
								+					
								+					
								+					
	Total number of independent	contractors (incl	udin	g but	t not	lımıt	ed to	tho	se listed above) who				
DAA	received more than \$100,000	of compensatio	n fro	m th	e org	anız	ation	1 🕨		0	F	om 99	0 (2011)

Par	t VI	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1a	Federated campaigns 1a				
E S		Membership dues 1b				
S,E		Fundraising events 1c				
語記	d	Related organizations 1d			!	
S.E.	е	Government grants (contributions) 1e 50,00	0		I	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,593,97	7			
	a	Noncash contributions included in lines 1a-1f \$	1		1	
	_	Total. Add lines 1a–1f	2,643,977		1	
9		Busn. Code				
e	2a	AMINISTRATIVE FEES	30,533	30,533	I	
ş	b					
<u>ප</u>	c					· · · · · · · · · · · · · · · · · · ·
ē	d		-			
S	e				· · · · · · · · · · · · · · · · · · ·	
ᇛ	_	All other program service revenue			·	
Program Service Revenue	a	Total. Add lines 2a–2f	30,533		L	
\dashv	3	Investment income (including dividends, interest,	30,000			
	J	and other similar amounts)	106,663			106,663
ļ	4	Income from investment of tax-exempt bond proceeds	200/,000			
	4	_				·
	5	Royalties (i) Real (ii) Personal				······································
	c -		╡	<i>'</i>		
	6a	Gross rents				
	b	Less rental exps				
	C	Rental inc or (loss)	┥	ŧ		
	d 7a	Net rental income or (loss) Gross amount from				
		sales of assets (ii) Securities (iii) Other	\dashv			
		other than inventory 289,354	4			
	b	Less cost or other				
		basis & sales exps 258,104				
	С	Gain or (loss) 31,250	⊣	24 252		
	d		31,250	31,250		
9	8a	Gross income from fundraising events				
en C		(not including \$				
		of contributions reported on line 1c)			,	
Other Revenue		See Part IV, line 18 a		1		
Ě	ı	Less direct expenses b				
O		Net income or (loss) from fundraising events	·			
	9a	Gross income from gaming activities.		1		
		See Part IV, line 19	4			
		Less: direct expenses b	_	1		
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances a	_			
	b	Less cost of goods sold b				
	C	Net income or (loss) from sales of inventory	•			· · · · · · · · · · · · · · · · · · ·
		Miscellaneous Revenue Busn. Cod	le			
	11a					
	Ь					
	c					
	d	All other revenue				
	е	Total. Add lines 11a–11d	•			
	12	Total revenue. See instructions	2,812,423	61,783	0	106,663

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	568,707	568,707	· •	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	1			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			-	
	trustees, and key employees	95,500	57,300	34,380	3,820
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	162,465	124,382	29,869	8,214
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)	7,111	5,030	1,857	224
9	Other employee benefits	21,142	14,054	6,228	860
10	Payroll taxes	21,608	15,058	5,458	1,092
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,306	2,306		
С	Accounting	7,407	7,407	<u>.</u>	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,774	13,774		
g	Other	52,281	40,477	5,872	5,932
12	Advertising and promotion	3,533	2,473	883	177
13	Office expenses	5,957	3,804	1,943	210
14	Information technology				
15	Royalties	26.015	05 011	0.004	1 000
16	Occupancy	36,015	25,211	9,004	1,800
17	Travel	8,760	6,350	2,008	402
18	Payments of travel or entertainment expenses			İ	
40	for any federal, state, or local public officials	10 500	0 006	702	· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	10,598	9,896	103	
20 21	Interest	103		103	
	Payments to affiliates	1 570	1,121	382	76
22 23	Depreciation, depletion, and amortization insurance	1,579 4,819	3,373	1,205	241
24	Other expenses. Itemize expenses not covered	3,019	3,313	1,200	<u> </u>
24	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column			•	
	(A) amount, list line 24e expenses on Schedule O)				
а	FISCAL AGENT PROGRAM EXP	282,365	282,365		
b	DUES AND FEES	9,117	7,108	1,904	105
c	PHOTOGRAPHY AND VIDEO	2,000	2,000	1,301	
d	MISCELLANEOUS	1,113	2,000	1,091	22
e	 	446	385	61	
25	Total functional expenses. Add lines 1 through 24e	1,318,706	1,192,581	102,950	23,175
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2011

Pa	<u>irt X</u>	Balance Sheet	 				
				İ	(A)		(B)
					Beginning of year		End of year
-	1	Cash—non-interest bearing		1	41,559	_1	62,363
1	2	Savings and temporary cash investments		-	187,929	2	1,622,108
		Pledges and grants receivable, net		<u> </u>	3,066	3	131
٠	4	Accounts receivable, net		ļ,	250	4	44,000
	5	Receivables from current and former officers, directors		1		1	
		employees, and highest compensated employees Cor	mplete Part II of			_ #	
		Schedule L	Ļ		_5_		
-	6	Receivables from other disqualified persons (as define				ı	
		4958(f)(1)), persons described in section 4958(c)(3)(B					
		employers and sponsoring organizations of section 50	1		- 1		
şţ		employees' beneficiary organizations (see instructions		6			
Assets	7	Notes and loans receivable, net		1		7	
4	8	Inventories for sale or use		Ļ		8	150
	9	Prepaid expenses and deferred charges	1 1	ļ	455	9	153
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	12,012			
	b	Less accumulated depreciation	10b	4,637	7,499	10c	7,375
	11	Investments—publicly traded securities		1	3,779,543		3,690,557
	12	Investments—other securities See Part IV, line 11		ļ	-	12	
	13	Investments—program-related See Part IV, line 11		1		13	
	14	Intangible assets	ļ		14		
	15	Other assets See Part IV, line 11		ļ	4,610		4,936
	16	Total assets. Add lines 1 through 15 (must equal line	34)		4,024,911		5,431,623
	17	Accounts payable and accrued expenses		15,789		8,511	
	18	Grants payable		4,000		3,500	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	,	<u>.</u>	20		
	21	Escrow or custodial account liability Complete Part IV	of Schedule D			21	
Se	22	Payables to current and former officers, directors, trus	stees, key				
Ě	İ	employees, highest compensated employees, and dis	squalified persons.				
Liabilities		Complete Part II of Schedule L				22	ļ,
_	23	Secured mortgages and notes payable to unrelated the	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third	d parties			24	<u> </u>
	25	Other liabilities (including federal income tax, payable					
	ļ	parties, and other liabilities not included on lines 17-2	4) Complete Part X		407 000	İ	615 074
	1	of Schedule D			637,392		615,074
_	26	Total liabilities. Add lines 17 through 25			657,181	26	627,085
	1	Organizations that follow SFAS 117, check here I	►X and complete				
ces	ŀ	lines 27 through 29, and lines 33 and 34.			4 004 544		
an	27	Unrestricted net assets			1,034,514	27	1,011,425 3,793,113
Ва	28	Temporarily restricted net assets			2,333,216	_	3, 193, 113
pur	29	Permanently restricted net assets			29	•	
Ę		Organizations that do not follow SFAS 117, chec					
õ		complete lines 30 through 34.		`		1	
set	30	Capital stock or trust principal, or current funds			30		
Asi	31	Paid-in or capital surplus, or land, building, or equipm				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	e, or other funds			32	
_	33	Total net assets or fund balances	3,367,730	33	4,804,538		
	34	Total liabilities and net assets/fund balances			4,024,911	. 34	5,431,623

Form **990** (2011)

Form **990** (2011)

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.

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

POISE FOUNDATION

Employer identification number 25-1393426

he o	organ	nzation is not a	private foundation because	it is (For lines 1 through 11, ch	eck only o	ne box)							
1		A church, conv	vention of churches, or asso	ciation of churches described in	section '	170(b)(1)	(A)(i).						
2			ribed in section 170(b)(1)(A										
3		A hospital or a	cooperative hospital service	e organization described in sect	tion 170(t)(1)(A)(ii	i).						
4		A medical rese	earch organization operated	in conjunction with a hospital de	escribed in	section	170(b)(1)(A)(iii)	. Enter	the hos	pital's name,		
		city, and state											
5			on operated for the benefit of b)(1)(A)(iv). (Complete Part	f a college or university owned o	or operated	d by a gov	emmen	tal unit d	lescnbe	d in			
6	Γ			vernmental unit described in se	ction 170	(b)(1)(A)(v).						
7	X			ubstantial part of its support froi				m the a	eneral r	oublic			
•	<u></u>		ection 170(b)(1)(A)(vi). (Co										
8				70(b)(1)(A)(vi). (Complete Part	ш								
9	H	•		more than 33 1/3% of its suppo		ntribution	s memb	ership f	iees an	d aross			
•	لــا			ot functions—subject to certain									
				d unrelated business taxable inc									
), 1975 See section 509(a)(2).				nom bu	311103300	•			
10			•	exclusively to test for public safe									
11	H			exclusively for the benefit of, to p				o carry o	out the				
••	ш			ed organizations described in se						ection			
				ne type of supporting organization									
		a Type		c Type III–Function			d [_	e III-Oth	ner .			
_			Laure .	anization is not controlled directly			- L						
-	ш			r than one or more publicly supp							ı		
		or section 509		. than one or more pasiely supp	, , , , , , , , , , , , , , , , , , ,								
f			` ', '	mination from the IRS that it is	a Type I. I	voe II. or	Type III	supporti	ına				
•		_	check this box		- · , p- · , ·	, po, o.	. , ,		9				
~		-		ion accepted any gift or contribu	ition from	any of the	,						
g		following pen		ion accepted any gift or continue		u., 0							
		• .		ntrols, either alone or together v	vith nersoi	ns describ	ed in (ii)	and				Yes	No
			v, the governing body of the		po.oo.		, c c (,				11g(i)	\vdash	
		, ,	member of a person describ	• • •							11g(ii)		
				lescribed in (i) or (ii) above?							11g(iii		
h			-	he supported organization(s)							<u> </u>		
	I) Nam	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi) I	s the	(vli) Am	ount of	
`		ganization	(11, 2.11	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col	sup		
				above or IRC section	governing	document?	col (i)	or your cort?		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
(A)											"		_
(B)		** ·			 								
(C)					-								
						ļ			ļ				
(D)													
(E)													
	al al	_											
<u>Tot</u>	aı_			I	<u>.</u>	<u> </u>		<u> </u>	.4		•		

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	291,830	330,425	1,003,282	693,285	2,643,977	4,962,799
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	291,830	330,425	1,003,282	693,285	2,643,977	4,962,799
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)						2,493,039
6	Public support. Subtract line 5 from line 4 tion B. Total Support	L				1	2,469,760
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	 ` ' 	330,425	1,003,282	693,285	2,643,977	4,962,799
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	291,830 273,646	142,800	90,080	89,565	106,663	702,754
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	Total support. Add lines 7 through 10						5,665,553
12	Gross receipts from related activities, etc	(see instructions)				12	30,533
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public S	• •					
14	Public support percentage for 2011 (line 6		•	ר (f))		14	43.59%
15	Public support percentage from 2010 Sch					15	53.37%
16a	33 1/3% support test—2011. If the organ				3 1/3% or more, ch	eck this	⊾ च
	box and stop here. The organization qual						▶ [X
b	,,				5 is 33 1/3% or mo	re,	▶ [
47-	check this box and stop here. The organi	· ·			16h h	14.0	
1/a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	ts the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n in	
	Part IV how the organization meets the "fa organization						▶ [
b		_				ine	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	eets the "facts-and-	circumstances" tes	st The organization	n qualifies as a pub	DIICIY	. □
40	supported organization	al makabanatan di	line 40 40 : 40	h 47a an 47h ah-	ak thia haw and see		▶ [
18	Private foundation. If the organization di	o not check a box o	on line 13, 16a, 16	o, 1/a, or 1/b, che	CK (NIS DOX AND SE	3	▶ [
	instructions			<u> </u>			

Schedule A (Form 990 or 990-EZ) 2011 POISE FOUNDATION

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.

500	tion A. Public Support	quality under tr	ie lesis listeu d	elow, please c	ompiete Part II	.)	
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2009	(a) 2000	(4) 2010	(a) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2	grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					:	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	omanization's fire	t second third for	irth, or fifth tay yea	ras a section 501		
17	organization, check this box and stop her	_	ı, seconu, tilliu, 10t	nui, or murtax yea	. 43 & 3600011 30 II		▶ [
Sec	ction C. Computation of Public Si		tage				
15	Public support percentage for 2011 (line 8			n (f))		15	%
16	Public support percentage from 2010 Scho		•	(-//		16	%
	ction D. Computation of Investme		· · · · · · · · · · · · · · · · · · ·				
17	Investment income percentage for 2011 (I			column (f))		17	%
18	Investment income percentage from 2010		•			18	%
19a	33 1/3% support tests—2011. If the orga			e 14, and line 15 is	more than 33 1/39		
	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2010. If the orga		=				
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organizat	on qualifies as a p	ublicly supported	organization	▶ □
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	>

Schedule A (Form 990 or 990-EZ) 2011 POISE FOUNDATION

25-1393426

Page 4

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

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. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

41118	or the organization		Employer	denuncation is	umber	
_P(DISE FOUNDATION		25-13	393426	;	
_	rt i Organizations Maintaining Donor Advised Fu					:
	organization answered "Yes" to Form 990, Part I	V, line 6		<u> </u>		
		(a) Donor advised funds	(b)	Funds and ot	her accounts	
1	Total number at end of year	40				32
2	Aggregate contributions to (during year)	5,823	 		2,022	
3	Aggregate grants from (during year)	5,202				<u>,466</u>
4	Aggregate value at end of year	344,987		·	2,438	<u>, 338</u>
5	Did the organization inform all donors and donor advisors in writing that				(See)	<u> </u>
_	funds are the organization's property, subject to the organization's excl				X Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in	•				
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose			X Yes	П.
<u></u>	conferring impermissible private benefit? Conservation Easements. Complete if the organized in the organize	ningtion anguaged "Vas" to Farm	000 Dar	+ IV/ line		No_
	······································		990, Par	t iv, iine	<u> </u>	
1	Purpose(s) of conservation easements held by the organization (check			d aa		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp		u area		
	Protection of natural habitat	Preservation of a certified historic	Structure			
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conse	aniation contribution in the form of a consen	vation			
-	easement on the last day of the tax year	ervation contribution in the form of a conserv	ration			
				Held at the	End of the	Tax Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c			
d		• •				
	historic structure listed in the National Register	•	2d			
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organization	on during t	the		
	tax year ▶					
4	Number of states where property subject to conservation easement is	located ▶				
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of				_
	violations, and enforcement of the conservation easements it holds?				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the year	ar			
	>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year				
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)				п.
_	(i) and section 170(h)(4)(B)(ii)?				Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easen	•		_		
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	e organization's financial statements that de	scribes in	3		
P	art III Organizations Maintaining Collections of Art	Historical Treasures or Other	Similar	Assets		
• •	Complete if the organization answered "Yes" to			, 100010,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		alance she	et		
	works of art, historical treasures, or other similar assets held for public					
	public service, provide, in Part XIV, the text of the footnote to its financial					
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and balan	ce sheet			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance 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		•	\$		
2	If the organization received or held works of art, historical treasures, of	r other similar assets for financial gain, prov	vide the			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		•	\$		
b	Assets included in Form 990, Part X		•	\$		

		UNDATION			1393426			age 2
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3								
а	Public exhibition	d 🗌 L	oan or exchange prog	rams				
b	Scholarly research	e 🗌 C	Other					
С	Preservation for future generations							
4	Provide a description of the organization's	collections and explain h	now they further the or	ganızatıon's exemp	t purpose in Part			
	XIV							
5	During the year, did the organization solicit assets to be sold to raise funds rather than					□ v.	es 🗆	No
Pa	rt IV Escrow and Custodial A				d "Yes" to For			110
	line 9, or reported an amo	unt on Form 990, P	art X, line 21					
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ry for contributions or	other assets not				
	included on Form 990, Part X?					<u> </u>	es	No
b	If "Yes," explain the arrangement in Part XI	V and complete the folio	wing table					
						Amoun	t	
C	Beginning balance				1c			
	Additions during the year				1d			—
_	Distributions during the year				1e			—
f	Ending balance				1f			1
	Did the organization include an amount on		317			T	es _	No
	If "Yes," explain the arrangement in Part XI Endowment Funds. Con		otion anawarad "\	/os" to Form 99	0 Part IV line	10		
10	Endowment Funds. Con	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		ır years t	
12	Beginning of year balance	3,405,407	3,382,695	3,011,0		(4)	,	
	Contributions	40,275	116,240	44,3:				********
	Net investment earnings, gains, and	10,2.0						
•	losses	58,584	392,250	590,5	62			
d	Grants or scholarships	115,223	467,601	196,20				
	Other expenditures for facilities and	,		· · · · · · · · · · · · · · · · · · ·			••••••	
	programs			47,6	44			
f	Administrative expenses	17,690	18,177	19,3	55			
g	End of year balance	3,371,353	3,405,407	3,382,6	95			
2	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as							
а	Board designated or quasi-endowment ▶	37.00%						
		6						
С	Temporarily restricted endowment ▶	63.00 %						
_	The percentages in lines 2a, 2b, and 2c sh	•						
3a	Are there endowment funds not in the post	session of the organizat	on that are held and a	dministered for the			Vac	N ₂
	organization by (i) unrelated organizations					3a(i)	Yes	No X
	(ii) related organizations					3a(ii)		X
h	If "Yes" to 3a(ii), are the related organization	one lieted as required on	Schedule P2			3b	†	<u> </u>
4	Describe in Part XIV the intended uses of	•					1	<u> </u>
_	art VI Land, Buildings, and Eq			10.				
ئىتىد	Description of property	(a) Cost or other b			(c) Accumulated	(d) Bool	value	
	· · · · · ·	(investment)	(othe	1	depreciation			
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment			12,012	4,63	7	7,	375
	Other							
Tota	i. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Part	X, column (B), line 10(c))		<u> </u>	7,	375

3426

Schedule D (Form 990) 2011 POISE FOUNDATION		25-1393426	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)	1	Cost or end-of-yea	r market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			1000 11 000
(D)			
(E) I			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	00, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-year	ar market value
(1)			
(2)			· · · · · · · · · · · · · · · · · · ·
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			·
(6)			
(7)			
			·
(8)			
(9)	 		·
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	-1	· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Part X, line 15	E.		
(a) Description			(b) Book value
			,
(1)			
(2)			
(4)			
(4) (E)			
(5)			
(6)		_, , , , , , , , , , , , , , , , , , ,	
(7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			L
Part X Other Liabilities. See Form 990, Part X, line 29		ingo n	ii
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) FUNDS HELD FOR OTHERS -	615,074		
(3) AGENCY ENDOWMENTS			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	615,074		,
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to		statements that reports the	

Sche	dule D (Form 990) 2011 POISE FOUNDATION	25-139342	6	Page 4
Pa	rt Xi Reconciliation of Change in Net Assets from Form 990	to Audited Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,812,423
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,318,706
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	1,493,717
4	Net unrealized gains (losses) on investments		4	-79,227
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	22,318
9	Total adjustments (net) Add lines 4 through 8		9	-56,909
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	1,436,808
Pa	it XII Reconciliation of Revenue per Audited Financial Staten		turn	
1	Total revenue, gains, and other support per audited financial statements		1	2,755,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	!		
а	Net unrealized gains on investments	2a -79,227		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d 22,318		
е	Add lines 2a through 2d		2e	<u>-56,909</u>
3	Subtract line 2e from line 1		3	2,812,423
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b]]	
c	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,812,423
Pa	art XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per F	Return	
1	Total expenses and losses per audited financial statements		1	1,318,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	1 1	
b	Prior year adjustments	2b		
С	Other losses	2c	4 1	
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,318,706
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
þ	Other (Describe in Part XIV)	_4b	1 1	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	**************************************	5	1,318,706
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			
	V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b. Also complete this part to pr	ovide	
-	additional information.			
Ρ.	ART XI, LINE 8 - RECONCILIATION OF CHANGES	- OTHER		

CHANGE IN VALUE OF AGENCY FUNDS HELD FOR OTHERS

22,318

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CHANGE IN VALUE OF AGENCY FUNDS HELD FOR OTHERS

\$ 22,318 Schedule D (Form 990) 2011 POISE FOUNDATION
Part XIV Supplemental Information (continued)

25-1393426

Page 5

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SCHEDULE I (Form 990)

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

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

٠,١		۲ :
OMB No 1545-0047	2011	Open to Public Inspection

Department of the Treasury			► Attach to Form 990.	0.			Inspection
Name of the organization Name of the organization					Employer ide	Employer identification number 25-1393426	
	d Assistance						
1 Does the organization maintain records to substantiate the amount of the grant the selection criteria used to award the grants or assistance?	the amount of the grance?	ints or assis	is or assistance, the grantees' eligibility for the grants or assistance, and	igibility for the grants	or assistance, and		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Original Dates in the Part if Grants and Other Assistance to Governments and Organizations in the	Sovernments an	d Organi	Organizations in the United States. Complete if the organization answered "Yes"	ited States. Con	plete if the orga	anization answ	ered "Yes"
to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	recipient that re	ceived m	ore than \$5,000. C	theck this box if n	o one recipient	received more	than \$5,000.
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	other)	non-cash assistance	Ol assistance
(1) CENTRAL CATHOLIC HIGH SCHOOL		•			·		SCHOLARSHIPS
4/ZU FITH AVE PTTTSBIRGH	20-0478989	ო	8,679				
SE ASSOCIATION							
E AVE							PROGRAM SOPPORT
PITTSBURGH PA 15219	25-1146128	m	11,800				
(3) MONUMENTAL MISSION MINISTRIES		-					PROGRAM SUPPORT
2228 WYLIE AVE	25-1857203	~	20.240				
332 FIFTH AVENUE							SCHOLARSHIPS
PITTSBURGH PA 15222	25-6070821	3	6,605				
(5) NORTHSIDE COALITION FOR FAIR HOUSIN	NI.						Haccarra March
GHTON ROAD							
PITTSBURGH PA 15212	25-1818231	3	15,000				
(6) OAKLAND CATHOLIC SCHOOL							
CRAIG STREET	200	r	794 9				SCHOLENSHIES -
- 1	COTEONT-C7	,					
(7) SAINT BARTHOLOMEW SCHOOL							SCHOLARSHIPS
KUI DA.	20-1534764	~	0 131				
(8) SISTER THEA BOWMAN		,					
721 REBECCA STREET							SCHOLARSHIPS
PITTSBURGH PA 15221	27-2499324	3	17,330				
UTE							TEORGIS MEGSOGE
333 FORBES AVENUE	25-1198345		24,569				FROGRAM SOLLOW
FILTISBURGE FOR STATE OF THE ST	t organizations listed	in the line					106

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

Schedule I (Form 990) (2011)

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

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SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

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

► Attach to Form 990.

POISE FOUNDATION

Employer identification number 25–1393426

•	'	
OMB No 1545-0047	2011	•

Governments, and Individuals in the United States

2011	Open to Public Inspection

Ţ	Part i General Information on Grants and Assistance	ASSISTANCE							
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	he amount of the gra	ants or assig	stance, the grantees' el	igibility for the grants o	or assistance, and		\ _	
~	the selection criteria used to award the grants or assistance? 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nce? nitoring the use of g	rant funds II	n the United States				<u>6</u>	
ď	rt II Grants and Other Assistance to Go	overnments an	d Organi	d Organizations in the United States. Complete if the organization answered "Yes"	ited States. Com	plete if the orga	anization answe	ered "Yes"	
	to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	recipient that re space is neede	ceived m d	ore than \$5,000 C	theck this box if n	o one recipient	received more	than \$5,000	A
-	(a) Name and address of organization	(a)	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ŧ
	VEC CIMONOCA CIRCLES INTERIOR INCLUSIONS INC		п аррисаріе	משונה		Compo			
5 u,	ECONOMIC	•	•					PROGRAM SUPPORT	
PIT		23-3098443	e	20,000					
(S)	(2) HILL DISTRICT COMMUNITY DEV CORP							PRODUITS MEDUCAT	_
PIG	2015 CENTRE AVENUE PITTSBURGH PA 15219	25-1541548	ю	225,000					
(6)	VERS WORKFORCE 1								
•	H AVENUE SUITE				•	-		PROGRAM SUPPORT	.
PII	PITTSBURGH PA 15219	25-1898851	6	25,000					
(4)	(4) CHRIST LUTHERAN SCHOOL								
7	LAY AVENUE	1						SCHOLARSHIPS	
PII	PITTSBURGH PA 15221	25-1182213		9,255					
(2)	(5) GRANTS LESS THAN \$5,000								
				169,534					
9									
9									
(8)									
(6)	•								
77	Enter total number of section 501(c)(3) and government organizations listed	organizations listed	in the line 1 table	table				A A	

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 25-1393426 Schedule I (Form 990) (2011) POISE FOUNDATION

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Part ==

(a) Type of grant or assistance (b) Number or (c) Amount or (d) Amount or (e) more recipients cash grant non-cash assistance FMN 3	FMV, appraisal, other)
Bart 14 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	and any other additional information.
1	

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANT FUNDS ARE MONITORED BY THE FOUNDATION STAFF AND THE DISTRIBUTION

COMMITTEE OF THE BOARD OF TRUSTEES THROUGH THE REVIEW OF GRANT REPORTS.

THE FOUNDATION HAS GRANT AGREEMENTS THAT ALL GRANTEES MUST SIGN PRIOR TO

RELEASE OF FUNDS

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

POISE FOUNDATION

Employer identification number 25–1393426

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTE OF THE BOARD OF
TRUSTEES PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD REQUIRES A CONFLICT OF INTEREST FORM TO BE FILED FOR ANY BOARD

MEMBER INVOLVED IN EVALUATING AND SELECTING GRANTEES FOR FUNDING. BOARD

MEMBERS MUST DISCLOSE THEIR RELATIONSHIP, PROFESSIONAL OR PERSONAL TO ANY

ORGANIZATION THAT IS CONSIDERED FOR A GRANT. A SIGNED FORM IS SUBMITTED

AND RETAINED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE FOUNDATION DETERMINES COMPENSATION FOR ITS CEO BY USING THE ASSOCIATION

OF SMALL FOUNDATION'S ANNUAL FOUNDATION OPERATIONS AND MANAGEMENT REPORT.

THIS REPORT IS A SURVEY OF MANY OPERATION MEASUREMENTS INCLUDING SALARIES

OF KEY POSITIONS WITHIN FOUNDATIONS. THE BOARD REVEIWS THE AVERAGE

COMPENSATION OF CEO'S BASED ON VARIOUS CATEGORIES SUCH AS LENGTH OF

SERVICE, GEOGRAPHIC LOCATION, GENDER, AND SIZE OF THE FOUNDATION. THE

BOARD SETS THE SALARY ON THIS INFORMATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF FORM 990 ARE MADE AVAIABLE TO THE PUBLIC UPON REQUEST.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions. (99)

► Attach to your tax return.

179

	POISE I	FOUNDATION				25-1	1393	3426
	ss or activity to which this form relates IDIRECT DEPRECIAT	ION						
	rt Election To Exper	nse Certain Prop	•		I-t- Dort			
1	Note: If you have a		, complete Part V	<u>betore you c</u>	omplete Part	1	4	500,000
2	Maximum amount (see instruction	•					1 2	300,000
3	Total cost of section 179 property Threshold cost of section 179 prop			ations)			3	2,000,000
4	Reduction in limitation Subtract lir	= '-	•	cuons)		<u> </u>	4	2,000,000
5	Dollar limitation for tax year Subtract lin			ına senarately se	e instructions	}	5	•
6	(a) Description			ost (business use or		Elected cost	<u> </u>	
			(-, -		****			
7	Listed property Enter the amount	from line 29	· · · · · · · · · · · · · · · · · · ·		7			
8	Total elected cost of section 179 p		s in column (c), lines 6 a	ind 7			8	
9	Tentative deduction Enter the sm	• •	• • •				9	
10	Carryover of disallowed deduction	from line 13 of your 2	2010 Form 4562				10	
11	Business income limitation Enter	the smaller of busines	ss income (not less thar	zero) or line 5	(see instructions	s) [11	
12	Section 179 expense deduction. A	dd lines 9 and 10, bu	t do not enter more that	n line 11			12	
13	Carryover of disallowed deduction			<u> </u>	13			
*******	Do not use Part II or Part III below							
	rt II Special Depreciat					<u>ed proper</u>	<u>ty) (</u>	See instructions)
14	Special depreciation allowance fo		ther than listed property) placed in serv	rice			
	during the tax year (see instruction					-	14	
15	Property subject to section 168(f)(· · · ·				}	15	1 570
<u>16</u>	Other depreciation (including ACF		ida liakad sasasadi.) (Coo in other	-ti\		16	1,579
<u> </u>	rt III MACRS Deprecia	tion (Do not inci	Jae listed property Section A		ctions.)			
17	MACRS deductions for assets pla	and in annual in tax :				Т	17	0
18	If you are electing to group any assets place	-			hara		'.	.
			rvice During 2011 Tax			eciation Sy	stem	
		(b) Month and year	(c) Basis for depreciation (business/investment use	···· + ··· · · · · · · · · · · · · · ·			- 1	(a) Decreasion deduction
 19a	(a) Classification of property 3-year property	placed in service	only-see instructions)	period	(e) Convention	(f) Metho	-	(g) Depreciation deduction
b	5-year property	1						
	7-year property	┪						
_	10-year property	1						
	15-year property	1			1			
	20-year property	1						
g	25-year property	1		25 yrs		S/L		
h	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	ММ	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C—As	ssets Placed in Serv	vice During 2011 Tax Y	ear Using the	Alternative Dep	reciation S	Syster	n
<u>20a</u>	Class life					S/L		
<u>b</u>	12-year			12 yrs		S/L		
-	40-year			40 yrs	MM	S/L		·
	irt IV Summary (See in:							
21	Listed property Enter amount from						21	
22	Total. Add amounts from line 12,	-						1 500
	and on the appropriate lines of yo	-	· · · · · · · · · · · · · · · · · · ·		· —		22	1,579
23	For assets shown above and place	-	ne current year, enter th	ie				
Ear !	portion of the basis attributable to		4:		23		,	5 4562 (2011)