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SCANNED DEC 1 5 2015

990 Form

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2014 Open to Public Inspection

OMB No 1545-0047

Information about Form 990 and its instructions is at www irs gov/form990. For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable POISE FOUNDATION Address change 25-1393426 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Telephone number 412-281-4967 Initial return TWO GATEWAY CENTER, 603 STANWIX ST Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated PITTSBURGH 15222 3,339,276 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending MARK LEWIS, PRESIDENT 603 STANWIX STREET H(b) Are all subordinates included? PA 15222 If "No," attach a list (see instructions PITTSBURGH **X** 501(c)(3) Tax-exempt status 501(c) (insert no) 4947(a)(1) or POISEFOUNDATION.ORG Website H(c) Group exemption number X Corporation Trust 1980 PA Form of organization Year of formation M State of legal domicile Part I Summarv 1 Briefly describe the organization's mission or most significant activities TO ASSIST THE PITTSBURGH REGION'S BLACK COMMUNITY IN ACHIEVING SELF-Governance SUSTAINING PRACTICES, THROUGH STRATEGIC LEADERSHIP, COLLECTIVE GIVING, GRANTMAKING AND ADVOCACY. 2 Check this box 🕨 📗 if the organization discontinued its operations or disposed of more than 25% of its net assets 13 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line-34 RECEIVED Prior Year Current Year 1,346,315 1,916,408 8 Contributions and grants (Part VIII, line 1h) S-OSC 98,320 84,028 9 Program service revenue (Part VIII, line 2g) NOV 20 2015 230,090 407,620 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII) column (A) [in e-12] 1,674,725 2,408,056 1,505,545 1,533,988 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 406,232 448,374 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 46,996 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 444,144 579,238 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,355,921 2,561,600 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -681,196 -153,54419 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 7,118,182 20 Total assets (Part X, line 16) 7,073,173 846,044 952,392 21 Total liabilities (Part X, line 26) 6,272,138 6,120,781 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer to preparer to be returned to the best of my knowledge and belief, it is Sign Here MARK LEWIS PRESIDENT Type or print name and title Print/Type preparer's name Check Paid Benard a Diver BERNARD A. DEVERSON self-employed P00948315 Preparer DEVERSON & TANACK CPA'S 25-1320431 Firm's EIN Firm's name Use Only 1121 BOYCE ROAD-SUITE 500 PITTSBURGH, PA 15241-3918 724-942-4334 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

Form 990 (2014	POISE	FOUNDATION	1	25-13934	126		Page 2
Part III	Statement	of Program Sei	vice Accomplishment as a response or note to	S			
TO ASS	scribe the orgi IST THE NING PF	anization's mission PITTSBURG	H REGION'S BLA	CK COMMUNITY I			
pnor Form	990 or 990-E	· -	nt program services during the	e year which were not listed o	on the	Yes	X No
services?		ase conducting, or m changes on Schedu	ake significant changes in ho	w it conducts, any program		Yes	X No
4 Describe expenses	the organizati Section 501(on's program service (c)(3) and 501(c)(4) o	accomplishments for each of rganizations are required to re each program service reported	eport the amount of grants ar	-		
IN PIT	ED GRAN TSBURGE ENGTHEN	ITS AND PRO I AND ALLEG I EDUCATION	367,633 including grader of the support of the supp	O ORGANIZATION AT ARE DESIGNE R CULTURAL)
	ED FISC	CAL SPONSOR	680,760 including gra	FOR SEVERAL CO		ED PROGRA	
AND NO	N-PROF.1	TS TO HELP	FURTHER THEIR	COMMUNITY MIS	SIONS		
PRE KI	ED SCHO	LARSHIPS T RTEN THROUG	256,174 including gra O FAMILIES ATT H TWELFTH GRAD Y EDUCATIONAL	ENDING PRIVATE E AND TO FAMIL		- -)
· ·	=	(Describe in Schedu	•	\ /Paves	. \$	```	
(Expense 4e Total prog	· ·		cluding grants of \$ 2,304,567) (Revenue	- <u> </u>		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			77
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	_		x
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
•	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	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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	11c		<u> </u>
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 IX	11d		<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
L	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	.,,		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>

Form 990 (2014) POISE FOUNDATION Part IV Checklist of Required Schedules (continued)

	214 14 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		.	İ
	domestic 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 or for domestic individuals on			.
••	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a		ļ		
	\$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		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			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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 "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			l
	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)			į
а	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		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	X	

Fd	Check if Schedule O contains a response or note to any line in this Part V			П
	Check it Schedule O contains a response of note to any line in this Fart V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 21		163	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
·	reportable gaming (gambling) winnings to prize winners?	1c	х	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	İ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
h	If "Yes," enter the name of the foreign country	70		-
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l Ga		
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	35		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	x	ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	'-		
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			· · · · · · · · · · · · · · · · · · ·
Ü	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter	_	,	
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
_	against amounts due or received from them)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 2 2		
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 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	7		
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		

Form 990 (2014) POISE FOUNDATION 25-1393426 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 Enter the number of voting members of the governing body at the end of the tax year 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 13 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 X

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

Other officers or key employees of the organization

b Each committee with authority to act on behalf of the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 14 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a

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 arrangement

with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section	n	C.	Disclosure	

17 List the states with which a copy of this Form 990 is required to be filed PA

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright 20

MARK LEWIS, CPA

PITTSBURGH

TWO GATEWAY CENTER, STE. 1700

412-281-4967

DAA

X

X

No

X

X

X

X

15b

16a

X

X

Yes

8a

8b

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

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

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

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

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

(1) MARK LEWIS, CPA 40.00 PRES/CEO 0.00 (2) GREG SPENCER CHAIR 0.00 (3) JOHN HAINES EX VICE CHAR 0.00 (4) LENNIE R. HENRY VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE SECRETARY 0.00 (7) DARRELL SMALLEY	Individual trustee		X X	Key employee	Highest compensated employee	Former	105,000	(W-2/1099-MISC) 0	from the organization and related organizations 14,564
## A0.00 PRES/CEO	x		x				0	0	0
PRES/CEO 0.00 (2) GREG SPENCER 1.00 CHAIR 0.00 (3) JOHN HAINES EX VICE CHAR 0.00 (4) LENNIE R. HENRY VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	x		x				0	0	0
(2) GREG SPENCER 1.00 CHAIR 0.00 (3) JOHN HAINES 1.00 EX VICE CHAR 0.00 (4) LENNIE R. HENRY VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00	x		x				0	0	0
CHAIR 0.00 (3) JOHN HAINES EX VICE CHAR 0.00 (4) LENNIE R. HENRY VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	x		х						
CHAIR 0.00 (3) JOHN HAINES 1.00 EX VICE CHAR 0.00 (4) LENNIE R. HENRY 1.00 VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	x		x			-			
(3) JOHN HAINES EX VICE CHAR (4) LENNIE R. HENRY 1.00 VICE CHAIR (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	x		x			-			
1.00							0	0	0
EX VICE CHAR 0.00 (4) LENNIE R. HENRY 1.00 VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY							0	0	0
(4) LENNIE R. HENRY 1.00 VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY							0	U	0
1.00 VICE CHAIR 0.00	x		x						
VICE CHAIR 0.00 (5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	x		x						
(5) EDWARD E. GUY, JR. 1.00 VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	^	ļ	1				o	0	0
VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY		1		†	1			0	<u> </u>
VICE CHAIR 0.00 (6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	1								
(6) ANNETTE C. GILLCRESE 1.00 SECRETARY 0.00 (7) DARRELL SMALLEY	X		x				o	0	0
SECRETARY 0.00 (7) DARRELL SMALLEY		\vdash							<u> </u>
SECRETARY 0.00 (7) DARRELL SMALLEY									
(7) DARRELL SMALLEY	x		x				o	0	0
` '					11				<u> </u>
	1								
TREASURER 0.00	X		X				o	0	0
(8) PAUL PATTON									
1.00	1			1					
IMMEDIATE PAST CHAIR 0.00	X			<u> </u>	$oxed{oxed}$		0	0	0
(9) WILLIAM R. ROBINSON									
1.00	1							_	_
MEMBER 0.00	X	<u> </u>	_	<u> </u>	 		0	0	0
(10) JOHN LAYMON									
1.00								•	
	X	<u> </u>		<u> </u>	\vdash		0	0	0
(11) LUCILLE DABNEY									
1.00	7.							^	
MEMBER 0.00	X	<u> </u>	<u> </u>				0	0	O Form 990 (2014)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than or box, unless person is both a officer and a director/truster						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizai and relai irganizati	ted
(12)DALE PERDUE	1.00											
LEGAL COUNSEL	0.00	X	_		-			0	0	ļ		0
(13) ALIYA DURHAM	1.00											
MEMBER	0.00	x	_		_			0	0			C
(14)												
(15)												
(16)												
(17)												
(18)												
(19)												
1b Sub-total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	l!	•	105,000			1	4,564
c Total from continuation she	ets to Part VII, \$	Secti	on A	4				105,000				4,564
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e list	ted a	bov		\$100,000 of	<u>i</u>		4,364
3 Did the organization list any fo				trust	ee k	ev e	mnl	ovee or highest compensa	ted		$\overline{\Box}$	Yes No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Scheen 1a, is the sum	dule of re	J for	suci able	h ind com	lividu pens	al atio	n and other compensation	from the		3	X
organization and related orgar individual	nizations greater	than	\$15	0,00	107 II	f "Ye:	s," c	omplete Schedule J for suc	ch		4	х
5 Did any person listed on line 1 for services rendered to the or									ındıvıdual		5	x
Section B. Independent Contracto												
Complete this table for your fix compensation from the organi	ve highest comp zation Report c	ensa ompe	ted i	nder tion	end for th	ent c ne ca	ontr	actors that received more t lar year ending with or with	han \$100,000 of in the organization's tax y	ear		
	(A) business address								(B) non of services		Corr	(C) pensation
	·							-				
								,				
				<u> </u>								
2 Total number of independent of received more than \$100,000	contractors (inclu	uding	but	not l	limite	ed to	thos	se listed above) who	0			
DAA	o. compensation	. 1101	(116	, org	<u> ۱۱۲۲ بن</u>	4.011					Form	990 (2014

			mant of Dave	_				23 1333420		rage 3
Pa	rt V	EH Stater	nent of Reve	nue	itains a	resnonse o	r note to any line	in this Part VIII		
		Officer	The Content of	5 001	italiis a	response o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इइ	1a	Federated car	mpaigns	1a						
rar	b	Membership o	, ,	1b						
s, G	С	Fundraising e		1c						
sift, ar /	d	Related organ		1d						
s, G mil	е	Government grants		1e		3,727				
ion r Si	f	All other contribution								
but			s not included above	1f	1,	912,681				
ntri d O	g	Noncash contributio	ons included in lines 1a-	1f	\$	22,225				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	es 1a-1f				1,916,408			
ue						Busn Code				
Ven	2a	ADMINIS	TRATIVE FEES			813211	84,028	84,028		
Program Service Revenue	b									
Vice	С									
Ser	d									
a.	е									
ogu	f	All other progr	ram service reve	nue						
▔	g	Total. Add line	es 2a-2f				84,028			
	3		come (including	dıvıder	nds, intere	est,				
		and other sim	•			▶	227,138			227,138
	4		nvestment of tax	-exem	pt bond p	roceeds 🕨 📙				
	5	Royalties	L			•				
			(ı) Real		(11) [Personal				
	6a	Gross rents								,
	b	Less rental exps	-							
	С	Rental inc or (loss)	L							
	d 7a	Net rental inco Gross amount from	· · · · · · · · · · · · · · · · · · ·		1	•				
	, u	sales of assets	(I) Securities		(0)) Other				
		other than inventory	1,111,	702	ļ				,	
	b	Less cost or other								
		basis & sales exps	931,		ļ					
		Gain or (loss)		482	L		100 100	100 100		
		Net gain or (lo	•	. 1		-	180,482	180,482		
e	8a		om fundraising eve	nts						
je l		(not including \$				į				
Re			reported on line 1c)				1			
Other Revenue		See Part IV, line		a						
히		Less direct ex	•	b						
			(loss) from fund		events	P				
	эa	See Part IV, line	om gaming activitie							
	_			a						
		Less direct ex		b						
			(loss) from gam	ing ac	tivities					······································
	iva	returns and all	f inventory, less							
	.			a						
		Less cost of g		b	(antan)					
ŀ	C		(loss) from sale: cellaneous Revenue	o OI IU	ventory	Busn. Code				
	11a	MIS	Control (Carelline			Duoii. Cour	1	1		
	b					-				
	C									
	d	All other rever	nue			+	1			
	e	Total. Add line								
- 1			e. See instruction	ns			2,408,056	264,510	0	227,138

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor			olete column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	1,533,988	1,533,988		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign]		
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	105 000	47 406	EO 447	E 147
_	trustees, and key employees	105,000	47,406	52,447	5,147
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	272,996	167,502	84,213	21,281
7	Other salaries and wages Pension plan accruals and contributions (include	212,990	101,302	04,213	21,201
8	section 401(k) and 403(b) employer contributions)	10,202	5,800	3,689	713
9	Other employee benefits	29,420	16,726	10,638	713 2,056
10	Payroll taxes	30,756	19,991	9,227	1,538
11	Fees for services (non-employees)				
а.	Management				
b	Legal				
	Accounting	7,374	6,467	760	147
d		•			
е	Professional fundraising services See Part IV, line 17				
f		31,505	31,505		
g	Other (If line 11g amount exceeds 10% of line 25, column				· · · · ·
	(A) amount, list line 11g expenses on Schedule O)	38,978	34,181	4,020	777
12	Advertising and promotion	38,765	26,853	8,306	3,606
13	Office expenses	8,592	4,809	2,541	1,242
14	Information technology				
15	Royalties	11 222			
16	Occupancy	41,382	23,527	14,961	2,894
17	Travel	2,926	1,664	1,058	204
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E7 140	20 075	11 142	6 030
19	Conferences, conventions, and meetings	57,148	39,975	11,143	6,030
20	Interest			 	
21	Payments to affiliates	1,323	763	469	01
22	Depreciation, depletion, and amortization	9,268	5,269	3,351	91 648
23	Other expanses Itemize expanses not covered	9,200	3,203	3,331	040
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	ĺ			
	(A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBT EXPENSE	220,000	220,000		
a b	FISCAL AGENT PROGRAM EXP	113,087	113,087		_
c	DUES AND FEES	8,890	5,054	3,214	622
d			-,	-,	<u> </u>
e	All other expenses				
25		2,561,600	2,304,567	210,037	46,996
26					
DAA	10110 Miles 100 000-1201				Form 990 (2014)

Par	<u>rt X</u>	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		262,268	1	575,991
		Savings and temporary cash investments		1,340,680	2	235,685
- 1		Pledges and grants receivable, net			3	
		Accounts receivable, net	<u> </u>	303,263	4	137,575
		Loans and other receivables from current and former off	ficers, directors.			· · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensated em	· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schedule L			5	
		Loans and other receivables from other disqualified pers	sons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	· '			
ŀ		sponsoring organizations of section 501(c)(9) voluntary				
Ø		organizations (see instructions) Complete Part II of Sch	· · · · · · · · · · · · · · · · · · ·	1	6	
Assets		Notes and loans receivable, net	Γ		7	
A S		Inventories for sale or use	Γ		8	
	9	Prepaid expenses and deferred charges			9	3,465
1		Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 13,305			
	ь	Less accumulated depreciation	10b 8,816	5,470	10c	4,489
1	11	Investments—publicly traded securities		5,197,014	11	4,489 5,847,713
1	12	Investments—other securities See Part IV, line 11			12	
1	13	Investments—program-related See Part IV, line 11			13	
1	14	Intangible assets			14	
1	15	Other assets See Part IV, line 11		9,487	15	268,255
1	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	7,118,182	16	7,073,173
1		Accounts payable and accrued expenses		13,983	17	3,048
1	18	Grants payable		10,600	18	98,331
1	19	Deferred revenue		·	19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
<u>ي</u> 2	22	Loans and other payables to current and former officers	, directors,			
Liabilities		trustees, key employees, highest compensated employe	ees, and			
abi		disqualified persons Complete Part II of Schedule L			22	
ے ₂	23	Secured mortgages and notes payable to unrelated third	d parties		23	
2		Unsecured notes and loans payable to unrelated third p			24	
2	25	Other liabilities (including federal income tax, payables t	o related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D		821,461	25	85 <u>1,013</u>
2	26	Total liabilities. Add lines 17 through 25		846,044	26	952,392
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34				
Ĕ 2	27	Unrestricted net assets	L	1,175,626	27	1,005,814
E 2	28	Temporarily restricted net assets		5,096,512	28	5,114,967
[2	29	Permanently restricted net assets			29	
교		Organizations that do not follow SFAS 117 (ASC 958	i), check here ▶ 🔲 and			
Ö		complete lines 30 through 34.				
sets 3	30	Capital stock or trust principal, or current funds.	L		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	r other funds		32	
	33	Total net assets or fund balances		6,272,138	33	6,120,781
3	34	Total liabilities and net assets/fund balances		7,118,182	34	7,073,173

Form	990 (2014) POISE FOUNDATION	25-1393426		_ Pa	ige 12
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 2,	408,	056
2	Total expenses (must equal Part IX, column (A), line 25)			561,	
3	Revenue less expenses Subtract line 2 from line 1			153,	
4	Net assets or fund balances at beginning of year (must equal Part X, line	33, column (A))	4 6,	272,	138
5	Net unrealized gains (losses) on investments		5		141
6	Donated services and use of facilities	<u></u>	6		
7	Investment expenses	<u>i_</u>	7		
8	Prior period adjustments		8		
9	Other changes in net assets or fund balances (explain in Schedule O)	<u>. </u>	9	-22,	954
10	Net assets or fund balances at end of year Combine lines 3 through 9 (m	ust equal Part X, line			
	33, column (B))		10 6,	120,	781
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any	line in this Part XII			
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X	Accrual Other		- 1	
	If the organization changed its method of accounting from a prior year or	checked "Other," explain in	1		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an	independent accountant?	_2	2a │	X
	If "Yes," check a box below to indicate whether the financial statements for	or the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidate	d and separate basis			
b	Were the organization's financial statements audited by an independent a	ccountant?	_2	b X	ļ
	If "Yes," check a box below to indicate whether the financial statements for	or the year were audited on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidate	d and separate basis		- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that ass	umes responsibility for oversight		i	
	of the audit, review, or compilation of its financial statements and selection	•	<u> 2</u>	c X	ļ
	If the organization changed either its oversight process or selection proce	ss during the tax year, explain in			
	Schedule O		•	1	
3a	As a result of a federal award, was the organization required to undergo a	in audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		<u> </u>	Ba	X
b	If "Yes," did the organization undergo the required audit or audits? If the o	- ·			
	required audit or audits, explain why in Schedule O and describe any step	s taken to undergo such audits	3	Bb	

Form **990** (2014)

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

2014
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

POISE FOUNDATION 25-1393426 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9) organization support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Page 2

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	693,285	2,643,977	2,896,126	1,346,315	1,916,408	9,496,111
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	693,285	2,643,977	2,896,126	1,346,315	1,916,408	9,496,111
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)						4,423,478
6	Public support. Subtract line 5 from line 4						5,072,633
	tion B. Total Support	(=) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	` <i>`</i>	<u>-</u>		
7	Amounts from line 4	693,285	2,643,977	2,896,126	1,346,315	1,916,408	9,496,111
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,565	106,663	114,402	162,586	227,138	700,354
9	Net income from unrelated business activities, whether or not the business is regularly carried on				<u></u>		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						10,196,465
12	Gross receipts from related activities, etc	(see instructions)				12	84,028
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public Su	ipport Percent	age			·	
14	Public support percentage for 2014 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	49.75%
15	Public support percentage from 2013 Sch	edule A, Part II, line	e 14			15	44.07%
16a	33 1/3% support test—2014. If the organ				3 1/3% or more, c	heck this	
	box and stop here. The organization qual						▶ X
b	33 1/3% support test—2013. If the organ				5 is 33 1/3% or mi	ore,	
	check this box and stop here. The organic						
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa organization						▶ □
b	10%-facts-and-circumstances test—201	•					
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and-	·cırcumstances" te	st The organizatio	n qualifies as a pu	IDIICIY	▶ □
40	supported organization	d mak abastı a bs	m line 42 46= 40	h 17a ar 17h aba	ok this boy and		▶ ∐
18	Private foundation. If the organization di instructions	u not check a dox (л ше тэ, тоа, то	ນ, ເ/a, or ເ/b, che			▶ □

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.)

	If the organization fails to	quality under ti	ne tests listed t	pelow, please o	omplete Part II)	
	tion A. Public Support	 	т	1	T	 	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	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 ın) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the	•	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	. \Box
_	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8		*	nn (f))		15	
16	Public support percentage from 2013 Sch			<u> </u>		16	<u>%</u>
	tion D. Computation of Investme) column (f)		17	%
17 40	Investment income percentage for 2014 (I			s, column (1))		18	
18 19a	Investment income percentage from 2013 33 1/3% support tests—2014. If the orga			e 14 and line 15 is	more than 33 1/2		
134	17 is not more than 33 1/3%, check this be						▶ □
b	33 1/3% support tests—2013. If the orga						
-	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. A	All Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2. Did the organization have any supported organization that does not have an IRS determination of status.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
·		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a	-	
5b		
5c		_
6		
ט		
7		
8		
_		
9a		
9b		
9c		
10a		
10b		
עטיי		

			_	raye
_Pa	t V Supporting Organizations (continued)		- ·	T
44	Lies the assessment as accepted a self-or contribution from any of the following paragraps?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	i.		
a	below, the governing body of a supported organization?	11a		1
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		t
	ion B. Type I Supporting Organizations	1110		<u>1</u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard	3		l
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)		
2	Activities Test Answer (a) and (b) below.	1	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		1

Pa	ne.	6
г а	ut:	0

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizatio	ons	, 12 0 1 age 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			I
other Type III non-functionally integrated supporting organizations must complete	Sections A thro	ugh <u>E</u>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-inte	grated Type III si	upporting organization (see
instructions)	- - ·		

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		_
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<u>.</u>
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		<u></u>	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
<u>b</u>			••••	
с				
<u>d</u>			····	
е	From 2013			
f	Total of lines 3a through e		······	
	Applied to underdistributions of prior years		······································	
<u>h</u>	Applied to 2014 distributable amount		······································	······································
i	Carryover from 2009 not applied (see instructions)		······································	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		······	
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
с	Remainder Subtract lines 4a and 4b from 4	, , , , , , , , , , , , , , , , , , ,		
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
- 8	Breakdown of line 7			
a				
ь				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 POISE FOUNDATION

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Page 8

Supplemental Information. 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 Name of the organization

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.

2014

Open to Public Inspection

Employer identification number

25-1393426 POISE FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 66 Total number at end of year 19 35,374 28,106 Aggregate value of contributions to (during year) 316,066 .345 3 Aggregate value of grants from (during year) 927,558 Aggregate value at end of year 5 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) Yes No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 2 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 Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2014

Sched	lule D (Form 990) 2014 POISE FC	UNDATION		25-	1393426	Page 2
	t III Organizations Maintainir	ng Collections of A	rt, Historical Tr	easures, or Ot	her Similar Ass	sets (continued)
	Using the organization's acquisition, acces collection items (check all that apply)					
а	Public exhibition	d 🔲 Lo	oan or exchange prog	rams		
b	Scholarly research	e 📗 Ot	ther			
С	Preservation for future generations					
4	Provide a description of the organization's	collections and explain h	now they further the o	rganization's exem	pt purpose in Part	
	XIII					
	During the year, did the organization solicit					
	assets to be sold to raise funds rather than		rt of the organization'	s collection?		Yes No
Pai	t IV Escrow and Custodial A		- F 000 D	: N/ lun		
	Complete if the organization	on answered "Yes" t	o Form 990, Pan	IV, line 9, or re	poπed an amoι	int on Form
	990, Part X, line 21					
	Is the organization an agent, trustee, custo	dian of other intermedial	ry for contributions of	other assets not		Yes No
	included on Form 990, Part X?	II and complete the falls	www.atable			Tes NO
D	If "Yes," explain the arrangement in Part X	ili and complete the folio	wing table			Amount
_	December halance				1c	7 tillodin
	Beginning balance				1d	
	Additions during the year				1e	
	Distributions during the year Ending balance				1f	
	Did the organization include an amount on	Form 990 Part Y line 2	1 for eccrow or cust	odial account liabili		Yes No
	If "Yes," explain the arrangement in Part XI				.y·	
	t V Endowment Funds.	III Official field the exp	ianation has been pro	ovided in a dit XIII		
1 44	Complete if the organization	on answered "Yes" t	o Form 990. Part	t IV. line 10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	pack (e) Four years back
1a	Beginning of year balance	4,669,576	3,954,024	3,371,35		
	Contributions	134,594	371,877	170,93		275 116,240
	Net investment earnings, gains, and		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		·
•	losses	261,509	796,681	463,00	59 58,	.584 392,250
d	Grants or scholarships	435,960	65,039	31,99		
	Other expenditures for facilities and		·			
_	programs	49,355	352,200	2,43	38	
f	Administrative expenses	25,816	35,767	16,90	17,	690 18,177
g	End of year balance	4,554,548	4,669,576	3,954,02	24 3,371,	353 3,405,407
2	Provide the estimated percentage of the ci	urrent year end balance ((line 1g, column (a)) l	held as		
а	Board designated or quasi-endowment ▶	25.00%				
	Permanent endowment ▶ %					
С	Temporanly restricted endowment ▶	75.00 %				
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%				
3a	Are there endowment funds not in the pos-	session of the organization	on that are held and	administered for the	e	
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
þ	If "Yes" to 3a(II), are the related organization	ons listed as required on	Schedule R?			3b
4	Describe in Part XIII the intended uses of t		ment funds			
Pa	rt VI Land, Buildings, and Eq Complete if the organization		to Form 990, Part	t IV, line 11a S	ee Form 990, P	art X, line 10
	Description of property	(a) Cost or other bas			(c) Accumulated	(d) Book value
		(investment)	(othe	r)	depreciation	
1a	Land					
b	Buildings					
	Leasehold improvements					
d	Equipment			13,305	8,816	4,489
е	Other					
Total	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X	K, column (B), line 10	c)	•	4,489

Schedule D (F	orm 990) 2014 POISE FOUNDATION		25-1393426	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 1	I1b See Form 990, Pai	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
	eld equity interests			
(3) Other				
(A)				
(A) (B)				
			·	
(C)				
(D)			 	
(E)		-		
(F)				_
(G)				
(H)	<u>.</u>			
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 1	11c See Form 990, Par	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			······································
Part IX	Other Assets.			
1 414 121	Complete if the organization answered "Yes	s" to Form 990 Part IV line 1	11d See Form 990 Par	t X line 15
	(a) Description		114 000 1 0111 000, 1 41	(b) Book value
(1)	(4) 2000 (5)			(2) 2001. 10.00
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	· <u> </u>			
	n (b) must equal Form 990, Part X, col (B) line 15)		• [
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 1	11e or 11f See Form 99	90, Part X,
	line 25			
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) FUNDS	S HELD FOR OTHERS -	844,415		
	OLL TAXES PAYABLE	6,598		
	GENCY ENDOWMENTS			
(5)				
(6)				
(7)				
(8)				
(9)	in (b) must equal Form 990, Part X, col. (B) line 25.) ▶	851,013		
	uncertain tax positions. In Part XIII, provide the text of t		ancial statements that reports	the
E. LIGUILLY IOI	unocitain tax positions in Fatt Airi, provide the text of t	ne roomote to the organization S III)	anoiai statements that repuit	J 1.115

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	2,410,243
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		_
а	Net unrealized gains (losses) on investments 25 , 141		
þ		1	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d -22, 954		
е	Add lines 2a through 2d	2e	2,187
3	Subtract line 2e from line 1	3	2,408,056
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]	
b	Other (Describe in Part XIII) 4b]	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,408,056
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	2,561,600
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a]	
b	Prior year adjustments 2b]	
C	Other losses 2c	.	
d	Other (Describe in Part XIII)	↓	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,561,600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а		↓	
b	Other (Describe in Part XIII)]	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,561,600

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE FOUNDATION IS EXEMPT FORM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM

UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION BELIEVES THAT IT HAS

APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

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

CHANGE IN AGENCY FUNDS HELD FOR OTHERS

\$ -22,954

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS ARE USED TO CARRY FORWARD THE MISSION OF POISE FOUNDAITON IN HELPING PITTSBURGH'S BLACK COMMUNITY DEVELOP SELF-SUSTAINING PRACTICES. ENDOWMENT FUNDS THAT ARE DONOR ADVISED OR DONOR SUGGESTED ARE

25-1393426

Page 5

Part XIII Supplemental Information (continued)

USED TO FURTHER THE CHARITABLE GOALS OF THE DONORS.

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

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.

▶ Attach to Form 990.

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

Open to Public inspection

OMB No 1545-0047

Employer identification number 25-1393426 ĝ

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? POISE FOUNDATION

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT or assistance SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 22,400 5,585 10,000 13,000 19,530 5,750 13,753 7,000 20,000 (d) Amount of cash grant (c) IRC section if applicable 25-1812849 3 20-0478989 3 27-4722527 3 ന ო 14-1942636 3 25-1604103 3 01-0732500 25-0969449 25-1035663 25-1816131 (p) EIN (1) AMANI CHRISTIAN COMMUNITY DEV CORP (3) CARNEGIE MELLON CHILDREN'S SCHOOL 15219 15219 PA 15213 15213 15206 PA 15219 15235 15228 (6) HILL DISTRICT CONSENSU GROUP (2) CENTRAL CATHOLIC HIGH SCHOOL (a) Name and address of organization PA PA PA PA (4) CHUCK COOPER FOUNDATION 801 NORTH NEGLEY AVENUE (7) IMANI CHRISTIAN ACADEMY 9) OAKLAND CATHOLIC SCHOOL (8) MELTING POT MINISTRIES or government CLARISSA STREET (5) DUQUESNE UNIVERSITY 144 N. CRAIG STREET 1835 CENTRE AVENUE 5000 FORBES AVENUE 235 EASTGATE DRIVE 260 ATLANTA DRIVE 600 FORBES AVE 4720 FITH AVE PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH 733 Part III

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

PA 15213

PITTSBURGH

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

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(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ 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 2014 Inspection

Employer identification number

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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT or assistance SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS Yes 25-1393426 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 9,900 15,024 50,000 37,893 200,000 18,000 120,000 20,000 416,324 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable ო 25-1541549 3 m ന 27-2499324 3 25-1823715 3 20-1534764 25-0984613 45-4650077 25-1198346 25-0965591 45-3717455 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (9) HILL DISTRICT COMMUNITY DEVELOPMENT SCHOOL OF MEDI (4) SISTER THEA BOWMAN CATHOLIC SCHOOL POISE FOUNDATION 15219 15235 PA 15219 PA 15219 15219 PA 15222 PA 15211 PA 15221 15261 (a) Name and address of organization (5) THE CENTER THAT C.A.R.E.S. SAINT BARTHOLOMEW SCHOOL PA PA (3) SHADOW STUDENT ATHLETES (2) SAINT BENEDICT THE MOOR or government 100 W STATION SQUARE (6) UNIVERSITY OF PITT. 3550 TERRACE STREET (7) URBAN YOUTH ACTION, 2015 CENTRE AVENUE STREET 603 STANWIX STREET 1852 ENOCH STREET (8) AMACHI PITTSBURGH 631 WATT STREET 111 ERHARDT DR. P.O. BOX 60011 721 REBECCA PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH PITTSBURGH Part II Parti ~

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) (2014)

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection

Name of the organization						<u></u>	Employer identification number
POISE FOUNDATION						2	25-1393426
Part I General Information on Grants and Assistance	d Assistance						
	the amount of the grance?	rants or ass	stance, the grantees'	eligibility for the grant	s or assistance, an	7	. Yes No
Cribe	onitoring the use of	grant funds	in the United States				
Part # Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	omestic Organi received more t	zations athan \$5,0	ations and Domestic Governments. Complete if the organizatic an \$5,000. Part II can be duplicated if additional space is needed	vernments. Com duplicated if additi	plete if the orga	ınızatıon answ eeded	ered "Yes" to Form 990,
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
(1) LAMAR WOODLEY FOUNDATION							
67 WATERFRONT DRIVE DA 15222	45-5039129	"	908				PROGRAM SUPPORT
CE ACADEMY THEAT		,	210,00				
FIVE PPG PLACE							PROGRAM SUPPORT
PITTSBURGH PA 15222	26-1270031	3	55,600				
(3) BISHOP CANEVIN SCHOOL							
2700 MORANGE ROAD							SCHOLARSHIPS
PITTSBURGH PA 15205	75-2370414	3	12,500				
(4) CHESWICK CHRISTIAN ACADEMY							
1407 PITTSBURGH STREET							SCHOLARSHIPS
CHESWICK PA 15024	25-1414950	3	6,480				
(5) GREATER WORKS CHRISTIAN ACADEMY							
301 COLLEGE PARK DRIVE							SCHOLARSHIPS
MONROEVILLE PA 15146	25-1401368	3	10,000				
(6) REDEEMER LUTHERAN SCHOOL							
700 IDAHO AVENUE							SCHOLARSHIPS
VERONA PA 15147	90-0713163	3	6,000				
(7) SAINT PHILLIP SCHOOL							
52 W. CRAFTON AVENUE							SCHOLARSHIPS
PITTSBURGH PA 15205	20-1546780	m	5,600				
(8) WQED MULTIMEDIA							
4802 FIFTH AVENUE							PROGRAM SUPPORT
PITTSBURGH PA 15213	25-1010296	3	227,594				
(9) VIRTUOUS ACADEMY							
1 LIBRARY PLACE							SCHOLARSHIPS
DUQUESNE PA 15110	80-0277640	m	9 000				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) (2014)

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SCHEDULE (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. ► Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number 25-1393426 ▶ Information about Schedule | (Form 990) and its instructions is at www.irs.gov/form990. POISE FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

Part General Information on Grants and Assistance	I Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	he amount of the gr	rants or ass	stance, the grantees'	eligibility for the grant	s or assistance, an	70	
the selection criteria used to award the grants or assistance? 2. Describe in Dort IV the organization's procedures for monitoring the use of grant funds in the United States.	nce?	arant funde	o the United States				Yes
d	mestic Organi	zations	nd Domestic Go	vernments. Com	plete if the ords	nization answe	ared "Yes" to Form 990
	received more t	han \$5,00	00. Part II can be o	duplicated if addit	onal space is n	eeded	
(a) Name and address of organization or government	(p) 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
D STREET							PROGRAM SUPPORT
PITTSBURGH PA 15221	41-2241079	3	5,750				
(2) SETON LASALLE CATHOLIC SCHOOL							
1000 MCNEILL ROAD							SCHOLARSHIPS
PITTSBURGH PA 15226	25-1638619	3	6,000				
(3) GRANTS LESS THAN \$5,000							
			99,479				
(4)							
(5)							
(9)							
(7)			,				
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed	organizations listed	In the line 1 table	1 table				•

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

Schedule I (Form 990) (2014)

Part III

25-1393426

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2014) POISE FOUNDATION

Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						•
2						•
ო						
4						
ιo						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part II line 2. Part III. column (b), and any other additional information	de the information rec	ourred in Part I, line	2. Part III. column (b)	and any other additional	Information

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART I, LINE 2

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) 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.

2014

Department of the Treasury Internal Revenue Service

➤ 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.

Open to Public Inspection

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 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

CHANGE IN AGENCY FUNDS HELD FOR OTHERS \$ -22,954