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Return of Organization Exempt From Income Tax

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

<u>A</u>	For the	2016 calen	dar year, or tax year be	ginning		, 2016, and e	nding		, 20
В	Check if ap	plicable	C Name of organization PO	ISE FOUNDATION					D Employer identification no
	Address ch	nange	Doing business as						25-1393426
	Name char	-		box if mail is not delivered to st	reet address)		Room/suite		E Telephone number
	Initial return	_	· ·	ENTER 603 STANW					(412)281-4967
Π		/terminated		nce, country, and ZIP or foreign					2,669,613
	Amended r		PITTSBURGH, I					1	G Gross receipts\$
	Application		F Name and address of prince		VIS, CPA		H(a) Is the	s a amun returr	for subordinates? Yes No
. — 	Application	pending	SAME AS C ABO	·	120, 0111		l l		tes included? Yes No
			501(c)(3) 501(c) (4947(a)(1) or	527	_		a list (see instructions)
<u> </u>	Tax-exemp		ISEFOUNDATION.OF		4947(a)(1) U	327	_		,
i i					_ -	. V			n number
	Form of org			Association Other		L Year of formation 1	980 N	State of leg	gal domicile PA
P.F.		Summa			t actuation MO	ACCTOM MUR D	rmman ran	au bear	
()	1	-	-	nission or most significar					
. Governance	-			SELF-SUSTAINING	PRACTICES,	IROUGH STRA	regic L.	BAUBRSE	HIP, COLLECTIVE
Jan		GIVING,	GRANTMAKING AND	ADVOCACY.			· - - ·		
Je I	-					1-6 050	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ုင္က				tion discontinued its ope			6 of its net	1	1
∞ ಶ	1		-	oveming body (Part VI, I			•	3	
ies	1		· -	nbers of the governing bi		b)	•	· · · 4	
Activities &	5	Total numb	er of individuals employ	ed in calendar year 2016	(Part V, line 2a)			<u>5</u>	
Ş			er of volunteers (estimat	- 1				6	
_	7a 1	Total unrela	ited business revenue fi	om Part VIII, column (C)	, line 12			_ 7 a	<u> </u>
	b	Net unrelate	ed business taxable inco	ome from Form 990-T, lin	<u>ie 34</u>	_····	<u>.</u> .	7t	0
						L	Prior	Year	Current Year
_	8	Contribution	,556,6	1,417,265					
2	9	Program se		99,73	35 237,092				
Revenue	10	Investment	income (Part VIII, colum	in (A), lines 3, 4, and 7d)				328,28	204,303
2	11	Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	, and 11e)	[0
	12	Total reven	ue - add lines 8 through	11 (must equal Part VIII	, column (A), line 1	12)	1	,984,62	1,858,660
	13	Grants and	similar amounts paid (P		1	,607,20	04 1,387,809		
	14	Benefits pa	id to or for members (Pa			0			
"	15	Salaries, ot	her compensation, emp		478,6	52 484,797			
Expenses	16a	Professiona	al fundraising fees (Part			0			
ē	b		aising expenses (Part IX			123,317	···		
虿	17	Other expe	nses (Part IX, column (A	ر), lines 11a-11d , 11 f-24d	2)=:2:=::::::::::::::::::::::::::::::::			614,73	34 377,749
	18	Total exper	nses. Add lines 13-17 (r	nust equal Part IX, colum	in-(A) line 25)- U	. [2	,700,59	
	19	Revenue le	ss expenses Subtract	line 18 from line 12	<u> </u>	<u> </u>		(715,90	
				7-1-	CT 0 3 2017		Beginning of		
ST6	20	Total assets	s (Part X, line 16)			l (O)	<u>-</u>	,190,18	
Net Assets or	21	T-1-11-6-14	(D1 V I 00)					,086,9	
Ş	22	Net assets	or fund balances. Subt	act line 21 from line 20	GDEN, UI			,103,2	
_	art II	Signatu	ure Block					, _ , _ ,	
Un	der penaltie	s of penjury, I d	eclare that I pave examined this	return, uncluding accompanying			knowledge a	nd belief, it is	
true	, correct, a	nd complete D	eclaration of preparer (ether tha	n officer) so based on all informa	ion of which preparer ha	as any knowledge			
			WINDZ	AMM				•	8/10/2017
Sig	ın i	Signati	ure of officer					Da	ate /
He	'		MARK 1 K	1115 200	SIDENT	9 (0			
	.	Type o	or print name and title		0.0.0.	, 00			
_		<u> </u>		Proposer's construct		Date	C.E.	ck	PTIN
Pa	id	1	reparer's name	Preparer's signature	eren CAA	09-22-2017	Che	_	
			D A DEVERSON			N3-22-2011	7	employed	P00948315
	eparer	Firm's name		ON, TANACK & WIL			Firm's EIN		
US	e Only	Firm's addre		OYCE ROAD - SUI	טטכ פו		Phone no	E 0.4	040 4004
	. # - 155			BURGH PA 15241	ota eticas)			724-	942-4334
_				er shown above? (see in		<u> </u>	· · · · ·	<u></u>	🛚 Yes 🗌 No
FOI	raperw	ork Keauc	uon act notice, see th	e separate instructions	•				, Form 990 (2016)

Form	n 990 (2016) POISE FOUNDATION	25-1393426	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗆
1	Briefly describe the organization's mission:		
	TO ASSIST THE PITTSBURGH REGION'S BLACK COMMUNITY IN ACHIEVING SELF-SUSTAINING	NG_PRACTICE	s,
	THROUGH STRATEGIC LEADERSHIP, COLLECTIVE GIVING, GRANTMAKING AND ADVOCACY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. 🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	. 🗌 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measing		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$1,247,481 including grants of \$1,074,256) (Revenue		2,490)
	PROVIDED FISCAL SPONSORSHIP SERVICES FOR SEVERAL COMMUNITY BASED PORGRAMS AND	NON-PROFI	TS TO
	HELP FURTHER THEIR COMMUNITY MISSIONS.		
			
4b	(Code:) (Expenses \$ 451,594 including grants of \$ 123,323) (Revenue	* 21	5,849)
40	PROVIDED GRANTS AND PROGRAM SUPPORT TO ORGANIZATIONS IN PITTSBURGH AND ALLEG		 ′
	ARE DESIGNED TO STRENGTHEN EDUCATIONAL, ECONOMIC OR CULTURAL OPPORTUNITIES FO		
	COMMUNITY.	JR IIII DIAC	
	COMMONTIT.		
			
			
4c	(Code) (Expenses \$ 201,319 including grants of \$ 190,230) (Revenue	\$)
	PROVIDED SCHOLARSHIPS TO FAMILIES ATTENDING PRIVATE SCHOOLS FOR PRE KINDERGAL		<u> </u>
	TWELFTH GRADE AND TO FAMILIES WITH STUDENTS ATTENDING POST SECONDARY EDUCATION		
	INSTITUTIONS.		
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,900,394	· · · · · · · · · · · · · · · · · · ·	

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		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-19? If "Yes," complete Schedule C,			ļ
	Part III	5		Х
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	Х	
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	} {		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	х	
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	1 1		
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	_ 1	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete]	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		l	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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]	l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		į	
4.6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	[
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		}	
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_ [- 1	٠.
	If "Yes," complete Schedule G, Part III	19		<u>X</u>

	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	}	
	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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	'		Ì
	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			1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		l	
	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			ļ
	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,			ļ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ĺ .		
	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).			
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	1		
	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		<u> X</u>
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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	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		<u>X</u>
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, Part II, III,	1 1		
	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		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
22	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-chantable	_	ļ	37
~~	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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,		į	37
20	Part VI	37		<u>X</u>
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	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7,	ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return	01-	v	ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	:	v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	- 30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		X
	account)?	4a		^
þ	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	E 0		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		A
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?			1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7a	х	1
L	and services provided to the payor?	7b	Х	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			\vdash
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 <u>a</u>		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	1	1	
11	Section 501(c)(12) organizations. Enter.		ŧ	
а	Gross income from members or shareholders		‡	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	-	ŧ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5	 -	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O		1	
b			1	
	the organization is licensed to issue qualified health plans	-{	ĺ	
С		4.4-	 	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	┼^
_	If "Voc." had it filed a Form 770 to report these payments? If "NO " DEOVIDE AD EXDIBITION ID SCREDULE U	1 140	1	1

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 _ X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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? Х 3 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? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? а X 8a Each committee with authority to act on behalf of the governing body? . X 8b 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) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c Did the organization have a written whistleblower policy? Х 13 13 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b 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? . . . X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Pennsylvania 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. Another's website ☑ 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. > 20 MARK LEWIS (412)281-4967, 603 STANWIX STREET, PITTSBURGH, PA 15222

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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POISE FOUNDATION

25-1393426

Page 7

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

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

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

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

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

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

				((C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average					han one s both a		Reportable	Reportable	Estimated
	hours per week (list any					/trustee		compensation from	compensation from related	amount of other
	hours for		· –		_	• -		the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ighe	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dual t	itiona		mplo	st co	¥	(** = 1000 ******************************		and related
	line)	uste	trus	}	yee	mper				organizations
		°	tee			Highest compensated employee				
		•				-				
(1) MARK LEWIS, CPA	40.00	l								
PRESIDENT		Х		Х				109,338	0	18,418
(2) GREG SPENCER	3.00	3,7]	v	i					_
CHAIR	1 00	X		X					0	0
(3) JOHN R LAYMON		X		Х		i		,		
EXECUTIVE VICE CHAIR (4) ALIYA DURHAM	1.00	<u> </u>		Δ	-					0
VICE CHAIR	· 	x	1	х					o	o
(5) EDWARD E GUY JR.	1.00	1	-							<u> </u>
VICE CHAIR		Х	ľ	Х					o	0
(6) DALE C PERDUE	1.00	<u> </u>								
SECRETARY		Х		X					0	0
(7) DARRELL E SMALLEY	1.00								_	
TREASURER		X		X					0	00
(8) PAUL G PATTON	1.00	ł								
CHAIRMAN EMERITUS		X	ļ		_	 			0	0
(9) WILLIAM R ROBINSON, HONORABLE	1.00		l							
MEMBER		X	ļ <u>-</u>						0	0
(10)ANNETTE C GILLCRESE	1.00_	X						,	0	
MEMBER (11)LUCILLE DABNEY	1.00		 -	-			\vdash			0
MEMBER		x						,	0	o
(12)JOHN HAINES	1.00	1	-	-						
MEMBER	 	х			'			d	o	o
(13)LENNIE HENRY	1.00									
MEMBER		Х							о	0
(14)KARRIS JACKSON	40.00									
EMPLOYEE			<u>L</u>			X		103,251	0	2,952

Part '	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and			t Com	pen	sated Employees	s (continuea)	- [
`	(A) Name and title	(B) Average hours per week (list any	do not check more than one box, unless person is both an officer and a director/trustee)					-	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timated ount of other	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fr orga and	pensation the anization of the anization	on d
<u>(15)</u>											+			
(16)						_			·					
<u>(17)</u>											<u></u>			
<u>(18)</u>														
<u>(19)</u>														
(20)_														
<u>(21)</u>									1,1					•
(22)														
(23)														
(24)														
(25)														
1b					•	•		•	-					
C	Total from continuation sheets to Part VII, Sect			• •	٠		• •	>	212,58	q	0		21.	370
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limit			bov	e) w	ho r	eceive	ed m			- 1		,	
	reportable compensation from the organization >										2		V	T NI -
3	Did the organization list any former officer, direct												Yes	No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of its										.	3		X
4	organization and related organizations greater that											1		
	ındıvıdual										. [4		X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes											5		Х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compens compensation from the organization. Report com	sated indepe pensation fo	ndent r the c	cont alen	ract dar	ors i yeai	that re r endir	ceiv ng w	ed more than \$10 th or within the or	0,000 of ganızatıon's tax				
	year. (A)								(В				(C)	
	Name and business address	s				_			Description o	t services	<u> </u>	Comp	ensatio	on
											-			
		· · · · · · · · · · · · · · · · · ·							 					
	Total number of independent contractors (includi	ng but not lin	nited to	o the	se l	stec	abov	e) w	ho					
	received more than \$100,000 of compensation fr													

Form 99							25-1393	426 Page !
Part '	VIII	 Statement of Revenue 	ie					
		Check if Schedule O contai	ns a response or	note to any line in				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1a					
oen Oen	b	Membership dues	1b]	1		
A,G	С	Fundraising events .	. 1c]			
Gift	d	Related organizations	1d]	-		
ns, c	е	Government grants (contribut	tions) . 1e	5,250]		
utio her	f	All other contributions, gifts, g	rants,		1	1		
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inclu	ded above 1f	1,412,015		1		
န်	9	Noncash contributions includ	ed in lines 1a-1f [.] :	·	_	1		
	h	Total. Add lines 1a-1f .	· · · · · · ·		1,417,265	<u> </u>		
<u>o</u>				Business Code				
Program Service Revenue	i .	ADMINISTRATIVE FEES		541200	237,092	237,092		-
8	b							
) AIC	l d				+			-
Š	ء ا				 	····		
ogra	f	All other program service reve	nue					
ď	1	Total. Add lines 2a-2f			237,092			
		Investment income (including						
		and other similar amounts) .		· .	179,458	179,458		
	4	Income from investment of tax		oceeds >				
	5	Royalties		<u> ▶</u>				
			(ı) Real	(ii) Personal				
	6a	Gross rents] [
		Less: rental expenses .]	1		
		Rental income or (loss)	L	1]]	1		
		Net rental income or (loss) .	<u> </u>	1			······	
	7a	Gross amount from sales of	(i) Secunties	(II) Other	-	1		
	l .	assets other than inventory	835,79	8	1			
	P	Less. cost or other basis and sales expenses	810,95	<u>_</u>				
	c	Gain or (loss)	24,84		1			
	1	Net gain or (loss)			24,845	24,845		
ë	1	Gross income from fundraising						
Other Revenue		events (not including \$	-			İ		
æ		of contributions reported on lir		1		}		
her		See Part IV, line 18	а		_			
ŏ	Ь	Less direct expenses	b		<u>.</u>	=		
	С	Net income or (loss) from fund	Iraising events .	<u> ▶</u>			·	
	9a	Gross income from gaming ac		,		•		
		See Part IV, line 19			4	1		
		Less direct expenses			4	1		
	1	Net income or (loss) from gam	_	· · · · · · · · · · · · · · · · · · ·	-		····	
	10a	Gross sales of inventory, less				1		
	h	returns and allowances			-{	1		
		Less: cost of goods sold Net income or (loss) from sale			-{	†		
	├	Miscellaneous Revenue		Business Code		·		
	11a	MISCEIIATIEOUS REVEITUE			1 1	†		
	b				 			
	c							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ns	<u>.</u>	1,858,660	441,395	· -	d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising Program service 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21... 1,387,809 1,387,809 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees 109,338 57,402 37,175 14,761 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 285,006 Other salaries and wages . 149,547 97,115 38,344 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 11,034 6,014 3,531 1,489 9 Other employee benefits 45,059 24,110 14,901 6,048 10 Payroll taxes 34,360 18,039 11,682 4,639 Fees for services (non-employees) 11 Management . . . а b Legal. Accounting . . 8,737 8,737 C d Lobbying Professional fundraising services See Part IV, line 17 A Investment management fees. 40,106 40,106 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 54,677 40,121 10,272 4,284 Advertising and promotion . . . 12 39,977 743 1,899 37,335 10,759 3,071 13 Office expenses . . . 5,853 1,835 14 Information technology 3,105 1,656 1,033 416 15 Royalties . 16 Occupancy . 39,090 20,453 13,388 5,249 22,704 17 12,208 6,832 3,664 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 19,969 13,754 2,126 4,089 20 Interest. 53 53 Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,030 541 350 139 23 Insurance . . . 7,592 3,989 2,578 1,025 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) FISCAL SPONSOR SERVICES 117,689 117,689 BAD DEBTS 800 800 DUES AND FEES 10,461 2,142 8,319 MISCELLANEOUS 1,000 d 1,000 All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,250,355 1,900,394 226,644 123,317 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here > | if following SOP 98-2 (ASC 958-720)

25-1393426

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) (A) End of year Beginning of year 178,156 301,250 1 2 150,157 121,118 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 22,717 62,998 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 3,547 3,536 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or 10a 13,786 other basis Complete Part VI of Schedule D | 10b 3,295 10c 2,746 11,040 Less: accumulated depreciation b 5,396,760 5,506,975 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 . . . 14 14 272,178 15 278,770 Other assets See Part IV, line 11 15 16 6,114,018 6,190,185 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17,745 17 Accounts payable and accrued expenses 237,372 18 325,777 18 19 Deferred revenue . . . 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L . . . 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 849,601 25 897,575 of Schedule D 1,086,973 26 1,241,097 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 1,261,821 27 1,425,125 • 27 Unrestricted net assets . 3,841,391 28 3,447,796 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here

ightharpoonup Land complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 4,872,921 5,103,212 33 6,190,185 34 6,114,018 Total liabilities and net assets/fund balances

Form	990 (2016) POISE FOUNDATION	25-1393426		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,8	58,	660
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,2	50,	355
3	Revenue less expenses Subtract line 2 from line 1	. 3	(3	91,	695)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	5,1	03,	212
5	Net unrealized gains (losses) on investments	. 5	2	15,	849
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(54,	445)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,8	72,	921
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🗆</u>
		_		Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔃 Accrual 🔲 Other		į		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		F		
	Schedule O	ŀ	ŀ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		:		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. [2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
EEA		1	Form	990 (2016)

SCHERULE A

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.

OMB No 1545-0047 **2016**

2016 Open to Public

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Name of the organization

► 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.

Open to Public Inspection

Employer identification number

POI	SE	FOUNDATION					25-13934	26
Pa	rt 1	Reason for Public Charity	Status (All or	ganizations must co	mplete 1	this part) See instruction	S
The	orga	nization is not a private foundation bed	cause it is (For line	es 1 through 12, check of	only one b	ox.)		
1		A church, convention of churches, or	association of chi	urches described in sec t	tion 170(b)(1)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ))		
3		A hospital or a cooperative hospital s	ervice organizatio	n described in section 1	70(b)(1)(<i>I</i>	A)(iii).		
4		A medical research organization ope	rated in conjunction	on with a hospital describ	oed in sec	tion 170(t)(1)(A)(iii). Enter the)
		hospital's name, city, and state		······································				
5		An organization operated for the ben-	efit of a college or	university owned or ope	erated by a	a governm	ental unit described	ın
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	ınit described ın section	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	s a substantial pa	rt of its support from a g	overnmen	tal unit or	from the general put	olic
		described in section 170(b)(1)(A)(vi)	. (Complete Part I	1)				
8		A community trust described in section	on 170(b)(1)(A)(vi	i). (Complete Part II)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant co	llege
		or university or a non-land-grant colle	ege of agriculture (see instructions) Enter	the name,	city, and	state of the college o	r
		university					<u> </u>	
10		An organization that normally receive	• •					•
		receipts from activities related to its e	xempt functions -	subject to certain excep	tions, and	(2) no mo	re than 33 1/3% of it	S
		support from gross investment incom	e and unrelated b	usiness taxable income	(less sect	ion 511 ta	x) from businesses	
		acquired by the organization after Ju-	ne 30, 1975.See	section 509(a)(2) . (Com	plete Part	: 111)		
11		An organization organized and opera						
12		An organization organized and opera						
		of one or more publicly supported org						
		Check the box in lines 12a through 1						
	а	Type I. A supporting organization						iving
		the supported organization(s) the			ority of the	directors	or trustees of the	
		supporting organization You mu						
	b	Type II. A supporting organizatio						=
		control or management of the su			persons th	at control	or manage the supp	orted
		organization(s). You must comp						
	С	☐ Type III functionally integrated.		·			• •	with,
		its supported organization(s) (see	•	•				
	đ	Type III non-functionally integr						
		that is not functionally integrated	-	-			nent and an attentive	eness
		requirement (see instructions) Y					. I. T	
	е	Check this box if the organization					e i, Type ii, Type iii	
		functionally integrated, or Type II	-	•	garnzauori			
	f	Enter the number of supported organ Provide the following information about						, .
	<u>g</u>) Name of supported organization	(ii) EIN	(iii) Type of organization	(m) is the c	organization	(v) Amount of monetary	(u) Amount of
	,	name or supported organization	(II) EIN	(described on lines 1-10	1	r governing	support (see	(vi) Amount of other support (see
				above (see instructions))	docum	nent?	instructions)	instructions)
					Yes	No	-	
(A)				1	,		!	
(B)					ļ			<u> </u>
(C)					1			
· ·					 	-		
(D)						1		
/E\								-
(E)					<u> </u>	ļ		
					1			

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

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

<u>Jec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,896,126	1,346,315	1,916,408	1,556,610	1,417,265	9,132,724
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	2,896,126	1,346,315	1,916,408	1,556,610	1,417,265	9,132,724
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)				·····		3,104,230
6	Public support. Subtract line 5 from line 4					;	6,028,494
	tion B. Total Support	(a) 2012	(b) 2012	(c) 2014	(d) 2015	(=) 2016	/A Total
Caler 7	ndar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2012 2,896,126	(b) 2013 1,346,315	1,916,408	(d) 2015 1,556,610	(e) 2016 1,417,265	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						9,132,724
	sources	114,402	162,586	227,138	245,452	179,458	929,036
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						10,061,760
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	е					. ▶□
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6						59.91 %
15	Public support percentage from 2015 Sch					15	%
16a	33 1/3% support test - 2016. If the organi						. 67
	box and stop here. The organization qual						. ▶ 🗓
b	33 1/3% support test - 2015. If the organi					ore, cneck	
47-	this box and stop here. The organization						. • 📗
IIa	10%-facts-and-circumstances test - 201 10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa				•		
							▶ □
b	10%-facts-and-circumstances test - 201				 a.16b.or17a.an		. 🗾
D	15 is 10% or more, and if the organization	•		•		G 10	
	Explain in Part VI how the organization me				=	iblicly	
				_	•		▶ □
18	Private foundation. If the organization did						
•	instructions						▶ □

Sche	dule A (Form 990 or 990-EZ) 2016 POISI	FOUNDATION	Ŋ			25-139342	6 Page 3
Pa	support Schedule for Org						
	(Complete only if you check						r Part II.
	If the organization fails to qu	alify under th	e tests listed b	elow, please co	omplete Part II	.)	
	ction A. Public Support			,			
Cale	endar year (or fiscal year beginning in) ▶ │	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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)						
Sec	ction B. Total Support				- 		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			ļ	}]
	payments received on securities loans, rents, royalties and income from similar sources			ļ		i	
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 or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
	Public support percentage for 2016 (line 8, o	• •	~	1		15	%
	Public support percentage from 2015 Sched			<u></u>		16	%
	ction D. Computation of Investmer			and the second			
17 18	Investment income percentage for 2016 (line Investment income percentage from 2015 S					17	<u>%</u>
19a	33 1/3% support tests - 2016. If the organiz						▶ 🔲
b	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this						▶ □

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations	Section A	A. All	Supporting	Organizations
---	-----------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 12a or 12b 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.
- 5a 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Sched	lule A (Form 990 or 990-EZ) 2016 POISE FOUNDATION 25-13934	20		age
Pa	rt IV Supporting Organizations (continued)		1	
	the state of the fellowing paragraph.	· · · · ·	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	1
	below, the governing body of a supported organization?	11a	 	<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	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		L
Sec	ction B. Type I Supporting Organizations		1	
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		ļ
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		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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		1	
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	<u> </u>	
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		ĺ
		_	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's		Ī	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.	3	<u> </u>	
Sec	ction 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	instruct	ions)	:
а				
t	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Į.	
	how the organization was responsive to those supported organizations, and how the organization determined		Ī	
	that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		Í	
	activities but for the organization's involvement.	2b	Ī	
3	The state of the s		<u> </u>	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ŧ	
ć	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Ť	1
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	 	-
	of the supported emonitations? If "Ves." describe in Part VI the role placed by the organization in this regard	3h	Ť	1

Schedu	alle A (Form 990 or 990-EZ) 2016 POISE FOUNDATION		25-13	93426 Page
Par	t Y Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			
	instructions. All other Type III non-functionally integrated supporting organiz	ations	must complete Sectio	ns A through E.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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			
col	lection of gross income or for management, conservation, or	1		
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year):	_		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (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,			
se	e 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		
Sect	ion C - Distributable Amount			Current Year
-1	Adjusted net income for prior year (from Section A. line 8. Column A)	11	***************************************	

3

4

5

Enter 85% of line 1

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	Section D - Distributions Current Year						
1_	Amounts paid to supported organizations to accomplish exem						
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	s of supported organizati	ons				
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (pnor 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	organization is respons	ive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(1)	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable			
		Excess Distributions	Pre-2016	Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
С	From 2013		-				
d	From 2014						
е	From 2015						
f	Total of lines 3a through e		,				
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:	-					
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а			'	-			
b	Excess from 2013 .						
С	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016			·			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

<u>PO</u> :	ISE FOUNDATION		25-1393426
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes"		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	61	19
2	Aggregate value of contributions to (during year) .	50,539	46,006
3	Aggregate value of grants from (during year)	27,865	11,453
4	Aggregate value at end of year	1,002,226	465,877
5	Did the organization inform all donors and donor advisor		
•	funds are the organization's property, subject to the organization	-	🔀 Yes 🗌 No
6	Did the organization inform all grantees, donors, and do	· ·	
•	only for charitable purposes and not for the benefit of the		
	11	, , ,	
Pa	rt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1 10	Complete if the organization answered "Yes	s" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organ		
'		<u> </u>	ally common and and love discovery
	Preservation of land for public use (e.g , recreation of Protection of natural habitat	· <u> </u>	
		Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a c	qualified conservation contribution in the form of	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic		. 2c
d	Number of conservation easements included in (c) acqu	ired after 8/17/06, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred	d, released, extinguished, or terminated by the o	organization during the
	tax year		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the	e periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easeme		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conser	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, I	handling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conse	rvation easements in its revenue and expense s	statement, and
	balance sheet, and include, if applicable, the text of the f	footnote to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements		
Pa	rt 排 Organizations Maintaining Collectio	ns of Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue stateme	ent and balance sheet
	works of art, historical treasures, or other similar assets t	neld for public exhibition, education, or research	in furtherance of
	public service, provide, in Part XIII, the text of the footnot	te to its financial statements that describes these	e items
b	If the organization elected, as permitted under SFAS 116	6 (ASC 958), to report in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets i		
	public service, provide the following amounts relating to		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			> \$
2	If the organization received or held works of art, historical		gain, provide the
_	following amounts required to be reported under SFAS 1	·	ga, provide are
а	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· · · · · · · · · · · · · · · · · · ·	▶ €
h			· · · • • • • • • • • • • • • • • • • •

Pa	rt III Organizations Maintaining Colle							nue	<u>d)</u>
3	Using the organization's acquisition, accession, an	d other records, o	check any of the foll	lowing that are	a signifi	cant use of its			
	collection items (check all that apply).	_							
а	Public exhibition	d Loan	or exchange progra	ams					
b	Scholarly research	e 🗌 Othe	r						
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain h	ow they further the o	organization's e	exempt ;	ourpose in Par	t		
	XIII								
5	During the year, did the organization solicit or rece				nılar		_		_
	assets to be sold to raise funds rather than to be m		of the organization	's collection?	·	<u> </u>	Y	es	<u> </u>
Pa	TESCROW and Custodial Arrangem								
	Complete if the organization answ	ered "Yes" on	Form 990, Part	IV, line 9, or	repor	ted an amo	unt on Fo	rm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or		•	or other assets r	not				
_				•			. ∐ Y	es	∐ No
b	If "Yes," explain the arrangement in Part XIII and c	omplete the follow	ving table		г			_	
					1	A	mount		
С.	Beginning balance	• • •			1c				
đ	Additions during the year	•		•	1d				
e	Distributions during the year				1e				
f	Ending balance				1f				 .
2a	Did the organization include an amount on Form 9					•	∐ Y	es	∐ No
Da:	If "Yes," explain the arrangement in Part XIII Chec	k nere ii the expi	anation has been pr	rovided on Part	AIII .			•	<u> </u>
ra	Complete if the organization answ	ered "Ves" on	Form 900 Part	IV line 10					
		(a) Current year	(b) Pnor year	(c) Two years ba	Sk (d	I) Three years had	- (a) Faur		
1a	Beginning of year balance	4,483,621	4,554,548	4,669,5		3,954,02		71,	
b	Contributions	258,102	85,325	134,5		371,87			937
c	Net investment earnings, gains, and		037323	231/3		3,1,0,		.,,,	231
·	losses	287,403	8,762	261,5	09	796,68	.1 4	63,	069
ď	Grants or scholarships	94,670	145,693	435,9		65,03			996
e	Other expenditures for facilities and				-		-	,	
•	programs	55,809	(4,770)	49,3	55	352,20	0	2.	438
f	Administrative expenses	24,085	24,091	25,8		35,76			901
g	End of year balance	4,854,562	4,483,621	4,554,5		4,669,57		_	024
2	Provide the estimated percentage of the current year	ear end balance (
а	· · · · · · · · · · · · · · · · · · ·	29.00 %							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment ► 71.	00 %							
	The percentages in lines 2a, 2b, and 2c should eq	ual 100%.							
3a	Are there endowment funds not in the possession	of the organization	on that are held and	administered for	or the		_	_	
	organization by.							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						. 3a(ii)		X
b	If "Yes" on 3a(II), are the related organizations liste	ed as required on	Schedule R? .				3b		L
4	Describe in Part XIII the intended uses of the organ		ment funds.						
Pa	rt VI Land, Buildings, and Equipment								
	Complete if the organization answ	ered "Yes" on	Form 990, Part	IV, line 11a.	See F	orm 990, P	art X, line	10.	
	Description of property	(a) Cost or othe	''	r other basis	• •	umulated	(d) Book	value	
		(investme	nt) (c	other)	depre	eciation			
1a	Land	·							
þ	Buildings	·	-						
С	Leasehold improvements		<u></u>						
d	Equipment			13,786		11,040		2,	746
<u>e</u>	Other	<u></u>							
Tota	1. Add lines 1a through 1e. (Column (d) must equal	⊢orm 990, Part >	t, column (B), line 10	DC)		. ▶		2.	746

POISE FOUNDATION

Schedule D (Form 990) 2016

25-1393426

Page 2

25-1393426

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990, Par	t IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				·
(G)			 	
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990, Par	t IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				-
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				
(9)				
Part IX	Onust equal Form 990, Part X, col. (B) line 13) Other Assets. Complete if the organization answered	d "Yes" on Form 990, Par	t IV, line 11d. See Form 990,	Part X, line 15
(1)	(a) U	escription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				·
(9)			·	
	nn (b) must equal Form 990, Part X, col (B) line 15	5)		
Part X	Other Liabilities. Complete if the organization answered line 25.			n 990, Part X,
1.	(a) Description of liability	(b) Book value		, , , , , , , , , , , , , , , , , , , ,
(1) Federal	income taxes		_	
(2) FUNDS	HELD FOR OTHERS AGENCY ENDOWM	897,575	_	
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·	_	
(5)			_	
(6)			_	
(7)		ļ <u> </u>		
(8)			_	
(9)			_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	897,575		
2 Liability for	runcertain tay positions in Part XIII provide the to	ext of the footpote to the organi	zation's financial statements that rer	orte the

|--|

Total revenue, gains, and other support per audited financial statements			1	2,020,064
Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains (losses) on investments	2a	215,849		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII)	2d	(54,445)		
e Add lines 2a through 2d			2e	161,404
Subtract line 2e from line 1			3	1,858,660
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b Other (Describe in Part XIII)	4b			
c Add lines 4a and 4b			4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u>		5	1,858,660
Part XII Reconciliation of Expenses per Audited Financial States		•	er Retui	rn.
Complete if the organization answered "Yes" on Form 990,	Part IV, line	e 12a.		
Total expenses and losses per audited financial statements			1	2,250,355
Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c]	
d Other (Describe in Part XIII.)	2d	· · · · · · · · · · · · · · · · · · ·	-	
e Add lines 2a through 2d			2e	
Subtract line 2e from line 1			3	2,250,355
Amounts included on Form 990, Part IX, line 25, but not on line 1			1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b		-	
c Add lines 4a and 4b			4c	
				
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,250,355
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	, lines 1b and	 2b, Part V, line 4,	5	
Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV.	, lines 1b and any additional ne 4)	2b, Part V, line 4, information	5 Part X, lin	e
Supplemental Information. Devide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). THE ENDOWMENT FUNDS ARE USED TO CARRY FORWARD THE MISSION OF THE SUBJECT OF THE SU	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
Supplemental Information. Devide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b).	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a L. Endowment funds intended uses (Part V, lines 2d and 4b). Endowment funds intended uses (Part V, lines 2d and 4b). Endowment funds intended uses (Part V, lines 2d and 4b). TISBURGH'S BLACK COMMUNITY DEVELOP SELF-SUSTAINING PRACTION.	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a L. Endowment funds intended uses (Part V, lines 2d and 4b). Endowment funds intended uses (Part V, lines 2d and 4b). Endowment funds intended uses (Part V, lines 2d and 4b). TISBURGH'S BLACK COMMUNITY DEVELOP SELF-SUSTAINING PRACTION.	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
art XIII Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a L. Endowment funds intended uses (Part V, lines 2d and 4b). E ENDOWMENT FUNDS ARE USED TO CARRY FORWARD THE MISSION OF TISBURGH'S BLACK COMMUNITY DEVELOP SELF-SUSTAINING PRACTION.	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
Supplemental Information. Devide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). THE ENDOWMENT FUNDS ARE USED TO CARRY FORWARD THE MISSION OF THE SUBJECT OF THE SU	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 1. Endowment funds intended uses (Part V, lines 2d and 4b). ENDOWMENT FUNDS ARE USED TO CARRY FORWARD THE MISSION O	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e
Supplemental Information. Divide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV. Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a L. Endowment funds intended uses (Part V, lines 2d and 4b). The Endowment funds are used to carry forward the Mission of the Mission of the Mission of the Mission of the Mission of the Mission of the Mission of the Mission of the Missio	, lines 1b and any additional ne 4) F POISE F	2b, Part V, line 4, linformation OUNDATION IN	5 Part X, lin	e

Schedule D (Form 990) 2016 POISE FOUNDATION	25-1393426	Page 5
Part XIII Supplemental Information (continued)		
02. Other revenues included on Form 990 (Part XI, line 4b)		
		
CHANGE IN AGENCY FUNDS HELD FOR OTHERS (\$54,445)		
03. Footnote for uncertain tax position under FIN 48 (Part	: X)	
THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)	OF THE INTERNAL.	
THE FOUNDATION IS EXEMPT FROM PEDBARD INCOME TAMBE UNDER SECTION 301(C) (3)	OF THE INTERNAL	
REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES	ES. THE	
REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELIATED BUSINESS ACTIVITY	ES. IRE	
FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TO	AKEN, AND AS	
SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FIX	ANCIAL	
STATEMENTS.		
		
		
		
		
		
		
	 	
	• • • • • • • • • • • • • • • • • • • •	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

Open to Public Inspection 2016

OMB No 1545-0047

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

Employer identification number 25-1393426 **%** □

X Yes

General Information on Grants and Assistance POISE FOUNDATION Part 1

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part if Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ce to Domestic Or	rganizations and Don	nestic Government	S. Complete if the org	yanization answered "	Yes" on Form	
,	recipient that receive	ed more than \$5,000.	Part II can be duplica	sted if additional spa	ce is needed.		
(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 noncash assistance	(h) Purpose of grant or assistance
(1)ALLIANCE FOR POLICE ACCOUNT							
P. O. BOX 17053						_	PROGRAM
PITTSBURGH, PA 15235	46-2364929	3	8,639				SUPPORT
(2) AMACHI PITTSBURGH, INC.			-	-			
100 W STATION SQUARE							PROGRAM
PITTSBURGH, PA 15219	45-3717455	3	687,174				SUPPORT
(3)B-PEP							
2201 WYLIE AVENUE							PROGRAM
PITTSBURGH, PA 15219	47-2507780	3	138,118				SUPPORT
(4) BELZHOOVER NEIGHBORHOOD COU							
407 GEARING AVENUE				7			PROGRAM
PITTSBURGH, PA 15210	25-7994587	3	5,000				SUPPORT
(5)H.O.P.E. FOR TOMORROW						_	
2966 CHARTIERS AVENUE				,			PROGRAM
PITTSBURGH, PA 15204	80-0800633	3	55,083				SUPPORT
(6) HILL DISTRICT CREDIT UNION							
2021 CENTRE AVE							PROGRAM
PITTSBURGH, PA 15219	25-1399163	3	10,500				SUPPORT
(7)HOSANNA HOUSE	,						
807 WALLACE AVENUE							PROGRAM
PITTSBURGH, PA 15221	25-1627718	3	5,105				SUPPORT
(8) ORANGE ARROW							
3945 FORBES AVENUE							PROGRAM
PITTSBURGH, PA 15213	46-2095934	3	95,141	į	1		SUPPORT
(9) SHADOW STUDENT ATHLETES		-					
P O BOX 60011		-					PROGRAM
PITTSBURGH, PA 15211	45-4650077	3	50,000				SUPPORT
(10)THE DOOR CAMPAIGN							_
101 HAZLETT STREET							PROGRAM
PITTSBURGH, PA 15214	46-3765178	3	35,000				SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government orgar	izations listed in the line	1 table				23

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

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

Schedule I (Form 990) (2016)

% □ (h) Purpose of grant SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS Open to Public or assistance OMB No 1545-0047 Inspection ☐ Yes 2016 ROGRAM SUPPORT Employer identification number 25-1393426 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Grants and Other Assistance to Organizations, (e) Amount of noncash assistance 8,50d 5,000 19,225 5,165 18,242 11,100 5,650 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash Attach to Form 990. (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 45-5124195 25-1198346 75-2370414 20-0478989 25-1401368 25-1558725 46-0961543 (P) EIN (3)CENTRAL CATHOLIC HIGH SCHOO (5)GREATER WORKS CHRISTIAN ACA (2) BISHOP CANEVIN HIGH SCHOOL (7)NORTH CATHOLIC HIGH SCHOOL CRANBERRY TOWNSHIP, PA 16066 (4) EAST CATHOLIC ELEMENTARY (6) JUBILEE CHRISTIAN SCHOOL (a) Name and address of organization (8) OAKLAND CATHOLIC SCHOOL 301 COLLEGE PARK DRIVE (1) URBAN YOUTH ACTION MONROEVILLE, PA 15146 PITTSBURGH, PA 15205 PITTSBURGH, PA 15213 PITTSBURGH, PA 15221 PITTSBURGH, PA 15216 PITTSBURGH, PA 15222 255 WASHINGTON ROAD 503 STANWIX STREET 144 N CRAIG STREET 1720 FIFTH AVENUE 2001 ARDMORE BLVD 2700 MORANGE ROAD POISE FOUNDATION 1617 ROUTE 228 Department of the Treasury Internal Revenue Service Vame of the organization SCHEDULE (Form 990) Part Part #

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

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

25-0965438

25-1638619

(10THE CAMPUS SCHOOL OF CARLOW

PITTSBURGH, PA 15213

3333 FIFTH AVENUE

PITTSBURGH, PA 15226

1000 MCNEILL ROAD

Schedule I (Form 990) (2016)

SCHOLARSHIPS

15,000

25-1604103

(9) SETON-LA SALLE CATHOLIC HIG

PITTSBURGH, PA 15213

SCHOLARSHIPS

SCHOLARSHIPS

12,500

5,000

SCHEDULE I (Form 990)	Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Assistance to ndividuals in swered "Yes" on For	Organization the United Sta	S, tes or 22.		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	► Information ab	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	► Attach to Form 990. orm 990) and its instructi	ons is at www.irs.gov	/form990.	5	Open to Public Inspection
Name of the organization						Employer identification number	number
밁						25-1393426	
<u></u>	Grants and Assist	ance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	to substantiate the amo	ount of the grants or as:	sistance, the grantees	digibility for the grant	s or assistance, and		
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	ocedures for monitoring	g the use of grant funds	nt funds in the United States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ice to Domestic Org	anizations and Don d more than \$5,000.	nestic Governmen Part II can be duplic	ts. Complete if the or	ganization answered "	'Yes" on Form	
(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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)TRINITY CHRISTIAN SCHOOL					lono		
299 RIDGE AVENUE PITTSBURGH, PA 15221	23-2875879	m	21,327				SCHOLARSHIPS
(2)SAINT BARTHOLOMEW SCHOOL							
PITTSBURGH, PA 15235	20-1534764	8	5,000				SCHOLARSHIPS
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations list	and government organization	zations listed in the line 1 table	1 table			•	
For Paramork Pediction Act Notice and the Indianated in the 1 table	s listed in the line 1 table					•	
For Faperwork Reduction Act Notice, see the Instructions for Form 990.	le instructions tor rori	T 990.				သိ	Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance THROUGH THE Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. THE FOUNDATION HAS GRANT AGREEMENTS THAT ALL GRANTEES MUST SIGN PRIOR TO RELEASE OF FUNDS. 25-1393426 GRANT FUNDS ARE MONITORED BY THE FOUNDATION STAFF AND THE DISTRIBUTION COMMITTEE OF TEH BOARD OF THE TRUSTEES (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients POISE FOUNDATION (a) Type of grant or assistance REVEIW OF GRANT REPORTS. Schedule I (Form 990) (2016) Part IV Part III က S 7 4 9 EEA

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

POISE FOUNDATION	25-1393426
01. Form 990 governing body review (Part VI, line 11)	
THE 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTE OF THE BOARD OF	TRUSTEES PRIOR
TO SUBMISSION.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE BOARD REQUIRES A CONFLICT OF INTEREST FORM TO BE FILED FOR ANY BOARD M	EMBER INVOLVED
IN EVALUATING AND SELECTING GRANTEES FOR FUNDING. BOARD MEMBERS MUST DISC	LOSE THEIR
RELATIONSHIP, PROFESSIONAL OR PERSONAL TO ANY ORGANIZATION THAT IS CONSIDE	RED FOR A GRANT.
A SIGNED FORM IS SUBMITTED AND RETAINED.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
THE FOUNDATION DETERMINES COMPENSATION FOR ITS CEO BY USING A COMBINATION	OF THE FOLLOWING
METHODS RESOURCES: EXPONENTIAL PHILANTHROPY'S ANNUAL FOUNDATION OPERATION	S AND MANAGEMENT
REPORT, LOCAL WAGE SURVEYS, AND INDEPENDENT CONSULTANT REVIEWS. THE BOARD	SETS SALARY
BASED ON PERFORMANCE AND REVIEW OF RELEVANT MARKET DATA.	
04. Governing documents, etc, available to public (Part VI, line 19)	
COPIES OF FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE A	VAILABLE ON THE
FOUNDATION'S WEBSITE.	
	
05. Explanation of other changes in net assets or fund balances (Part XI,	line 9)
AGENCY FUNDS ARE ENDOWMENT FUNDS CREATED BY AND FOR THE USE OF TEH DONATIN	G ORGANIZATION.
AS SUCH, ACCOUTING STANDARDS REQUIRE THESE ENDOWMENTS TO BE RECORDED AS BO	TH AN ASSET AND
LIABILITY ON TEH FOUNDATION'S STATEMENT OF FINANCIAL POSITION. THE FOUNDA	TION SUMMARIZES
ALL PURE ACTIVITY FOR ACENCY PURES THAT IS INITIALLY RECORDED ON THE STATE	MENT OF

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
POISE FOUNDATION	25-1393426
ACTIVITIES AND CONSOLIDATES IT ON THE STATEMENT OF FINANCIAL POSITION.	ACCORDINGLY,
ASSETS HELD FOR OTHERS WILL FLUCTUATE BASED ON CURRENT YEARS NET ACTIVI	TY FOR AGENCY
FUNDS.	
