

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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.

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

A For the **2020** calendar year, or tax year beginning , 2020, and ending , 20

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization **POISE FOUNDATION**
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) **TWO GATEWAY CENTER 603 STANWIX ST** Room/suite
City or town, state or province, country, and ZIP or foreign postal code **PITTSBURGH, PA 15222**

D Employer identification number
25-1393426
E Telephone number
(412) 281-4967
G Gross receipts
\$ **7,947,104**

F Name and address of principal officer: **MARK LEWIS**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **POISEFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1980** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ASSIST THE PITTSBURGH REGION'S BLACK COMMUNITY IN ACHIEVING SELF-SUSTAINING PRACTICES, THROUGH STRATEGIC LEADERSHIP, COLLECTIVE GIVING, GRANTMAKING AND ADVOCACY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,113,527	6,847,735
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,780	113,819
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	655,894	235,061
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,972,201	7,196,615
	14	Benefits paid to or for members (Part IX, column (A), line 4)	951,107	1,828,267
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	683,415	629,943
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157,128	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	985,236	1,281,472
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,619,758	3,739,682
	20	Total assets (Part X, line 16)	352,443	3,456,933
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	7,706,037	11,577,521
		1,508,148	1,505,514	
		6,197,889	10,072,007	

Part II Signature Block

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

Sign Here

Signature of officer: *Mark Lewis*

Date: *11-9-2021*

MARK LEWIS, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **BERNARD A DEVERSON** Preparer's signature: *Bernard A. Deverson CPA* Date: **11-09-2021** Check if self-employed PTIN: **P00948315**
Firm's name: **DEVERSON, TANACK & WILLISON** Firm's EIN: ▶
Firm's address: **1121 BOYCE ROAD - SUITE 500 PITTSBURGH PA 15241** Phone no.: **724-942-4334**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ASSIST THE PITTSBURGH REGION'S BLACK COMMUNITY IN ACHIEVING SELF-SUSTAINING PRACTICES, 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,378,583 including grants of \$ 1,293,072) (Revenue \$) PROVIDED GRANTS AND PROGRAM SUPPORT TO ORGANIZAITONS THAT ARE DESIGNED TO STRENGTHEN EDUATIONAL, ECONOMIC OR CULTURAL OPPORTUNITIES FOR THE BLACK COMMUNITY. THE FOUNDATION PROVIDES GRANTS TO NONPROFIT CHARITABLE ORGANIZATIONS THAT EXECUTE PROGRAMS AND SERVICES IN LINE WITH THE FOUNDATION'S MISSION. THIS ALSO INCLUDES PORVIDING GRANTS AND ADMINISTRATION SERVICES FOR THIRD PARTY ORGANIZAITONS DUE TO FOUNDATION'S GRANTS ADMINISTRATION EXPERTISE AND KNOWLEDGE AND RELATIONSHIP TO THE COMMUNITY SERVED.

4b (Code:) (Expenses \$ 1,175,371 including grants of \$ 379,208) (Revenue \$ 174,155) POISE ACTS AS A FISCAL SPONSOR FOR VARIOUS PROGRAMS, PROJECTS AND ORGANIZAITONS THAT ARE NOT DEFINED AS CHARITABLE ORGANIZAITONS BASED ON THE INTERNAL REVENUE CODE OR QUALIFIED ORGANIZATIONS SEEKING TO INCREASE THEIR CAPICITY THROUGH FISCAL SPONSHORSHIP.

4c (Code:) (Expenses \$ 495,843 including grants of \$) (Revenue \$) EXPENSES RELATED TO VARIOUS LEADERSHIP AND ADVOCACY RELATED PROGRAMS AND PROJECTS AS WELL AS DONOR SERVICES AND FUND MANAGEMENT NOT RELATED TO FUND DEVELOPMENT

4d Other program services (Describe on Schedule O.) (Expenses \$ 207,487 including grants of \$ 155,987) (Revenue \$ 54,630)

4e Total program service expenses 3,257,284

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included in line 1a... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 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 on Schedule O X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed Pennsylvania
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARK LEWIS (412) 281-4967, 603 STANWIX STREET, PITTSBURGH, PA 15222

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK LEWIS PRESIDENT	50.00	X		X				115,000	0	22,364
(2) KARRIS JACKSON CHEIF OPEARTING OFFICER	45.00			X				108,000	0	0
(3) LUCILLE DABNEY MEMBER	1.00	X						0	0	0
(4) ANNETTE C GILLCRESE MEMBER	1.00	X						0	0	0
(5) LENNIE HENRY MEMBER	1.00	X						0	0	0
(6) DERRICK WILSON MEMBER	1.00	X						0	0	0
(7) CORNELL JONES MEMBER	1.00	X						0	0	0
(8) PAUL G PATTON MEMBER	1.00	X						0	0	0
(9) RON LAWRENCE MEMBER	1.00	X						0	0	0
(10) ED GUY VICE CHAIR	1.00	X		X				0	0	0
(11) GREG SPENCER BOARD CHAIR	2.00	X		X				0	0	0
(12) DARRELL SMALLEY JR. TREASURER	2.00	X		X				0	0	0
(13) DALE PERDUE SECRETARY	2.00	X		X				0	0	0
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							223,000	0	22,364	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)	128,600				
	1f	All other contributions, gifts, grants, and similar amounts not included above	6,719,135				
	1g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		6,847,735			
Program Service Revenue	Business Code						
	2a	ADMINISTRATIVE FEES	541200	113,819	113,819		
	b						
	c						
	d						
	e						
	g	Total. Add lines 2a-2f		113,819			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		215,683		215,683	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	769,867			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	750,489				
	7c	Gain or (loss)	19,378				
d	Net gain or (loss)		19,378		19,378		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities, See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		7,196,615	113,819	0	235,061	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	1,828,267	1,828,267		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	223,000	104,409	91,876	26,715
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	180,270	62,121	63,888	54,261
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,089	4,230	4,376	1,483
9	Other employee benefits	74,116	31,670	31,595	10,851
10	Payroll taxes	142,468	58,825	55,035	28,608
11	Fees for services (nonemployees):				
a	Management				
b	Legal	19,577	19,577		
c	Accounting	9,237		9,237	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,786	31,786		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	111,465	106,630	4,161	674
12	Advertising and promotion	15,548	(87)	96	15,539
13	Office expenses	14,586	2,423	9,309	2,854
14	Information technology	778	17	761	
15	Royalties				
16	Occupancy	41,672	17,473	18,075	6,124
17	Travel	7,427	2,991	3,711	725
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,067	604	463	
23	Insurance	7,409	3,091	3,229	1,089
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FISCAL SPONSOR SERVICES	756,177	756,177		
b	DUES AND FEES	39,539	18,149	13,185	8,205
c	BAD DEBTS	224,558	208,285	16,273	
d	OTHER EXPENSES	646	646		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,739,682	3,257,284	325,270	157,128
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	275,879	1	1,030,531	
	2	Savings and temporary cash investments	594,126	2	2,971,665	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	169,278	4	105,928	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net	165,000	7	165,000	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	542	9	10,908	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,791		
	b	Less: accumulated depreciation	10b	13,611	10c	9,180
	11	Investments - publicly traded securities	6,174,802	11	7,159,137	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	321,261	15	125,172	
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,706,037	16	11,577,521		
Liabilities	17	Accounts payable and accrued expenses	114,062	17	60,523	
	18	Grants payable	197,902	18	25,187	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,196,184	25	1,419,804	
	26	Total liabilities. Add lines 17 through 25	1,508,148	26	1,505,514	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	2,106,893	27	2,459,311	
	28	Net assets with donor restrictions	4,090,996	28	7,612,696	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	6,197,889	32	10,072,007	
33	Total liabilities and net assets/fund balances	7,706,037	33	11,577,521		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,196,615
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,739,682
3	Revenue less expenses. Subtract line 2 from line 1	3	3,456,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,197,889
5	Net unrealized gains (losses) on investments	5	640,938
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(223,753)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,072,007

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
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?		x
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

POISE FOUNDATION

25-1393426

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,417,265	1,180,131	1,891,313	2,113,527	6,847,735	13,449,971
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	1,417,265	1,180,131	1,891,313	2,113,527	6,847,735	13,449,971
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)						5,588,806
6 Public support. Subtract line 5 from line 4						7,861,165

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,417,265	1,180,131	1,891,313	2,113,527	6,847,735	13,449,971
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	179,458	277,089	327,526	268,397	215,683	1,268,153
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						14,718,124
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	53.41 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	53.79 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

POISE FOUNDATION

Employer identification number

25-1393426

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization POISE FOUNDATION	Employer identification number 25-1393426
--	--

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE PITTSBURGH FOUNDATION ONE PPG PLACE PITTSBURGH PA 15222	\$ 363,728	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HIGHMARK 120 FIFTH AVENUE PITTSBURGH PA 15222	\$ 195,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCCUNE FOUNDATION 750 SIX PPG PLACE PITTSBURGH PA 15222	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HEINZ ENDOWMENTS 625 LIBERTY AVENUE PITTSBURGH PA 15222	\$ 1,104,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HILLMAN FOUNDATION 310 GRANT STREET PITTSBURGH PA 15219	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RICHARD KING MELLON FOUNDATION 500 GRANT STREET PITTSBURGH PA 15219	\$ 1,945,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

POISE FOUNDATION

Employer identification number

25-1393426

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GATEWAY HEALTH PLAN 444 LIBERTY AVENUE PITTSBURGH PA 15222	\$ 165,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BNY MELLON FOUNDATION SOUTHWEST PA BNY MELLON CENTER PITTSBURGH PA 15258	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Political Campaign and Lobbying Activities

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization POISE FOUNDATION	Employer identification number 25-1393426
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions) ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	226,993	231,261			458,254
b Lobbying ceiling amount (150% of line 2a, column (e))					687,381
c Total lobbying expenditures					
d Grassroots nontaxable amount	56,748	57,815			114,563
e Grassroots ceiling amount (150% of line 2d, column (e))					171,845
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (See instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

▶ 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.

2020

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

POISE FOUNDATION

25-1393426

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	56	29
2 Aggregate value of contributions to (during year)	28,763	81,091
3 Aggregate value of grants from (during year)	20,142	55,241
4 Aggregate value at end of year	1,022,241	2,392,479

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 3.00 %
b Permanent endowment 94.00 %
c Term endowment 3.00 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 9,180

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS AGENCY ENDOWM	1,419,804
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,419,804

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,582,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	640,938	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	(223,753)	
e	Add lines 2a through 2d			2e 417,185
3	Subtract line 2e from line 1			3 7,164,829
4	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	31,786	
c	Add lines 4a and 4b			4c 31,786
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 7,196,615

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,707,896
2	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
3	Subtract line 2e from line 1			3 3,707,896
4	Amounts included on Form 990, Part IX, line 25, 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	31,786	
c	Add lines 4a and 4b			4c 31,786
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 3,739,682

Part XIII Supplemental Information.

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

01. Endowment funds intended uses (Part V, line 4)

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

Part XIII Supplemental Information (continued)

02. Other revenues not included on Form 990 (Part XI, line 2d)

CHANGE IN VALUE OF AGENCY FUNDS

03. Other revenues included on Form 990 (Part XI, line 4b)

INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME ON FINANCIAL STATEMENTS

04. Other expenses included on Form 990 (Part XII, line 4b)

INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON FINANCIALS

05. 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 REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE FOUNDATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS ENDING 2018, 2019, AND 2020 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

25-1393426

Part I **General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALLIANCE FOR POLICE ACCOUNT P.O. BOX 17053 PITTSBURGH PA 15235	46-2364929	3	226,875				PROGRAM SUPPORT
(2)	AUTISM URBAN CONNECTION 4915 GERTRUDE STREET PITTSBURGH PA 15207	83-1810766	3	15,500				PROGRAM SUPPORT
(3)	BLACK MEN HEAL 63 W LANCASTER AVE. ARDMORE PA 19003	83-1751589	3	10,000				PROGRAM SUPPORT
(4)	CROSSROAD FOUNDATION 6901 LYNN WAY PITTSBURGH PA 15208	25-1513510	3	20,000				PROGRAM SUPPORT
(5)	CULTURAL TRUST OF GREATER P 1315 WALNUT STREET PHILADELPHIA PA 19107	46-3109411	3	10,000				PROGRAM SUPPORT
(6)	EAT INITIATIVE 1435 BEDFORD AVE PITTSBURGH PA 15219	25-1393426	3	49,920				PROGRAM SUPPORT
(7)	FAME PO BOX 100073 PITTSBURGH PA 15233	25-1393426	3	20,000				PROGRAM SUPPORT
(8)	FORGE GLOBAL 2142 PERRYVILLE AVENUE PITTSBURGH PA 15214	25-1393426	3	66,500				PROGRAM SUPPORT
(9)	IT TAKES PHILLY 419 JOHNSON STREET KING OF PRUSSIA PA 19406	46-2705205	3	25,000				PROGRAM SUPPORT
(10)	UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH PA 15260	25-0965591	3	5,411				SCHOLARSHIPS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 106
- 3 Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2020

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Name of the organization

POISE FOUNDATION

Employer identification number

25-1393426

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(1)	VIRGINIA COMMONWEALTH UNIVE 1 MAIN STREET RICHMOND VA 23284	54-6001736	3	6,000				SCHOLARSHIPS
(2)	PITTSBURGH URBAN CHRISTIAN 809 CENTER STREET PITTSBURGH PA 15221	25-1405301	3	7,250				SCHOLARSHIPS
(3)	CAMPUS SCHOOL OF CARLOW UNI 3333 FIFTH AVENUE PITTSBURGH PA 15213	25-0965438	3	8,612				SCHOLARSHIPS
(4)	SETON-LA SALLE CATHOLIC HIG 100 MCNEIL ROAD PITTSBURGH PA 15226	25-1638619	3	9,000				SCHOLARSHIPS
(5)	CENTRAL CATHOLIC HIGH SCHOO 4720 FIFTH AVENUE PITTSBURGH PA 15213	20-0478989	3	9,860				SCHOLARSHIPS
(6)	SACRED HEART ELEMENTARY SCH 325 EMERSON STREET PITTSBURGH PA 15206	20-1537555	3	9,864				SCHOLARSHIPS
(7)	SHADYSIDE ACADEMY 423 FOX CHAPEL ROAD PITTSBURGH PA 15238	25-0965561	3	8,256				SCHOLARSHIPS
(8)	OAKLAND CATHOLIC SCHOOL 144 N CRAIG STREET PITTSBURGH PA 15213	25-1604103	3	15,639				SCHOLARSHIPS
(9)	THE KISKI SCHOOL 1888 BRETT LAND SALTSBURG PA 15681	25-0995765	3	7,349				SCHOLARSHIPS
(10)	TRINITY CHRISTIAN SCHOOL 299 RIDGE AVENUE PITTSBURGH PA 15221	23-2875879	3	45,997				SCHOLARSHIPS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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(1)	REDEMER LUTHERAN SCHOOL 700 IDAHO AVENUE VERONA PA 15147	90-0713163	3	10,200				SCHOLARSHIPS
(2)	SEWICKLEY ACADEMY 315 ACADEMY AVENUE SEWICKLEY PA 15143	25-0965558	3	11,010				SCHOLARSHIPS
(3)	MOVEMENT ALLIANCE PROJECT 924 CHERRY STREET PHILADELPHIA PA 19107	26-0307123	3	25,000				PROGRAM SUPPORT
(4)	MOVING LIVES OF KIDS MURAL 7008 BENNETT STREET PITTSBURGH PA 15208	25-1393426	3	11,500				PROGRAM SUPPORT
(5)	NEED 429 FOURTH AVE PITTSBURGH PA 15219	25-6070821	3	20,450				PROGRAM SUPPORT
(6)	PAINTED BRIDE ART CENTER 1600 MARKET STREET PHILADELPHIA PA 19103	23-1946391	3	15,000				PROGRAM SUPPORT
(7)	PHILADELPHIA BAIL FUND PO BOX 22316 PHILADELPHIA PA 19110	82-1360589	3	25,000				PROGRAM SUPPORT
(8)	PITTSBURGH HARDBALL ACADEMY 6506 BARTLETT STREET PITTSBURGH PA 15217	25-1393426	3	31,507				PROGRAM SUPPORT
(9)	SHE CAN WIN 7300 CITY AVENUE PHILADELPHIA PA 19151	85-0515072	3	10,000				PROGRAM SUPPORT
(10)	THE SISTERS LIFTING AS WE C 400 IDELWOOD DRIVE PITTSBURGH PA 15235	25-1393426	3	10,000				PROGRAM SUPPORT

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

POISE FOUNDATION

**Grants and Other Assistance to Organizations,
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(1)	THE NEIGHBORHOOD ACADEMY 709 N AIKON AVENUE PITTSBURGH PA 15206	25-1816609	3	21,000				PROGRAM SUPPORT
(2)	URBAN YOUTH ACTION 603 STANWIX STREET PITTSBURGH PA 15222	25-1198346	3	16,000				PROGRAM SUPPORT
(3)	YOUTH EMPOWERMENT ADVANCED 5928 LOCUST STREET PHILADELPHIA PA 19139	83-2607046	3	10,000				PROGRAM SUPPORT
(4)	YOUTH ENRICHMENT SERVICES 6031 BROAD STREET PITTSBURGH PA 15206	25-1737929	3	6,500				PROGRAM SUPPORT
(5)	DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH PA 15219	25-1035663	3	8,172				SCHOLARSHIPS
(6)	CENTRAL CATHOLIC HIGH SCHOOL 4720 FIFTH AVENUE PITTSBURGH PA 15213	20-0478989	3	9,860				SCHOLARSHIPS
(7)	1 NATION MENTORING 807 BRYN MAWR ROAD PITTSBURGH PA 15219	47-3985090	3	15,000				PROGRAM SUPPORT
(8)	5A ELITE YOUTH EMPOWERMENT 620 BROADHEAD AVE PITTSBURGH PA 15205	47-1118194	3	8,500				PROGRAM SUPPORT
(9)	A.C.E MINISTRIES PO BOX 271 WEST MIFFLIN PA 15122	82-5445244	3	15,000				PROGRAM SUPPORT
(10)	AJAPO 2900 BEDFORD AVENUE PITTSBURGH PA 15219	20-0645829	3	10,000				PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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	(1) AFRICAN AMERICAN CHAMBER OF 436 SEVENTH AVENUE PITTSBURGH PA 15219	25-1821978	3	7,500				PROGRAM SUPPORT
	(2) ALIQUIPPA ECONOMIC DEVELOPM 250 INSURANCE STREET BEAVER PA 15009	46-4288382	3	15,000				PROGRAM SUPPORT
	(3) ALLEN PLACE COMMUNITY SERVI 227 BONVUE STREET PITTSBURGH PA 15214	27-1100587	3	12,500				PROGRAM SUPPORT
	(4) ANNA MIDDLETON WAITE LEARNI 200 SIXTH STREET MCKEESPORT PA 15132	46-4706628	3	8,500				PROGRAM SUPPORT
	(5) AXIOM ADVANCED CORPORATION 1435 BEDFORD AVENUE PITTSBURGH PA 15219	81-1382582	3	10,000				PROGRAM SUPPORT
	(6) BETHANY COMMUNITY MINISTERIE 7745 PITTSBURGH PITTSBURGH PA 15208	59-2957287	3	25,000				PROGRAM SUPPORT
	(7) BETHEL AME CHURCH 2720 WEBSTER AVENUE PITTSBURGH PA 15219	25-1851989	3	8,000				PROGRAM SUPPORT
	(8) BROWN CHAPEL AME CHURCH 1400 BOYLE STREET PITTSBURGH PA 15213	25-1899818	3	10,000				PROGRAM SUPPORT
	(9) CHILDREN'S SICKLE CELL FOUN GROVE BUSINESS CENTER PITTSBURGH PA 15211	02-0649650	3	12,500				PROGRAM SUPPORT
	(10) CIVICALLY, INC. PO BOX 8849 LA JARA CO 81140-1674	81-1401674	3	10,000				PROGRAM SUPPORT

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(1)	CORAOPOLIS YOUTH CREATIONS 1022 5TH AVENUE CORAOPOLIS PA 15108	80-0120598	3	25,000				PROGRAM SUPPORT
(2)	DESTINY INTERNATIONAL MINIS 2250 BEULAH ROAD PITTSBURGH PA 15235	25-1899207	3	8,500				PROGRAM SUPPORT
(3)	DIVINE RESTORATION CHURCH 234 COMMONWEALTH AVE DUQUESNE PA 15110	45-3843942	3	15,000				PROGRAM SUPPORT
(4)	EBENEZER BAPTIST CHURCH 2001 WYLIE AVENUE PITTSBURGH PA 15219	25-1376152	3	15,000				PROGRAM SUPPORT
(5)	FIRST BAPTIST CHURCH OF PEN 7450 CHADWICK STREET PITTSBURGH PA 15235	25-1726365	3	26,500				PROGRAM SUPPORT
(6)	FIRST STEP RECOVERY HOMES 336 PENNY STREET MCKEESPORT PA 15132	25-1718347	3	20,000				PROGRAM SUPPORT
(7)	FOUNTAIN OF LIFE CHURCH OF 247 JOHNSTON AVENUE PITTSBURGH PA 15207	56-2528956	3	10,000				PROGRAM SUPPORT
(8)	FRANKLIN CENTER OF BEAVER C 524 FRANKLIN AVENUE ALIQUIPPA PA 15001	25-1485031	3	10,000				PROGRAM SUPPORT
(9)	GOD'S GRACE MINISTRIES 433 JACKS RUN ROAD PITTSBURGH PA 15202	25-6089886	3	6,500				PROGRAM SUPPORT
(10)	HOPE BAPTIST CHURCH 415 LINCOLN AVENUE PITTSBURGH PA 15206	32-0048809	3	8,000				PROGRAM SUPPORT

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Internal Revenue Service

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(1)	HEUER HOUSE 514 MONONGAHELA AVENUE GLASSPORT PA 15045	25-1876265	3	8,000				PROGRAM SUPPORT
(2)	HILL DANCE ACADEMY THEATRE 2900 BEDFORD AVE PITTSBURGH PA 15219	26-1270031	3	10,500				PROGRAM SUPPORT
(3)	HILL DISTRICT CONSENSUS GRO 1835 CENTRE AVENUE PITTSBURGH PA 15219	01-0732500	3	8,500				PROGRAM SUPPORT
(4)	HOMEWOOD-BRUSHTON BUSINESS PO BOX 4834 PITTSBURGH PA 15206	47-2020001	3	10,000				PROGRAM SUPPORT
(5)	JOHN WESLEY ABE ZION CHURCH 5102 KINCAID STREET PITTSBURGH PA 15224	25-1313402	3	6,500				PROGRAM SUPPORT
(6)	KITCHEN OF GRACE, INC. 2700 SHADELAND AVE PITTSBURGH PA 15212	81-2312101	3	10,000				PROGRAM SUPPORT
(7)	LIFE AIN'T SCRIPTED, INC. 409 HOWARD STREET EAST PITTSBURGH PA 15112	45-3778588	3	7,353				PROGRAM SUPPORT
(8)	LIGHTHOUSE CATHEDRAL 810 FISHER STREET PITTSBURGH PA 15210	31-1786540	3	15,000				PROGRAM SUPPORT
(9)	LIVING WATERS KINGDOM GATE 337 SHAW AVENUE CLAIRTON PA 15025	25-1492282	3	10,000				PROGRAM SUPPORT
(10)	MINORITY EMERGENCY PREPARED 488 SARAH STREET PITTSBURGH PA 15235	25-1393426	3	7,500				PROGRAM SUPPORT

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Department of the Treasury
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(1)	M-POWER HOUSE OF GREATER P 1435 BEDFORD AVENUE PITTSBURGH PA 15219	52-2054025	3	12,500				PROGRAM SUPPORT
(2)	MT. OLIVE BAPTIST CHURCH 1201 HILAND AVE CORAOPOLIS PA 15108	25-1588491	3	18,000				PROGRAM SUPPORT
(3)	NABHI CHRISTIAN MINISTRIES 7060 LEMINGTON AVENUE PITTSBURGH PA 15235	25-1819606	3	9,000				PROGRAM SUPPORT
(4)	NAOMI'S PLACE 601 N BEATY STREET PITTSBURGH PA 15206	45-0466910	3	9,000				PROGRAM SUPPORT
(5)	NEIGHBORHOOD RESILIENCE PRO 2038 BEDFORD AVENUE PITTSBURGH PA 15219	83-2086038	3	20,000				PROGRAM SUPPORT
(6)	NEW BETHEL BAPTIST CHURCH 221 43RD STREET PITTSBURGH PA 15201	25-1819601	3	8,000				PROGRAM SUPPORT
(7)	NORTH SIDE PARTNERSHIP PROJ 2610 MAPLE AVE PITTSBURGH PA 15214	47-1008826	3	10,000				PROGRAM SUPPORT
(8)	PENTECOSTAL TEMPLE CHURCH 6300 EAST LIBERTY BLVC PITTSBURGH PA 15206	25-1773025	3	8,000				PROGRAM SUPPORT
(9)	PILGRIM'S BAPTIST CHURCH 1440 JUNIATA STREET PITTSBURGH PA 15233	25-1305305	3	8,000				PROGRAM SUPPORT
(10)	PITTSBURGH BLACK NURSES IN PO BOX PITTSBURGH PA 15206	25-1609325	3	15,000				PROGRAM SUPPORT

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(1)	PRAISE TEMPLE DELIVERANCE C 5400 GLENWOOD AVENUE PITTSBURGH PA 15207	80-0672945	3	8,500				PROGRAM SUPPORT
(2)	ROSEDALE BLOCK CLUSTER, INC 7810 TIOGA STREET PITTSBURGH PA 15208	25-1681222	3	10,000				PROGRAM SUPPORT
(3)	RUTH'S WAY, INC. 11524 FRANKSTOWN ROAD PITTSBURGH PA 15235	20-2724398	3	13,500				PROGRAM SUPPORT
(4)	SECOND BAPTIST CHURCH 200 CLAY STREET ROCHESTER PA 15074	25-1779149	3	15,000				PROGRAM SUPPORT
(5)	SERENITY LIVING TRANSITIONA 376 ENRIGHT CT PITTSBURGH PA 15206	46-2879967	3	10,000				PROGRAM SUPPORT
(6)	ST. PAUL BAPTIST CHURCH 6701 PENN AVENUE PITTSBURGH PA 15208	25-1665811	3	8,000				PROGRAM SUPPORT
(7)	TAKE ACTION MON VALLEY 3509 MAYFAIR STREET MCKEESPORT PA 15132	85-0529750	3	7,000				PROGRAM SUPPORT
(8)	THE BLACK URBAN GARDENERS F 1922 FIFTH AVE PITTSBURGH PA 15219	25-1393426	3	25,000				PROGRAM SUPPORT
(9)	THE CHURCH OF THE HOLY CROS 7507 KELLY STREET PITTSBURGH PA 15208	25-0965251	3	15,000				PROGRAM SUPPORT
(10)	THE FAMILY LIFE CENTER PO BOX 96 ALIQUIPPA PA 15001	25-1695182	3	15,000				PROGRAM SUPPORT

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

POISE FOUNDATION

Employer identification number

25-1393426

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	(1) THE KING'S COMMUNITY CENTER 5169 BROAD STREET PITTSBURGH PA 15224	25-1827124	3	15,000				PROGRAM SUPPORT
	(2) THE GENERATION CONNECT 1911 MONONGAHELA AVE PITTSBURGH PA 15218	82-3281691	3	25,000				PROGRAM SUPPORT
	(3) TREE OF HOPE 250 N HIGHLAND AVE PITTSBURGH PA 15206	46-0478785	3	10,000				PROGRAM SUPPORT
	(4) TRIEDSTONE BAPTIST CHURCH O 18 HARRIET STREET BRADDOCK PA 15104	25-1766612	3	8,000				PROGRAM SUPPORT
	(5) UJAMAA COLLECTIVE 1901 CENTRE AVE PITTSBURGH PA 15219	27-4132950	3	20,000				PROGRAM SUPPORT
	(6) UNITED SOMALI BANTU GREATER 415 MOUNT PLEASANT RD PITTSBURGH PA 15214	81-3129497	3	20,000				PROGRAM SUPPORT
	(7) UNITY GROUP OF CLAIRTON 333 HOLCOMB AVE CLAIRTON PA 15025	33-1193910	3	25,000				PROGRAM SUPPORT
	(8) VOICES AGAINST VIOLENCE 900 DELMONT AVENUE PITTSBURGH PA 15210	25-1393426	3	10,000				PROGRAM SUPPORT
	(9) WESLEY CENTER AME ZION CHUR 2701 CENTRE AVENUE PITTSBURGH PA 15219	25-1128852	3	12,000				PROGRAM SUPPORT
	(10) WEST PENN HILLS COMMUNITY A 7450 CHADWICK STREET PITTSBURGH PA 15235	25-1738149	3	10,000				PROGRAM SUPPORT

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

POISE FOUNDATION

Employer identification number

25-1393426

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WESTERN PENNSYLVANIA DIAPER 201 N BRADDOCK AVE PITTSBURGH PA 15208	35-2461923	3	15,000				PROGRAM SUPPORT
(2)	WILLISAE'S AGENCY FOR VISION 134 SOUTH HIGHLAND AVE PITTSBURGH PA 15206	47-4912414	3	14,000				PROGRAM SUPPORT
(3)	WOMEN EMPOWERED FOR ENTREPRE 1413 MARLBORO AVE PITTSBURGH PA 15221	27-3579153	3	25,000				PROGRAM SUPPORT
(4)	YOUNG BLACK MOTIVATED KINGS 460 MELWOOD AVE PITTSBURGH PA 15213	25-1393426	3	8,500				PROGRAM SUPPORT
(5)	ZELLOUS HOPE PROJECT, INC. 731 CHARTERS AVENUE MC KEES ROCKS PA 15136	90-0971820	3	20,000				PROGRAM SUPPORT
(6)	DIVINE INTERVENTION MINISTR 1401 FORBES AVE PITTSBURGH PA 15219	65-1305546	3	5,000				PROGRAM SUPPORT
(7)								
(8)								
(9)								
(10)								

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

01. Monitoring procedures (Part I, line 2)

GRANT FUNDS ARE MONITORED BY THE FOUNDATION STAFF AND THE DISTRIBUTION COMMITTEE OF THE BOARD OF TRUSTEES THROUGH THE REVIEW OF GRANT REPORTS. THE FOUNDATION HAS GRANT AGREEMENTS THAT ALL GRANTEES MUST SIGN PRIOR TO THE RELEASE OF FUNDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

POISE FOUNDATION

Employer identification number

25-1393426

01. Form 990 governing body review (Part VI, line 11)

THE 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE 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 MEMBER INVOLVED
IN EVALUATING AND SELECTING GRANTEEES FOR FUNDING. BOARD MEMBERS MUST DISCLOSE THEIR
RELATIONSHIP, PROFESSIONAL OR PERSONAL TO ANY ORGANIZATION THAT IS CONSIDERED FOR A GRANT.
A SIGNED FORM IS SUBMITTED AND RETAINED.

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 OPERATIONS AND MANAGEMENT
REPORT, LOCAL WAGE SURVEYS, AND INDEPENDENT CONSULTANT REVIEWS. THE BOARD SETS SALARY
BASED ON PERFORMANCE AND REVIEW OF RELEVANT MARKET DATA.

04. Other officer or key employee compensation (Part VI, line 15b)

THE FOUNDATION DETERMINES COMPENSATION FOR ITS OTHER OFFICERS BY USING A COMBINATION OF
THE FOLLOWING METHODS RESOURCES: EXPONENTIAL PHILANTHROPY'S ANNUAL FOUNDATION OPERATIONS
AND MANAGEMENT REPORT, LOCAL WAGE SURVEYS, AND INDEPENDENT CONSULTANT REVIEWS. THE BOARD
SETS SALARY BASED ON PERFORMANCE AND REVIEW OF RELEVANT MARKET DATA.

05. Governing documents, etc, available to public (Part VI, line 19)

COPIES OF FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE AVAILABLE ON THE
FOUNDATION'S WEBSITE.

Name of the organization

Employer identification number

POISE FOUNDATION

25-1393426

06. 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 THE DONATING ORGANIZATION.

AS SUCH, ACCOUNTING STANDARDS REQUIRE THESE ENDOWMENTS TO BE RECORDED AS BOTH AN ASSET AND

LIABILITY ON THE FOUNDATION'S STATEMENT OF FINANCIAL POSITION. THE FOUNDATION SUMMARIZES

ALL FUND ACTIVITY FOR AGENCY FUNDS THAT IS INITIALLY RECORDED ON THE STATEMENT OF

ACTIVITIES AND CONSOLIDATES IT ON THE STATEMENT OF FINANCIAL POSITION. ACCORDINGLY,

ASSETS HELD FOR OTHERS WILL FLUCTUATE BASED ON CURRENT YEARS NET ACTIVITY FOR AGENCY

FUNDS.

07. Part III, response or note to any other line in Part III

OTHER PROGRAM SERVICES 4D

PROVIDED SCHOLARSHIPS TO FAMILIES ATTENDING PRIVATE SCHOOLS FOR PRE KINDERGARTEN THROUGH

TWELFTH GRADE AND TO FAMILIES WITH STUDENTS ATTENDING POST SECONDRY EDUCATIONAL

INSTITUTIONS.

Depreciation and Amortization (Including Information on Listed Property)

2020

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return POISE FOUNDATION	Business or activity to which this form relates FORM 990 - 1	Identifying number 25-1393426
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12		13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		14
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16 616

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020		17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property Statement #567						252
c 7-year property						
d 10-year property		3,999	10	HY	SL	200
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year		12 yrs.			S/L
c	30-year		30 yrs.	MM		S/L
d	40-year		40 yrs.	MM		S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.		22 1,068
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Statement of Program Service Accomplishments

2020 PG01

Name(s) as shown on return

Your Social Security Number

POISE FOUNDATION

25-1393426

FORM 990-PART III (A)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$207487
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$155987
PROGRAM SERVICES REVENUE	\$54630

EXPLANATION

PROVIDED SCHOLARSHIPS TO FAMILIES ATTENDING PRIVATE SCHOOLS FOR PRE KINDERGARTEN THROUGH TWELFTH GRADE AND TO FAMILIES WITH STUDENTS ATTENDING POST SECONDARY EDUCATIONAL INSTITUTIONS.

Federal Supporting Statements

2020 PG01

Name(s) as shown on return

Tax ID Number

POISE FOUNDATION

25-1393426

FORM 4562 - LINE 19B

Statement #567

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
1,297	5	HY	SL	208
579	5	HY	SL	44
TOTAL				<u>252</u>