

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POISE FOUNDATION		D Employer identification number 25-1393426
	Doing business as		E Telephone number 412-281-4967
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite TWO GATEWAY CENTER, 603 STANWIX ST.		
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222		G Gross receipts \$ 10,662,739.
	F Name and address of principal officer: MARK LEWIS		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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,		
	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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	11
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,075,289.	Current Year 8,454,835.
	9 Program service revenue (Part VIII, line 2g)	101,153.	168,831.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	498,452.	460,275.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,674,894.	9,083,941.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,031,118.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		669,712.	1,254,490.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		159,229.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,914,323.	1,092,060.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,615,153.	12,593,865.
19 Revenue less expenses. Subtract line 18 from line 12	5,059,741.	-3,509,924.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,239,498.	End of Year 13,933,027.
	21 Total liabilities (Part X, line 26)	1,737,939.	2,388,921.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,501,559.	11,544,106.

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		Date		
	MARK LEWIS, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ELIZABETH E. KRISHER				P10275616
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MAHER DUESSEL, CPA'S 503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212	25-1622758		412-471-5500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ASSIST THE PITTSBURGH REGION'S BLACK COMMUNITY IN ACHIEVING SELF-SUSTAINING 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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 9,316,388. including grants of \$ 9,096,734.) (Revenue \$) PROVIDED GRANTS AND PROGRAM SUPPORT TO ORGANIZATIONS THAT ARE DESIGNED TO STRENGTHEN EDUCATIONAL, 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 PROVIDING GRANTS AND ADMINISTRATION SERVICES FOR THIRD PARTY ORGANIZATIONS DUE TO FOUNDATION'S GRANTS ADMINISTRATION EXPERTISE AND KNOWLEDGE AND RELATIONSHIP TO THE COMMUNITY SERVED.

4b (Code:) (Expenses \$ 2,244,866. including grants of \$ 934,173.) (Revenue \$ 168,831.) POISE ACTS AS A FISCAL SPONSOR FOR VARIOUS PROGRAMS, PROJECTS AND ORGANIZATIONS THAT ARE NOT DEFINED AS CHARITABLE ORGANIZATIONS BASED ON THE INTERNAL REVENUE CODE OR QUALIFIED ORGANIZATIONS SEEKING TO INCREASE THEIR CAPICITY THROUGH FISCAL SPONSORSHIP.

4c (Code:) (Expenses \$ 214,170. including grants of \$ 208,002.) (Revenue \$) EDUCATION IMPROVEMENT TAX CREDIT. PROVIDED SCHOLARSHIPS TO FAMILIES ATTENDING PRIVATE SCHOOLS FOR PRE KINDERGARTEN THROUGH TWELFTH GRADE. THIS PROGRAM IS FUNDED BY CORPORATE AND OTHER QUALIFYING DONATIONS WHICH PROVIDE THE DONORS A TAX CREDIT TOWARDS THEIR PENNSYLVANIA TAX LIABILITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 131,884. including grants of \$ 8,406.) (Revenue \$)

4e Total program service expenses 11,907,308.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	68
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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:		
8a	The governing body?	X	
8b	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.)

		Yes	No
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 on 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 on 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 PA
- 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.
 Own website Another's website 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
TWO GATEWAY CENTER, 603 STANWIX ST., 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			155,000.	0.	29,610.	
(2) KARRIS JACKSON CHIEF OPERATING OFFICER	45.00			X			117,500.	0.	13,590.	
(3) GREGORY R. SPENCER CHAIR	2.00	X		X			0.	0.	0.	
(4) RON LAWRENCE VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) DALE C. PERDUE SECRETARY	1.00	X		X			0.	0.	0.	
(6) DARRELL E. SMALLEY TREASURER	1.00	X		X			0.	0.	0.	
(7) LUCILLE DABNEY MEMBER	1.00	X					0.	0.	0.	
(8) ANNETTE GILLCRESE MEMBER	2.00	X					0.	0.	0.	
(9) EDWARD E. GUY MEMBER	1.00	X					0.	0.	0.	
(10) REV. CORNELL JONES MEMBER	2.00	X					0.	0.	0.	
(11) SAMANTHA CLANCY MEMBER	1.00	X					0.	0.	0.	

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							272,500.	0.	43,200.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							272,500.	0.	43,200.	

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
NONE		

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 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,790,709.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,664,126.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			8,454,835.			
Program Service Revenue	2 a	ADMINISTRATIVE FEES	Business Code	541200	168,831.	168,831.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			168,831.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			218,951.		218,951.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					1,820,122.			
	b	Less: cost or other basis and sales expenses	7b	1,578,798.				
	c	Gain or (loss)	7c	241,324.				
	d	Net gain or (loss)			241,324.		241,324.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			9,083,941.	168,831.	0.	460,275.	

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 ...	10,247,315.	10,247,315.		
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	315,700.	119,650.	164,164.	31,886.
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	712,429.	440,300.	196,571.	75,558.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,053.	88,350.	26,232.	11,471.
9 Other employee benefits				
10 Payroll taxes	100,308.	55,170.	34,646.	10,492.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,527.	2,527.		
c Accounting	18,200.		18,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,149.	34,526.	623.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	194,545.	169,023.	25,522.	
12 Advertising and promotion	9,507.		2,279.	7,228.
13 Office expenses	14,741.	3,041.	11,178.	522.
14 Information technology				
15 Royalties				
16 Occupancy	44,436.	24,438.	15,349.	4,649.
17 Travel	17,993.	5,988.	5,102.	6,903.
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	995.	223.	772.	
23 Insurance	17,717.	9,743.	6,120.	1,854.
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	694,544.	693,944.	600.	
b DUES AND FEES	41,706.	13,070.	19,970.	8,666.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	12,593,865.	11,907,308.	527,328.	159,229.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,525,032.	1	1,309,205.
	2 Savings and temporary cash investments	3,436,759.	2	2,602,165.
	3 Pledges and grants receivable, net	3,770,000.	3	2,570,000.
	4 Accounts receivable, net	53,732.	4	90,574.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,619.	9	16,730.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,579.		
	b Less: accumulated depreciation	10b 15,629.	5,945.	10c 4,950.
	11 Investments - publicly traded securities	8,303,995.	11	6,902,367.
	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	136,416.	15	437,036.
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,239,498.	16	13,933,027.	
Liabilities	17 Accounts payable and accrued expenses	41,250.	17	213,661.
	18 Grants payable	6,837.	18	1,330,318.
	19 Deferred revenue		19	259,207.
	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	1,689,852.	25	585,735.
	26 Total liabilities. Add lines 17 through 25	1,737,939.	26	2,388,921.
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	1,540,695.	27	1,153,495.
	28 Net assets with donor restrictions	13,960,864.	28	10,390,611.
	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	15,501,559.	32	11,544,106.
33 Total liabilities and net assets/fund balances	17,239,498.	33	13,933,027.	

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	9,083,941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,593,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,509,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,501,559.
5	Net unrealized gains (losses) on investments	5	-1,812,657.
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	1,365,128.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,544,106.

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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization POISE FOUNDATION	Employer identification number 25-1393426
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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).)
- 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 on 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		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1891313.	2113527.	6847735.	10075344.	8454835.	29382754.
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	1891313.	2113527.	6847735.	10075344.	8454835.	29382754.
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)						14333065.
6 Public support. Subtract line 5 from line 4.						15049689.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1891313.	2113527.	6847735.	10075344.	8454835.	29382754.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	327,526.	268,397.	215,683.	379,802.	218,951.	1410359.
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						30793113.
12 Gross receipts from related activities, etc. (see instructions)					12	803,343.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	48.87 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	45.58 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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 box 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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 on 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>		
1		
2		
3		

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 governmental 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>			
b Did the activities described on 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>			
2a			
2b			
3a			
3b			

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), 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), 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).

Name of organization POISE FOUNDATION	Employer identification number 25-1393426
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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	HEINZ ENDOWMENTS 625 LIBERTY AVENUE, 30 EQT PLAZA PITTSBURGH, PA 15222	\$ 3,475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RICHARD KING MELLON FOUNDATION 500 GRANT STREET, BNY MELLON CENTER STE 4106 PITTSBURGH, PA 15219	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF PITTSBURGH DEPARTMENT OF PUBLIC SAFETY 414 GRANT STREET PITTSBURGH, PA 15219	\$ 993,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MCCUNE FOUNDATION THREE PPG PLACE, SUITE 400 PITTSBURGH, PA 15222	\$ 415,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PENNSYLVANIA DEPARTMENT OF HEALTH PO BOX 69183 HARRISBURG, PA 17106	\$ 1,049,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	YWCA OF GREATER PITTSBURGH 305 WOOD STREET PITTSBURGH, PA 15222	\$ 770,000.	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
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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	URBAN YOUTH ACTION 333 FORBES AVENUE PITTSBURGH, PA 15222	\$ 1,330,309.	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.)
_____	_____ _____ _____	\$ _____	Person <input 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.)
_____	_____ _____ _____	\$ _____	Person <input 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.)

Name of organization POISE FOUNDATION	Employer identification number 25-1393426
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization POISE FOUNDATION	Employer identification number 25-1393426
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

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

Schedule C (Form 990) 2022

LHA

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)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	12,593,865.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,593,865.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	779,693.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	194,923.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount			430,758.	779,693.	1,210,451.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,815,677.
c Total lobbying expenditures					
d Grassroots nontaxable amount			107,690.	194,923.	302,613.
e Grassroots ceiling amount (150% of line 2d, column (e))					453,920.
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)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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 questions about dues, section 162(e) expenditures, and carryover.

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization POISE FOUNDATION Employer identification number 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and yes/no questions about monitoring and reporting.

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.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including checkboxes and dollar amount fields.

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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,423,527.	6,519,919.	5,832,953.	4,993,553.	5,281,899.
b Contributions	239,446.	427,694.	252,336.	105,253.	79,855.
c Net investment earnings, gains, and losses	-941,070.	989,961.	677,531.	1,080,192.	-241,078.
d Grants or scholarships	461,429.	209,401.	193,833.	291,686.	168,753.
e Other expenditures for facilities and programs	67,951.	304,646.	49,068.	54,359.	-41,630.
f Administrative expenses					
g End of year balance	6,192,523.	7,423,527.	6,519,919.	5,832,953.	4,993,553.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.0000 %
 - b Permanent endowment 78.0000 %
 - c Term endowment _____ %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,999.	1,000.	2,999.
d Equipment		16,580.	14,629.	1,951.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,950.

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. (Col. (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. (Col. (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	280,379.
(3) OPERATING LEASE LIABILITY	305,356.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	8,586,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-1,812,657.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,330,730.	
	e Add lines 2a through 2d	2e		-481,927.
3	Subtract line 2e from line 1		3	9,068,554.
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	32,478.	
	b Other (Describe in Part XIII.)	4b	-17,091.	
	c Add lines 4a and 4b	4c		15,387.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,083,941.

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	12,544,080.
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		0.
3	Subtract line 2e from line 1		3	12,544,080.
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	32,478.	
	b Other (Describe in Part XIII.)	4b	17,307.	
	c Add lines 4a and 4b	4c		49,785.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,593,865.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTION FROM AGENCY FUND

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES

ENDOWMENT FUNDS INTENDED USES (PART V, LINE 4)

THE ENDOWMENT FUNDS ARE USED TO CARRY FORWARD THE MISSION OF POISE

Part XIII Supplemental Information (continued)

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.

OTHER REVENUES NOT INCLUDED ON FORM 990 (XI, LINE 2D)

CHANGE IN VALUE OF AGENCY FUNDS

OTHER REVENUES INCLUDED ON FORM 990 (PART XI, LINE 4B)

INVESTMENT EXPENSES NETTED AGAINST INVESTMENT INCOME ON FINANCIAL STATEMENTS

OTHER EXPENSES INCLUDED ON FORM 990 (PART XII, LINE 4B)

INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON FINANCIALS

FOOTNOTE FOR UNCERTAIN TAX POSITION UNDER FIN 48 (PART X)

THE FOUNDATION HAS ADOPTED FASB GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES CRITERIA FOR THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE REQUIRES THAT AN UNCERTAIN TAX POSITION SHOULD BE RECOGNIZED ONLY IF IT IS "MORE LIKELY THAN NO" THAT THE POSITION IS NOT SUSTAINABLE BASED ON ITS TECHNICAL MERITS. RECOGNIZABLE TAX POSITIONS SHOULD BE MEASURED TO DETERMINE THE AMOUNT OF BENEFIT OR LIABILITY RECOGNIZED IN THE FINANCIAL STATEMENTS. THE FOUNDATION FILES U.S. FEDERAL INFORMATION RETURNS, AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION. THE STATUTE OF LIMITATIONS ON THE FOUNDATION'S FEDERAL TAX RETURNS REMAINS OPEN FOR THE YEARS ENDED DECEMBER 31, 2019 THROUGH PRESENT. THE FOUNDATION CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE PRINCIPLES OF FASB GUIDANCE AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

**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

2022

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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1HOOD MEDIA ACADEMY 5504 RIPPEY PLACE PITTSBURGH, PA 15206	81-3871444	501C3	275,000.	0.			PROGRAM SUPPORT
1NATION MENTORING 807 BRYN MAR RD PITTSBURGH, PA 15219	47-3985090	501C3	25,000.	0.			PROGRAM SUPPORT
25 CARRICK AVE PROJECT 25 CARRICK AVENUE PITTSBURGH, PA 15210	84-2121534	501C3	30,000.	0.			PROGRAM SUPPORT
5A ELITE YOUTH EMPOWERMENT 620 BROADHEAD AVE PITTSBURGH, PA 15205	47-1118194	501C3	16,775.	0.			PROGRAM SUPPORT
A PEACE OF MIND INC. 620 WOOD STREET WILKINSBURG, PA 15221	46-3625680	501C3	8,745.	0.			PROGRAM SUPPORT
AARON DONALD 99 SOLUTIONS FOUNDATION - PO BOX 81720 - PITTSBURGH, PA 15217	83-1710251	501C3	29,500.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **121.**

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

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABIDING MISSIONS 731 EXCELSIOR ST PITTSBURGH, PA 15210	82-1800448	501C3	8,000.	0.			PROGRAM SUPPORT
ACH CLEAR PATHWAYS 510 HELDMAN ST. PITTSBURGH, PA 15219	30-0609317	501C3	145,000.	0.			PROGRAM SUPPORT
AFRICAN AMERICAN LEADERSHIP FOUNDATION - 901 WESTERN AVE - PITTSBURGH, PA 15233	85-0950976	501C3	17,089.	0.			PROGRAM SUPPORT
AFRIKA YETU 6925 MCPHERSON ST. PITTSBURGH, PA 15208	71-0947491	501C3	200,000.	0.			PROGRAM SUPPORT
AFRO-AMERICAN MUSIC INSTITUTE 7131 HAMILTON AVE PITTSBURGH, PA 15208	25-1689025	501C3	500,250.	0.			PROGRAM SUPPORT
ALIQUIPPA GREEN, INC 106 WYKES ST. ALIQUIPPA, PA 15001	84-3824318	501C3	6,500.	0.			PROGRAM SUPPORT
ALLIANCE FOR POLICE ACCOUNTABILITY P.O. BOX 17053 PITTSBURGH, PA 15235	46-2364929	501C3	450,000.	0.			PROGRAM SUPPORT
AMACHI PITTSBURGH 1830 FORBES AVE. PITTSBURGH, PA 15219	45-3717455	501C3	13,743.	0.			PROGRAM SUPPORT
APS YOUTH NETWORKING AGENCY 814 WOODWORTH AVE. PITTSBURGH, PA 15221	86-2467726	501C3	20,011.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
A'S VISION 614 E13TH AVE. MUNHALL, PA 15120	85-1570950	501C3	10,000.	0.			PROGRAM SUPPORT
AUGUST WILSON AFRICAN AMERICAN CULTURAL CENTER - 900 LIBERTY AVE. - PITTSBURGH, PA 15222	47-2697273	501C3	1,076,601.	0.			PROGRAM SUPPORT
BALAFON WEST AFRICAN DANCE ENSEMBLE - 1161 PORTLAND ST. - PITTSBURGH, PA 15206	52-2286472	501C3	150,000.	0.			PROGRAM SUPPORT
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BRONSVILLE RD. SUITE C - PITTSBURGH, PA 15227	30-0742370	501C3	20,000.	0.			PROGRAM SUPPORT
BIBLE CENTER CHURCH - THE OASIS PROJECT - 7238 FLUERY WAY - PITTSBURGH, PA 15221	20-0801087	501C3	126,500.	0.			PROGRAM SUPPORT
BIDWELL PRESBYTERIAN CHURCH 1025 LIVERPOOL ST. PITTSBURGH, PA 15233	25-1147567	501C3	11,067.	0.			PROGRAM SUPPORT
BISHOP CANEVIN HIGH SCHOOL 2700 MORANGE ROAD PITTSBURGH, PA 15205	20-0479485	501C3	5,265.	0.			SCHOLARSHIPS
BLACK GIRLS WITH GREEN THUMBS C/O INFLUENCING ACTION MOVEMENT FOUNDATION - 30 S 15TH ST. FL 15 MAILBOX #40 - PHILADELPHIA, PA	25-1393426	501C3	25,000.	0.			PROGRAM SUPPORT
BLACK WOMEN'S POLICY CENTER 410 9TH ST. MCKESFORT, PA 15132	85-3612457	501C3	10,011.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
BOOM CONCEPTS 5139 PENN AVE PITTSBURGH, PA 15224	25-1290469	501C3	150,000.	0.			PROGRAM SUPPORT
BROTHERS AND SISTERS EMERGING 5315 HILLCREST ST. PITTSBURGH, PA 15224	26-2729390	501C3	148,400.	0.			PROGRAM SUPPORT
CASA SAN JOSE 2116 BROADWAY AVE. PITTSBURGH, PA 15216	46-4729004	501C3	50,000.	0.			PROGRAM SUPPORT
CENTER OF LIFE 161 HAZELWOOD AVE. PITTSBURGH, PA 15207	01-0617023	501C3	21,764.	0.			PROGRAM SUPPORT
CENTRAL CATHOLIC HIGH SCHOOL 4720 FIFTH AVENUE PITTSBURGH, PA 15213	20-0478989	501C3	7,853.	0.			SCHOLARSHIPS
CHARLES STREET AREA COUNCIL/CORPORATION - 2447 SNYDER ST - PITTSBURGH, PA 15214	47-4874259	501C3	15,000.	0.			PROGRAM SUPPORT
CHILDREN'S FIRST 900 SPRING GARDEN ST. PHILADELPHIA, PA 19123	23-2137461	501C3	25,000.	0.			PROGRAM SUPPORT
COLLECTIVE CLIMB 5541 FLORENCE AVENUE PHILADELPHIA, PA 19143	85-2073531	501C3	25,000.	0.			PROGRAM SUPPORT
COMMUNITY EMPOWERMENT ASSOCIATION, INC. - 7120 KELLY ST. - PITTSBURGH, PA 15208	25-1760121	501C3	40,000.	0.			PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COMMUNITY THEATER PROJECT CORPORATION - 5530 PENN AVE. - PITTSBURGH, PA 15206	31-1692848	501C3	755,000.	0.			PROGRAM SUPPORT
CORAOPOLIS YOUTH CREATIONS, INC. 1022 5TH AVE. CORAOPOLIS, PA 15108	80-0120598	501C3	15,000.	0.			PROGRAM SUPPORT
DRESS FOR SUCCESS PITTSBURGH 305 34TH ST. PITTSBURGH, PA 15201	20-2388089	501C3	25,000.	0.			PROGRAM SUPPORT
EAST END COOPERATIVE MINISTRY 6140 STATION ST. PITTSBURGH, PA 15206	23-1722988	501C3	15,000.	0.			PROGRAM SUPPORT
EVOLUER HOUSE 104 CHURCH ST. PHILADELPHIA, PA 19106	76-0849773	501C3	25,000.	0.			PROGRAM SUPPORT
FAMILY AND COMMUNITY PARTNERSHIPS, OFFICE OF CHILD DEVELOPMENT - 230 SOUTH BANQUET ST. - PITTSBURGH, PA 15260	25-0965591	501C3	6,500.	0.			PROGRAM SUPPORT
FILIPINO AMERICAN ASSOCIATION OF PITTSBURGH - 200 CHURCH ST. - WEST MIFFLIN, PA 15122	25-1864935	501C3	22,400.	0.			PROGRAM SUPPORT
FIRST STEP RECOVERY HOMES, INC. 336 PENN ST. MCKESFORT, PA 15132	25-1718347	501C3	10,000.	0.			PROGRAM SUPPORT
FOSTER LOVE PROJECT PO BOX 8779 PITTSBURGH, PA 15221	81-2263514	501C3	6,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
FRANKLIN CENTER OF BEAVER COUNTY, INC. - 524 FRANKLIN AVE. - ALIQUIPPA, PA 15001	25-1485031	501C3	71,960.	0.			PROGRAM SUPPORT
FRIENDS OF THE PITTSBURGH URBAN FOREST - 32 62ND ST. - PITTSBURGH, PA 15201	25-1778057	501C3	72,550.	0.			PROGRAM SUPPORT
FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION - 2246 WILSON AVE. - PITTSBURGH, PA 15214	25-1717655	501C3	75,000.	0.			PROGRAM SUPPORT
FUTURE KINGS MENTORING INC. 3406 IOWA ST. PITTSBURGH, PA 15219	85-0751842	501C3	10,011.	0.			PROGRAM SUPPORT
GUARDIAN ANGEL ACADEMY 915 ALICE STREET PITTSBURGH, PA 15220	84-2096375	501C3	12,901.	0.			SCHOLARSHIPS
GWEN'S GIRLS 7230 MCPHERSON BLVD. PITTSBURGH, PA 15208	75-3114136	501C3	75,000.	0.			PROGRAM SUPPORT
HILL DANCE ACADEMY THEATRE (HDAT) 2915 WEBSTER AVE. PITTSBURGH, PA 15219	26-1270031	501C3	510,000.	0.			PROGRAM SUPPORT
HOMWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVE. PITTSBURGH, PA 15208	27-1885583	501C3	56,000.	0.			PROGRAM SUPPORT
INFINITE LIFESTYLE SOLUTIONS 3884 PERRYVILLE AVE PITTSBURGH, PA 15214	27-3539636	501C3	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
IOTA PHI FOUNDATION 1423 LIVERPOOL ST. PITTSBURGH, PA 15233	23-2907335	501C3	15,000.	0.			PROGRAM SUPPORT
KENTE ARTS ALLIANCE 1212 MANHATTAN ST. PITTSBURGH, PA 15233	20-5827201	501C3	250,000.	0.			PROGRAM SUPPORT
LET'S GET FREE 460 MELWOOD AVE. #300 PITTSBURGH, PA 15213	84-1998369	501C3	50,000.	0.			PROGRAM SUPPORT
LIGHTHOUSE MEMORIAL CHRISTIAN CENTER - 810 FISHER ST. - PITTSBURGH, PA 15210	27-0064572	501C3	6,500.	0.			PROGRAM SUPPORT
MANCHESTER BIDWELL CORPORATION 1815 METROPOLITAN ST. PITTSBURGH, PA 15233	25-1842945	501C3	500,000.	0.			PROGRAM SUPPORT
MELANIN MOMMIES PGH, INC. 5831 FORWARD AVE. PITTSBURGH, PA 15219	83-1429878	501C3	20,000.	0.			PROGRAM SUPPORT
MELTING POT MINISTRIES 260 ATLANTA DR. PITTSBURGH, PA 15228	14-1942636	501C3	6,500.	0.			PROGRAM SUPPORT
MOMMY'S IMAGINATION STATION INC 1932 WESTMONT AVE. PITTSBURGH, PA 15210	84-4202264	501C3	16,500.	0.			PROGRAM SUPPORT
NEW HORIZON THEATER, INC. P.O. BOX 40102 PITTSBURGH, PA 15201	23-2889307	501C3	250,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
NEW SUN RISING 112 E SHERMAN ST PITTSBURGH, PA 15209	20-3496988	501C3	51,000.	0.			PROGRAM SUPPORT
NORTH SIDE PARTNERSHIP PROJECT 2209 FEDERAL STREET EXT PITTSBURGH, PA 15214	47-1008826	501C3	15,000.	0.			PROGRAM SUPPORT
OAKLAND CATHOLIC HIGH SCHOOL 144 N CRAIG STREET PITTSBURGH, PA 15213	25-1604103	501C3	19,327.	0.			SCHOLARSHIPS
OZANAM, INC. 1317 N. FRANKLIN ST. PITTSBURGH, PA 15233	74-3162792	501C3	25,000.	0.			PROGRAM SUPPORT
PACE PROGRAM 603 STANWIX ST. SUITE 1700 PITTSBURGH, PA 15222	25-1205316	501C3	897,600.	0.			PROGRAM SUPPORT
PEARLARTS STUDIOS 201 N BRADDOCK AVE. STUDIO 614 PITTSBURGH, PA 15208	84-4143044	501C3	150,000.	0.			PROGRAM SUPPORT
PITTSBURGH HARBALL ACADEMY 6506 BARTLETT ST. PITTSBURGH, PA 15217	84-4020953	501C3	95,000.	0.			PROGRAM SUPPORT
PITTSBURGH PLAYWRIGHTS THEATRE COMPANY - 3400 MILWAUKEE AVE. - PITTSBURGH, PA 15219	30-0256328	501C3	250,000.	0.			PROGRAM SUPPORT
POISE FOUNDATION TWO GATEWAY CENTER, SUITE 1700 603 STANWIX STREET - PITTSBURGH, PA 15222	25-1393426	501C3	11,600.	0.			PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
POORLAW 216 TIPTON ST PITTSBURGH, PA 15207	30-0694642	501C3	15,000.	0.			PROGRAM SUPPORT
PROJECT DESTINY, INC. 200 CALIFORNIA AVE. PITTSBURGH, PA 15212	90-0682276	501C3	35,000.	0.			PROGRAM SUPPORT
RE VISIONS 65 N LINWOOD AVE., APRT 4 CRAFTON, PA 15205	85-1646413	501C3	25,000.	0.			PROGRAM SUPPORT
RE:BLOOM 6401 PENN AVE., 3RD FLOOR PITTSBURGH, PA 15210	25-0965639	501C3	25,000.	0.			PROGRAM SUPPORT
REDEEMER LUTHERAN HIGH SCHOOL 700 IDAHO AVENUE VERONA, PA 15147	90-0713163	501C3	22,588.	0.			SCHOLARSHIPS
ROYALLY FIT 914 COMMONWEALTH AVE. PITTSBURGH, PA 15122	83-3775671	501C3	94,000.	0.			PROGRAM SUPPORT
RUTH'S WAY, INC. 509 LONG RD. PENN HILLS, PA 15235	20-2724398	501C3	20,000.	0.			PROGRAM SUPPORT
SAVE A LIFE TODAY PITTSBURGH 235 SINGER AVE. MCKEES ROCKS, PA 15136	47-3381225	501C3	40,000.	0.			PROGRAM SUPPORT
SBC MINISTRIES INC 600 DONALD ADKINS DR. BENTON HARBOR, MI 49022	32-0048628	501C3	6,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SERRA CATHOLIC HIGH SCHOOL 200 HERSHEY DRIVE MCKESPORT, PA 15132	20-5696522	501C3	6,274.	0.			SCHOLARSHIPS
SHADOW STUDENT ATHLETE DEVELOPMENT SERVICES, INC. - 401 E. WARRINGTON AVE. - PITTSBURGH, PA 15210	45-4650077	501C3	20,000.	0.			PROGRAM SUPPORT
SISTER FRIEND, INC. 1597 WASHINGTON PIKE BRIDGEVILLE, PA 15017	47-4153527	501C3	6,500.	0.			PROGRAM SUPPORT
SISTERS PGH 2014 MONONGAHELA AVE. SWISSVALE, PA 15218	82-1600131	501C3	70,000.	0.			PROGRAM SUPPORT
SOUTH PITTSBURGH COALITION FOR PEACE - 320 BROWNSVILLE RD. - PITTSBURGH, PA 15210	45-5398705	501C3	30,000.	0.			PROGRAM SUPPORT
SOUTHWESTERN ADVENTIST UNIVERSITY 100 W. HILLCREST ST KEENE, TX 76059	75-0891465	501C3	5,500.	0.			SCHOLARSHIPS
ST PAUL AME CHURCH 1350 LOCUST ST. MCKESPORT, PA 15132	90-1030183	501C3	6,500.	0.			PROGRAM SUPPORT
STRONG WOMEN, STRONG GIRLS INC. 1620 MURRAY AVE., 3RD FLOOR PITTSBURGH, PA 15217	20-2321377	501C3	6,500.	0.			PROGRAM SUPPORT
TEXAS SOUTHERN UNIVERSITY 1501 HARLIN CLEBURN, TX 76033	74-6001391	501C3	5,500.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ADVANCED LEADERSHIP INSTITUTE 500 GRANT STREET, SUITE 4125 PITTSBURGH, PA 15219	85-3695252	501C3	8,363.	0.			PROGRAM SUPPORT
THE ALIGNMENT CHAPTER 1086 JEFFERSON RD. PENN HILLS, PA 15235	84-3341848	501C3	10,000.	0.			PROGRAM SUPPORT
THE BRASHEAR ASSOCIATION, INC. 320 BROWSVILLE RD. PITTSBURGH, PA 15210	25-0369810	501C3	25,000.	0.			PROGRAM SUPPORT
THE EAT INITIATIVE 1435 BEDFORD AVE., FL 1 PITTSBURGH, PA 15212	25-1393426	501C3	7,000.	0.			PROGRAM SUPPORT
THE GENESIS COLLECTIVE PO BOX 1131 ALIQUIPPA, PA 15001	88-1383880	501C3	89,600.	0.			PROGRAM SUPPORT
THE GREENWOOD PLAN 213 SMITHFIELD ST. PITTSBURGH, PA 15222	87-0876419	501C3	11,773.	0.			PROGRAM SUPPORT
THE HEAR FOUNDATION 200 S. LINDEN AVE. PITTSBURGH, PA 15208	88-1887320	501C3	250,000.	0.			PROGRAM SUPPORT
THE KINGSLEY ASSOCIATION 611 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-0965412	501C3	26,773.	0.			PROGRAM SUPPORT
THE LEGACY ARTS PROJECT 7227 TIOGA ST PITTSBURGH, PA 15208	45-0594199	501C3	250,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PITTSBURGH PROMISE 1901 CENTRE AVE., SUITE 204 PITTSBURGH, PA 15219	26-1982661	501C3	64,986.	0.			PROGRAM SUPPORT
TRADE INSTITUTE OF PITTSBURGH 7800 SUSQUEHANNA ST. PITTSBURGH, PA 15208	45-4235890	501C3	65,000.	0.			PROGRAM SUPPORT
TRANSYOUNITING PGH 925 BRIGHTON RD. PITTSBURGH, PA 15233	92-0663017	501C3	25,000.	0.			PROGRAM SUPPORT
TRINITY CHRISTIAN SCHOOL 299 RIDGE AVENUE PITTSBURGH, PA 15221	23-2875879	501C3	50,579.	0.			SCHOLARSHIPS
UJAMAA COLLECTIVE 1901 CENTRE AVE PITTSBURGH, PA 15219	27-4132950	501C3	150,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	501C3	8,750.	0.			SCHOLARSHIPS
VOICES AGAINST VIOLENCE 900 DELMONT AVE PITTSBURGH, PA 15210	25-1393426	501C3	16,500.	0.			PROGRAM SUPPORT
WESTERN PENNSYLVANIA YOUTH ATHLETIC ASSOCIATION - 2723 VETERAN ST. - PITTSBURGH, PA 15214	30-1129702	501C3	105,250.	0.			PROGRAM SUPPORT
WESTINGHOUSE YOUTH WRESTLING 144 JACOB DR. PITTSBURGH, PA 15235	87-3881130	501C3	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WOMEN OF VISION'S INC. 1047 SHADY AVE. PITTSBURGH, PA 15232	25-1687264	501C3	150,000.	0.			PROGRAM SUPPORT
WORKFORCE DEVELOPEMENT GLOBAL ALLIANCE - 2517 HAYMAKER RD. - MONROEVILLE, PA 15146	20-5345315	501C3	6,500.	0.			PROGRAM SUPPORT
YMCA OF GREATER PITTSBURGH 680 ANDERSON DR., SUITE 400 PITTSBURGH, PA 15220	25-0969497	501C3	45,000.	0.			PROGRAM SUPPORT
YOUNG PROFESSIONALS OF COLOR GRATER HARRISBURG - 315 S. FRONT ST - HARRISBURG, PA 17104	82-3826787	501C3	10,000.	0.			PROGRAM SUPPORT
YOUTH EMPOWERMENT FOR ADVANCEMENT HANGOUT, INC. - 5928 LOCUST ST. - PHILADELPHIA, PA 19139	83-2607046	501C3	50,000.	0.			PROGRAM SUPPORT
YOUTH ENRICHMENT SERVICES, INC. 6031 BROAD ST. PITTSBURGH, PA 15206	25-1737929	501C3	15,000.	0.			PROGRAM SUPPORT
YOUTHPLACES 711 W COMMONS PITTSBURGH, PA 15212	43-2068912	501C3	60,000.	0.			PROGRAM SUPPORT
ZA' KIYAH HOUSE HOUSING 7729 SUSQUEHANNA ST. PITTSBURGH, PA 15208	84-2812028	501C3	15,000.	0.			PROGRAM SUPPORT
CABRINI UNIVERSITY 610 KING OF PRUSSIA ROAD RADNOR, PA 19087	23-1526668	501C3	5,500.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CARLOW UNIVERSITY 3333 FIFTH AVENUE PITTSBURGH, PA 15213	25-0965438	501C3	6,105.	0.			SCHOLARSHIPS
CLARK ATLANTA UNIVERSITY 223 JAMES P BRAWLEY DRIVE SW ATLANTA, GA 30314	58-1825259	501C3	7,000.	0.			SCHOLARSHIPS
HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501C3	9,000.	0.			SCHOLARSHIPS
POINT PARK UNIVERSITY 201 WOOD STREET PITTSBURGH, PA 15222	25-1094922	501C3	5,525.	0.			SCHOLARSHIPS
ST VINCENT COLLEGE 300 FRAZER PURCHASE RD LATROBE, PA 15650	25-0964126	501C3	6,450.	0.			SCHOLARSHIPS
THE UNIVERSITY OF ALABAMA 751 CAMPUS DRIVE EAST TUSCALOOSA, AL 35487	63-6001138	501C3	5,500.	0.			SCHOLARSHIPS
VIRGINIA COMMONWEALTH UNIVERSITY 1015 FLOYD AVENUE #1 RICHMOND, VA 23284	54-6001736	501C3	5,500.	0.			SCHOLARSHIPS

Schedule I (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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POISE FOUNDATION

Employer identification number

25-1393426

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

POISE FOUNDATION

Employer identification number

25-1393426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH STRATEGIC LEADERSHIP, COLLECTIVE GIVING, GRANTMAKING AND
ADVOCACY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD OF
TRUSTEES PRIOR TO SUBMISSION

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REQUIRES A CONFLICT OF INTEREST FORM TO BE FILED FOR ANY BOARD
MEMBER INVOLVED IN EVALUATING AND SELECTING GRANTEES FOR FUNDING. BOARD
MEMBERS MUST DISCLOSE THEIR RELATIONSHIP, PROFESSIONAL OR PERSONAL TO ANY
ORGANIZATION THAT IS CONSIDERED FOR A GRANT. A SIGNED FORM IS SUBMITTED AND
RETAINED.

FORM 990, PART VI, SECTION B, LINE 15:

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.

FORM 990, PART VI, SECTION C, LINE 19:

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. POISE FOUNDATION	Taxpayer identification number (TIN) 25-1393426
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. TWO GATEWAY CENTER, 603 STANWIX ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15222	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MARK LEWIS - TWO GATEWAY CENTER, 603 STANWIX ST. -

- The books are in the care of ▶ **PITTSBURGH, PA 15222**

Telephone No. ▶ 412-281-4967 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Product: **Exempt Extension**
Name: **Poise Foundation**
FEIN: *******3426**
Bank Info:
Fiscal Year Begin Date: **1/1/2022**
IRS Message:

Category:
Plan Number:
Fiscal Year End Date: **12/31/2022**

IRS Center: **Ogden**
e-Postmark: **2/10/2023 10:00 AM**
Notification:
eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
02/10/2023	22X:11580:V1	Upload Started			Clever,Kathy	
02/10/2023	22X:11580:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
02/10/2023	22X:11580:V1	Ready to transmit - Validation Complete				
02/10/2023	22X:11580:V1	Transmitted to FD	2557092023041033fe01			
02/10/2023	22X:11580:V1	Accepted by FD on 2/10/2023				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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