## **990-EZ**

### **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20**21** 

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022 B Check if applicable: C Name of organization D Employer identification number Address change PS IS 111 PARENT TEACHER ASSOCIATION INC 13-4287932 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 440 W 53rd St 212-582-7420 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F. Group Exemption ✓ Amended return New York, NY 10019 Number ▶ Application pending **G** Accounting Method: ✓ Cash Accrual Other (specify) ▶ H Check ► ✓ if the organization is **not** required to attach Schedule B I Website: ▶ ps111pta.org J Tax-exempt status (check only one) — 🗹 501(c)(3) 🗌 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). **K** Form of organization: Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 24,075 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I ~ 1 21,223 2 Program service revenue including government fees and contracts 2 2.124 Membership dues and assessments . . . . . . . . . 3 3 0 4 Investment income . . . . . . . . . . . . . . . . 4 38 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses . . . . 0 С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ 690 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 690 **c** Less: direct expenses from gaming and fundraising events . . . 6c 690 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances . . . 7a 7a 0 Less: cost of goods sold . . . . . . . . . . . . . . 7b h 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . С 7c 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . . . 9 23,385 10 10 0 11 Benefits paid to or for members . . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . . . . . . 12 0 13 Professional fees and other payments to independent contractors . . . . . . 13 0 14 14 0 15 Printing, publications, postage, and shipping . . . . . . . . . . . . . . . . . . 15 0 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 2 . . . . 16 18,932 17 17 18,932 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 4,453 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 87,975 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . 20 2.651 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . 21 95,079

Form 990-EZ (2021) Page **2** 

Pai	<b>t II</b> Balance Sheets (see the instructions	ior Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<b>v</b>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			87,975	22	86,950
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 3.		0	24	8,129
25	Total assets			87,975	25	95,079
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			87,975	27	95,079
Par	Statement of Program Service Accom	plishments (see th	e instructions for F			•
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4			quired for section
	ribe the organization's program service accompli			rogram convices		(c)(3) and 501(c)(4) anizations; optional for
	leasured by expenses. In a clear and concise m				othe	•
perso	ons benefited, and other relevant information for ea	ach program title.	b scrinces provided	, the fidiliber of		
	Improved the educational environment and school i		cing broken air cond	litioners		
				World's.		
	(Grants \$ 0) If this amount	includes foreign gra	nts check here	▶ □	28a	15,520
29	Supported our teachers and staff through appreciat				200	13,320
23						
	(Grants \$ 0) If this amount	includes foreign gra	nte check here	<b>.</b> □	29a	1,668
30	Deales for alasans and libraries				ZJa	1,000
30			*			
			<b>-</b>			
	(Grants \$ 0) If this amount	includes foreign gra	nte chock horo		30a	1 144
21	Other program services (describe in Schedule O)				Sua	1,146
31		includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .	· · · <b>/</b> L	31a	18,334
32	iolai piogrami service expenses (aud intes 20a					
Dar						'
Par	List of Officers, Directors, Trustees, and Key	y Employees (list each	one even if not comp	pensated—see the in	nstruc	ctions for Part IV)
Par		y Employees (list each	n one even if not comp ny question in this	pensated—see the in	nstruc	'
Par	List of Officers, Directors, Trustees, and Key	y Employees (list each O to respond to ar	n one even if not comp ny question in this (c) Reportable	pensated — see the in Part IV	nstruc	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key	y Employees (list each e O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/	pensated—see the in Part IV	nstruc 	etions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated — see the in Part IV	nstruc 	ctions for Part IV)
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Laur	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	nstruc 	etions for Part IV)
Laur Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to ar  (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the ir Part IV	nstruction in the contract of	Estimated amount of other compensation
Laur Pres Julia	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day	y Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	Estimated amount of other compensation
Laur Pres Julia Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President	y Employees (list each O to respond to ar  (b) Average hours per week devoted to position  10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	coensated—see the ir Part IV	(e) (o) 0	Estimated amount of other compensation
Laur Pres Julia Vice Trev	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson	y Employees (list each O to respond to ar  (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	coensated—see the ir Part IV	nstruction in the contract of	Estimated amount of other compensation
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Laur Pres Julia Vice Trev Trea Caitl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield	y Employees (list each O to respond to ar  (b) Average hours per week devoted to position  10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	(e) (o) 0	Estimated amount of other compensation
Laur Pres Julia Vice Trea Caitl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield eccretary	y Employees (list each O to respond to are hours per week devoted to position 10.00 10.00 10.00 10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0
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Laur Pres Julia Vice Trea Caitl Co-S	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield eccretary	y Employees (list each O to respond to are hours per week devoted to position 10.00 10.00 10.00 10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0
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Laur Pres Julia Vice Trea Caitl Co-S	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield eccretary or Peterson	y Employees (list each O to respond to are hours per week devoted to position 10.00 10.00 10.00 10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0
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Laur Pres Julia Vice Trea Caitl Co-S	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield eccretary or Peterson	y Employees (list each O to respond to are hours per week devoted to position 10.00 10.00 10.00 10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0
Laur Pres Julia Vice Trea Caitl Co-S	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield eccretary or Peterson	y Employees (list each O to respond to are hours per week devoted to position 10.00 10.00 10.00 10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0
Laur Pres Julia Vice Trea Caitl Co-S	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  a Voss ident Day President or Richardson surer in Canfield eccretary or Peterson	y Employees (list each O to respond to are hours per week devoted to position 10.00 10.00 10.00 10.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart v.) Offeck if the organization used Schedule O to respond to any question in this	3 1 aii	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		\( \tau \)
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		
b c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	,		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			•
42a	The organization's books are in care of ▶ Christopher Canfield Telephone no. ▶	212-58	32-7420	0
	Located at ► 440 W 53rd Street, New York, NY 10019 ZIP + 4 ►	10	019	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		,
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		.,

Form 99	0-EZ (20	021)								P	age 4
										Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or i	n opposit	ion			
	to car	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I					46		~
Part '		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	s must answer que		·		plete th	e tab	les fo	or line	es
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pan	. VI		• •	• •	 Vaa	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect du	uring the	tax	47	Yes	No 🗸
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	e E 📐			48		~
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?				49a		~
b		s," was the related organization a se	•		4		<b>.).</b> .	.	49b		
50		plete this table for the organization's									d key
	emplo	oyees) who each received more than	\$100,000 of comper	1	_	_		e, ent	er "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu		employee nd deferred			d amou pensati	
None				0	9						
				0							
			<b>\$</b>	O							
51 	Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no			tors v			eived ensatio		than
None						+					
						-					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶						
52		the organization complete Schedu eleted Schedule A		ection 501(c)(3) or	•	s mu			Yes		١o
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowled	ge and	belief,	it is
Sian		Signature of officer				Dota					
Sign Here		Christopher Canfield, Treasurer				Date					
		Type or print name and title	Dropore de elemento		Data			٠.	TINI		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date		Check Self-emplo	if	PTIN		
Use (		Firm's name ▶				Firm's	EIN ►				
		Firm's address ▶				Phone	no.				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			!	▶ □	Yes		lo

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection **Employer identification number** Name of the organization PS IS 111 PARENT TEACHER ASSOCIATION INC 13-4287932 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% 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 33½% 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.) 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (ii) EIN (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total** 

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support				•	,	
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,			,,
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				10		
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	( ) 0047	# N 0040	( ) 0040	( 1) 0000	( ) 0004	
	dar year (or fiscal year beginning in)  Amounts from line 4	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7			60				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		Q.				
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.)	4					
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop her	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentag	е				<u>L</u>
14 15 16a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 331/3% support test—2021. If the organization qual	nedule A, Part zation did not	II, line 14 . check the box	on line 13, a	 nd line 14 is 33	14 15 31/3% or more,	
b	33 <sup>1</sup> / <sub>3</sub> % support test—2020. If the organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ments the organization in the organization meets the organization in the	eets the facts	-and-circumst	ances test, ch	eck this box a	nd <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	nstances test, est. The organi	check this bo	x and <b>stop he</b>	re. Explain
18	<b>Private foundation.</b> If the organization of				, 17a, or 17b,	check this bo	x and see

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

#### 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	64,550	76,580	61,998	36,110	21,223	260,461
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					0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					2,814	2,814
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					0	0
5	The value of services or facilities				•		
	furnished by a governmental unit to the organization without charge				<b>5</b>	40.450	40.450
6	Total. Add lines 1 through 5	(4.550	7/ 500	61,998	2/ 110	19,450	19,450
	Amounts included on lines 1, 2, and 3	64,550	76,580	01,998	36,110	43,487	282,725
	received from disqualified persons .					0	0
b	Amounts included on lines 2 and 3					J	
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		• 0			0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						282,725
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	64,550	76,580	61,998	36,110	43,487	282,725
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.					38	38
b	Unrelated business taxable income (less					30	30
-	section 511 taxes) from businesses						
	acquired after June 30, 1975 ,					0	0
С	Add lines 10a and 10b	0	0	0	0	38	38
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on					0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)					0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	(4.550	7/ 500	(4.000	27.110	42 505	000 7/0
14	First 5 years. If the Form 990 is for the	64,550	76,580 s first second	61,998 third fourth	or fifth tax ve	43,525 ar as a sectio	282,763 n. 501(c)(3)
• •	organization, check this box and <b>stop he</b>	J	•				` ',' '
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8			13, column (f))		15	99.99 %
16	Public support percentage from 2020 Sch	nedule A, Part I	III, line 15 .			16	99.9 %
Section	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2021 (			-		17	0.01 %
18	Investment income percentage from 2020					18	0.1 %
19a	331/3% support tests—2021. If the organ						
1.	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	_	-		-	_
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2020. If the organize line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	<b>Private foundation.</b> If the organization di	_	_		· · · · · · · · ·	-	

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	3c 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
<b>L</b>	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	,		
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	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? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Section	on 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? If "No," describe in <b>Part VI</b> 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.	1		
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 i	nstru	ctions	s)
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			-).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	(see ir	struct	tions)
2	Activities Test. Answer lines 2a and 2b below.		Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	·	Zu		
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? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	01-		
_		2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Secti	on 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	رځ	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
Secti	on 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	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III suppor	rting organization
	As a second of the second seco			

					<u> </u>
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	<u>d)</u>	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	<b>VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
<u>b</u>	Excess from 2018				
	Excess from 2019				
d					
	Evenes from 2021				

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<del></del>

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** PS IS 111 PARENT TEACHER ASSOCIATION INC 13-4287932 Form 990-EZ, Header, Line B - Our tax year 2021 return is amended to correct mistakes uncovered during a financial review. The differences are primarily due to classification errors, improper reduction of net assets from asset purchases, and miscounting certain cash flows as revenue and expenses. Changes: Income lines 1, 2 (book fair previously classified as contribution), 3 (missing interest added), 4 (sales of auction items), 5 (expense associated with sold auction items), 9; Expense lines 16 (see revised itemized expense statement) & 17. Changes to net assets lines 18, 20, 21; Part II, Balance Sheets, lines 24 (+\$750 correction to properly reflect amounts in financial accounts), 24 (see attached explanation), 25, 26; Part III, Statement of Program Service Accomplishments, to reflect corrected expenses and to better describe the programs; Schedule A, Part III, lines 1 (to reflect corrected contributions), 3 (auction & book fair moved from contributions), 5, 6, 9, 10a (included missing interest income), 13. The statement of itemized expenses has been corrected. Form 990-EZ, Part I, Line 20 - Value of Scholastic Catalog credit earned in prior years, which were previously incorrectly excluded from the organization's net assets.

**Explanation** 

Form: Form 990-EZ (2021) EIN: 13-4287932

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#### Reasonable Cause Explanations

# The original return for tax year 2021 was incorrectly filed on paper by a previous treasurer. That return was rejected and the treasurer refiled electronically. After discussing with an IRS agent, this organization requested and received a reasonable cause waiver. Original explanation of late filing, from 2023: "We have always filed paper tax returns. We did so on 11/8/2022, but it was sent back stating "IRC SECTION 6652". Unfortunately, it was mailed out right when schools shut down for a long Christmas break. We found the tax return in mid November, and immediately phoned the IRS for an explanation. (attached to the return was the submission envelope, postmarked 11/8/2022) The IRS agent advised us to submit the return electronically, and that we could do so through various websites. They also advised us to submit a written explanation, and that she was certain that penalties could be

waived considering out circumstances. In the future, we will file our return electronically and on time. Thank you for your consideration this matter."



Schedule O, Statement 2

#### PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2021)** EIN: **13-4287932** 

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Part I, Line 16

Other Expenses	Structured	Explanation
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Description	Amount
Books for Classroom Libraries	1,146
Read a Thon Prizes	159
Supplies for Girls Leadership Club	325
Staff and Volunteer Appreciation	1,668
AC Units for Classrooms	15,520
Payment Processing and Bank Fees	114

Total: 18,932

#### PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: Form 990-EZ (2021) EIN: 13-4287932

Part II, Line 24 Page: 2

Other	Assets	Structured	Explanation
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Description	EOY Amount
Scholastic Catalog Credit	3,629
Donut Fundraising Gift Certificates	4,500
Total:	8.129



Form: **Form 990-EZ (2021)** EIN: **13-4287932** 

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

Enhancing the education of every student at PS 111 Adolph S Ochs, a Title I public elementary school in New York, NY. Helping to improve PS 111's community school mission, by running free and low-cost family-friendly programming for our PS 111 community, supporting our teachers, improving our school's infrastructure, and building relationships between the school and our families.

