Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AF	or the	2022 calendar year, or tax year beginning 07/01/2022 and ending	06/	/30/20:	23
B 0	heck if ap	oyer id	entification number		
	Address c	change PS IS 111 PARENT TEACHER ASSOCIATION INC		1	3-4287932
\sqcup	Name cha	hone n	umber		
=	nitial retur	21	2-582-7420		
=		rn/terminated City or town, state or province, country, and ZIP or foreign postal code	F Grou	ір Ехе	mption
=	Amended Application	on pending New York, NY 10019	Num	•	•
			Check	if the	e organization is not
					ach Schedule B
		mpt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 99		don concadio B
_		forganization: Corporation Trust Association Other:	(1 01111 01	30).	
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l accate		
		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ıı assets	•	F7.400
	art I		inotrus	tions	57,120
	ar t T				
	_	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received		1	20,547
	2	Program service revenue including government fees and contracts		2	1,790
	3	Membership dues and assessments		3	0
	4	Investment income		4	1,023
	5a	Gross amount from sale of assets other than inventory	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:			
•	а	Gross income from gaming (attach Schedule G if greater than			
Revenue		\$15,000)	0		
Ve	b	Gross income from fundraising events (not including \$ 0 of contribution)	ns		
Be		from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b	28,440		
	С	Less: direct expenses from gaming and fundraising events 6c	9,464		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract		
		line 6c)		6d	18,976
	7a	Gross sales of inventory, less returns and allowances	2,695		
	b	Less: cost of goods sold	916		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7с	1,779
	8	Other revenue (describe in Schedule O) . See Schedule O, Statement 1	[8	2,625
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	46,740
	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members	[11	0
S	12	Salaries, other compensation, and employee benefits	[12	0
us	13	Professional fees and other payments to independent contractors	[13	0
Expenses	14	Occupancy, rent, utilities, and maintenance	[14	0
Щ	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe in Schedule O) .See Schedule O, Statement 2		16	37,722
	17	Total expenses. Add lines 10 through 16		17	37,722
'n	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	9,018
šet	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree			
ASS		end-of-year figure reported on prior year's return)		19	95,079
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O, Sta		20	52
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	104,149

Form 990-EZ (2022) Page **2**

Pa	Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			86,950		91,444
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See.Sche			8,129		12,705
25	Total assets			95,079	_	104,149
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	· ,		95,079	21	104,149
Par	Statement of Program Service Accomplication Check if the organization used Schedule	•		•		Expenses
\/\ha		See Schedule O. Sta	• •	Paπ III	(Re	equired for section
						1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplist leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	services provided	, the number of		ganizations; optional for lers.)
28	Funded a daily student enrichment program that is for		ne program helps stu	dents improve		
	their teamwork and ability to play safely with others.					
	,	includes foreign gra	nts, check here .		28	a 32,000
29	Supported our teachers and staff through appreciation	on events.				
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		29	a 1,548
30	Books for classroom libraries.	includes loreign gra	ilis, check here .	· · · · 🗀	290	1,540
00	DOUGS TOT Classicon indianes.					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		30	a 759
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		31	a 2,650
32	Total program service expenses (add lines 28a t	hrough 31a)			32	36,957
Par	•					
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		e) Estimated amount of other compensation
Laur	a Voss	10.00	0		0	0
Pres	ident					
	Day	5.00	0		0	0
	President					
	n Ferrer	5.00	0		0	0
	President	10.00	0		0	0
	or Richardson reasurer	10.00	0		١	0
	Kostic	1.00	0		0	0
	reasurer	1.00	•		1	Ü
	in Canfield	5.00	0		0	0
	ecretary		·			•
	or Peterson	5.00	0		0	0
Co-S	ecretary					
					\perp	
					\perp	
				Ĺ	- 1	

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			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		>
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	34		\
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)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
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; or 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	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:0; section 4912:0; section 4955:0			
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:	40e		•
)12 ₋ 50	2-7420	<u> </u>
	Located at: 440 W 53rd Street, New York, NY 10019	100	2-7420 019	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	If "Yes," enter the name of the foreign country:			
	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		'
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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		168	No
	completed instead of Form 990-EZ	44a		~
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	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		/
d	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		>
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-F7. See instructions	45h		•/

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

-orm 990	J-EZ (20	J22)								Page •
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c								1
Part \		Section 501(c)(3) Organizations						10		
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, and	d com	plete the	e tables	for lir	nes
		50 and 51.								
		Check if the organization used Sch	nedule O to respond	to any question i	n this Parl	: VI				. \square
									Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec				tax . 47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedul	e E		. 48		~
		ne organization make any transfers to						. 49a	a	~
b	If "Ye	s," was the related organization a se	ction 527 organizatio	n?				. 491	5	
		plete this table for the organization's								
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the or	ganization	. If the	re is non	e, enter "	None.	"
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu SC/ benefit p	lans, ar	employee nd deferred	(e) Estima other co		
			devoted to position	1099-NEC)	cc	mpensa	ation			
None										
51	Comp	number of other employees paid over plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	ent contrac	_ ctors \	who each	n received	d mor	e thai
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Compensa	ition	
None										
						+				
	Total	number of other independent centre	otoro ocob rocciving	0.40r \$100 000						
		number of other independent contra	=		·		ot ottook			
		he organization complete Schedu leted Schedule A	ie A? Note: All Se		-			ıa . 「✓ Ye	e 🗆	No
		of perjury, I declare that I have examined this re								
		d complete. Declaration of preparer (other than						lowledge al	ia belle	i, it is
Sign		Signature of officer				Date				
Here		Christopher Canfield, Treasurer								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa	arer						self-emplo			
Use (Firm's name				Firm's	EIN			
		Firm's address				Phone	e no.			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				. Ye	s 🗍	No

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number						
PS IS 111 PARENT TEACHER ASSOCIAT					13-42	
Part I Reason for Public Cha						ons.
The organization is not a private foundation		,		-	•	
1 A church, convention of church					0(b)(1)(A)(i).	
2 A school described in section		•	-			
3 A hospital or a cooperative ho						(!!!) Fatautles
4 A medical research organizati hospital's name, city, and stat	e:					
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
 A federal, state, or local gover An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public
8 A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fult t income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11 An organization organized and	d operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12						
one or more publicly supporte the box on lines 12a through 1.	•				` '` '	` '` '
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c Type III functionally integ						ally integrated with,
d Type III non-functionally that is not functionally interequirement (see instructional see instructio	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 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 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	on A. Public Support						
Calen	dar 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.")	76,580	61,998	36,110	21,223	20,547	216,458
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	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
					2,814	22,545	25,359
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				0		
	furnished by a governmental unit to the						
	organization without charge				19,450	22,150	41,600
6	Total. Add lines 1 through 5	76,580	61,998	36,110	43,487	65,242	283,417
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				0		0
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				0		0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
0	line 6.)						202.447
Secti	on B. Total Support						283,417
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	76,580	61,998	36,110	43,487	65,242	283,417
10a	Gross income from interest, dividends,	,	, ,	,	, , ,		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				38	1,023	1,061
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				0	0	0
C	Add lines 10a and 10b	0	0	0	38	1,023	1,061
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on				0	0	0
12	Other income. Do not include gain or				0	0	
-	loss from the sale of capital assets						
	(Explain in Part VI.)				0	0	0
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
	and 12.)	76,580	61,998	36,110	43,525	66,265	284,478
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (0)		145	
15 16	Public support percentage for 2022 (line 8		•			15	99.63 %
16 Secti	Public support percentage from 2021 Schon D. Computation of Investment In					16	99.99 %
17	Investment income percentage for 2022 (v line 13 colu	mn (f))	17	0.37 %
18	Investment income percentage for 2022 (-		18	0.37 %
19a	33 ¹ / ₃ % support tests—2022. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests-2021. If the organiz	_	_	-		_	_
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not chack a k	ooy on line 1/	10a or 10h o	hack this hav	and see instru	etions -

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.)

Se

Secti	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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c		
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.	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 Part VI 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 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.	4c		
5а	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 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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	6		
	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 Part VI .	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 Part VI .	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 Part VI.	9с		
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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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? 11a **b** A family member of a person described on line 11a above? 11b c 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 Part VI. 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? 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. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Na

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

name o	i the organization					Employer identific	cauon number
PS IS	111 PARENT TEACHER ASSOCIAT						4287932
Part	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on F	Form 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а			e	Solicitat	ion of non-governi	ment grants	
b	☐ Internet and email solicitation	ns	f [Solicitat	ion of government	grants	
С	Phone solicitations		g		fundraising events	•	
d	☐ In-person solicitations		3 _				
	·	ton or oral agra-	amant with	any individ	dual (including office	aara diraatara tuuat	
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	entities (fund		-	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No	-	col. (i)	organization
1			103	140			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	colicit contributions	s or has been notifi	ed it is exempt from

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 PS 111 Carnival	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
<u>e</u>			(ovolle type)	(event type)	(cotal names)	
Revenue	1	Gross receipts	28,440			28,440
Ж	2	Less: Contributions	0			0
	3	Gross income (line 1 minus line 2)	28,440			28,440
	4	Cash prizes	0			0
	5	Noncash prizes	152			152
enses	6	Rent/facility costs	0			0
Direct Expenses	7	Food and beverages	3,229		0	3,229
Direc	8	Entertainment	4,658		0	4,658
	9	Other direct expenses .	1,357			1,357
	10 11	Direct expense summary. Ac Net income summary. Subtra	· ·	` '		9,396 19,044
Pa	rt III		e organization answe		990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is		onduct gaming activities	s in each of these states		Yes No
10		Vere any of the organization's g		l, suspended, or termina		

Schedu	ıle G (Form 990) 2022		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part			

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
DS IS 111 DADENT TEACHED ASSOCIATION INC	
PS IS 111 PARENT TEACHER ASSOCIATION INC	13-4287932

PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2022)** EIN: **13-4287932**

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
Refund of Air Conditioner Units Purchased in TY 2021	2,625
Total:	2,625

PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2022)** EIN: **13-4287932**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Books for classroom libraries	759
Teacher and staff appreciation	1,548
Family Appreciation	36
Free enrichment programming	32,000
Free school spirit shirt for every student	2,760
Scholastic credit expiration	100
Readathon prizes and reading incentives	27
Payment processing and bank fees	492
Total:	37,722

PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2022)** EIN: **13-4287932**

Page: 2 Part I, Line 20

Other Changes In Net Assets Structured Explanation

Description	Amount	
School merchandise not included on books	52	
Total:	52	

PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2022)** EIN: **13-4287932**

Page: 2

Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
Scholastic Catalog Credit	4,560
Donut Fundraising Gift Certificates	3,740
School Merchandise	4,405
Total:	12,705

PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2022)** EIN: **13-4287932**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

We enhance the education of every student at PS 111 Adolph S Ochs, a Title I public elementary school in New York, NY, and help 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.

PS IS 111 PARENT TEACHER ASSOCIATION INC

Form: **Form 990-EZ (2022)** EIN: **13-4287932**

Page: 2

Part III, Line 31

Other Program Service	Accomplishments
-----------------------	-----------------

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Provided free school spirit shirt to every student, to encourage pride in the school.	0		2,650
Total:			2,650