990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright 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

AI	or the	2020 calend	ar year, or tax year beginning October 1, 2019 , 2020, and ending	Sep	otember 30,	, 20 20
В	Check if a	pplicable	C Name of organization	D Emp	oloyer identific	cation number
	Address o	04-332	77724			
	Name cha	phone numbe				
=	Initial retu		451 Central Avenue	1	(617) 69	6-4568
_	Final retui Amended	m/terminated	City or town state or previous south and 7ID as forces and 1-1-1	F Gro	up Exemption	
=		on pending	Milton, MA 02186		mber ▶	•••
G	Accoun	ting Method		Check	▶ 🗸 if the	organization is not
1 1	Vebsite	e: >			d to attach S	
J T	ax-exer	mpt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	•	990, 990-EZ,	
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
LA	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	al assets		
(Pa	rt II, col	lumn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	94,304
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e ınstru	ctions for	Part I)
		Check if	the organization used Schedule O to respond to any question in this Part	1		🗆
	1		ons, gifts, grants, and similar amounts received		1	22,285
	2	Program s	ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	
	4	Investment	tincome		4	
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	b	Less: cost	or other basis and sales expenses		1	
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a) .		5c	
	6	Gaming an	d fundraising events:			
. .	а	Gross inc	ome from gaming (attach Schedule G if greater than			
2		\$15,000) .	6a			
STANA POR Revenue	b	Gross inco	me from fundraising events (not including \$ of contributi	ons	1	
Šĕ		from fundr	aising events reported on line 1) (attach Schedule G if the			
₹ _		sum of suc	th gross income and contributions exceeds \$15,000) 6b	6,057		
Ö	С	Less [,] direc	t expenses from gaming and fundraising events 6c	1,449	1 1	
>	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	1	
์ ม		line 6c) .			6d	4,608
ာ ဗ	7a	Gross sale	s of inventory, less returns and allowances			
~ >	b	Less: cost	of goods sold		1	
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
2022	8	Other rever	nue (describe in Schedule O)		8	70,656
<u>~</u>	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	97,550
	10		similar amounts paid (list in Schedule O)	7	10	17,287
	11	· · · · · · · · · · · · · · · · · · ·	aid to or for members		11	
es	12		ther compensation, and employee benefits APR	ပ္တု .	12	
SUS	13		al fees and other payments to independent contracts 3 2 6 2021	ĢĮ.	13	312
Expense	14		, rent, utilities, and maintenance \square	HS-OS	14	
Ú	15		ibreations postage and supplied	≒	15	1,055
	16		nses (describe in Schedule O)		16	80,314
	17		nses. Add lines 10 through 16		17	98,968
ţ	18		deficit) for the year (subtract line 17 from line 9)	•	18	-1,418
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		
As			r figure reported on prior year's return)		19	27,786
let	20		ges in net assets or fund balances (explain in Schedule O)	•	20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u>.</u> ▶	21	26,368
For	Danan	mark Dadmet	on Act Notice see the senarate instructions			000 EZ (****

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form **990-EZ** (2020)

Pa	rt II Balance Sheets (see the instructions	for Part II)			_	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		,	28,087	22	26,669
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		• • •		24	
25 26	Total liabilities (describe in Schedule O)			28,087 301		26,669
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	27,786		26,368
Par	t III Statement of Program Service Accom			Part III)		20,300
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	To support the Piero	e Middle School com	nmunity		juired for section c)(3) and 501(c)(4)
Desc as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise m	ishments for each on nanner, describe the	of its three largest p	rogram services,	,	inizations, optional for
pers	ons benefited, and other relevant information for ea	ach program title.		,		
28	Serving over 1000 students, supporting curriculum of	goals, enrichment pro	grams and COVID-19	support efforts,		
	facilitate trips, student club support, facilitate book f	fair				
	(O					
29		includes foreign gra			28a	84,467
25	Faculty, Staff and administrative support through grand subscriptions. Small donations to community so			erials, supplies,		
	and subscriptions Small donations to community so	chools supporting sir	illiai activities			
	(Grants \$) If this amount	includes foreign gra	ants, check here	. ▶ 🗆	29a	15,073
30						10,0.0
	7.2		••••			
24		includes foreign gra		▶ 🔲	30a	876
31	Other program services (describe in Schedule O) (Grants \$) If this amount				04-	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here		31a 32	
Par						98,968
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		
		(b) Average	(c) Reportable	(d) Health benefits,	1	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	\perp	·
	ca Heaton, co-President	1	_			
	ew Circle, Milton MA 02186 elle Cardoza, co-President	3	0		4-	0
	Pleasant Street, Milton MA 02186	1 ,	_	l ,		0
	Delaney, Treasurer	-			Ή-	
	illey Road, Milton MA 02186	1 3	0	(0
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		1
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		1
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		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	<u> </u>	✓
С	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	1		۔ ا
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?			,
L		38a		✓
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	┨		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ , section 4912 ▶ , section 4955 ▶]	ŧ .	, '
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		1
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	١,	1
41	List the states with which a copy of this return is filed ▶ Massachusetts			
42a	The organization's books are in care of ▶ Colin Delaney Telephone no. ▶ (617) 2	35-891	8
	Located at N 01 Valley Road Milton MA	02186	-2215	
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		√
	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	1		
	Financial Accounts (FBAR).	1		
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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43		I	N1 -
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No ·
11 a	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	`		,
45	explanation in Schedule O	44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
b	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		1

									- 1	Yes	Νo
		he organization engage, directly or in									
		ndidates for public office? If "Yes," c		, Part I				. 4	46		✓
Part \		Section 501(c)(3) Organizations									
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ai	nd 52, a	ınd co	mplete th	e table	s fo	r line	es:
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question	in this P	art VI	_ 	<u> </u>		<u></u>	
								_		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during						during the	tax				
	•	If "Yes," complete Schedule C, Part			•			· [4	47		✓
		organization a school as described in						L4	48		<u>√</u>
49a	Did tl	he organization make any transfers to	o an exempt non-cha	ritable related orga	anızatıor	1? .		4	9a		✓
		es," was the related organization a se							9b		
		plete this table for the organization's									d ke
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the oi				e, ente	r "No	one."	
			(b) Average	(c) Reportable			benefits, to employee	(a) Estir	mater	lamou	nt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MI)	lbanat		and deferred	(e) Estimated amount of other compensation			
				(1 011115 44-27 1099-1411	30,	compe	nsation				
None		.==			ı						
			· · · · · · · · · · · · · · · · · · ·								
								,			
											
				Ĺ <u>.</u>							
		number of other employees paid over		. •							
		plete this table for the organization's			ent cont	ractors	who each	receiv	red r	nore	thar
	\$100	,000 of compensation from the organ	ization if there is no	ne, enter "None."							
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)) Comper	satio	n	
									—		
None											
				}							
				-							
		 									
				{							
••											
	Total	number of other independent contra	ctore each recovers	Over \$100,000	<u> </u>						
		the organization complete Schedu	_		·		wet ettech				
		bleted Schedule A	ie A' Note: All Se	(Cilon 501(C)(S) 0	ryanizan	0115 11	iust attaci		, /oc		lo
						· · ·	heat of my lea				
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						nowleage	and t	bellet, l	t IS
		COCH				10	البعدا	2021			
Sign		Signature of officer				Date	*//*/ /	2021			
Here		Colin P Delaney, Treasurer				Odi	-				
11010		Type or print name and title									
	L		Preparer's signature		Date			. PTi	N		
Paid		Print/Type preparer's name	opa. o. o digitation				Check L	l If]	• •		
Prepa		Surviva and a h	self-employed								
Use C	nly	Firm's name		<u>-</u>			n's EIN ▶				
May the	e IRS	Firm's address ► Phone no IRS discuss this return with the preparer shown above? See instructions									
THILLY LIFE	W	GIOCAGO LINO FELLINI WILLI LITE PIEPAIEI	PURMU PROPER DEC 1					-	ÇJ	"	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Pierce Middle School Parent Teacher Organization 04-3327724 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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 10 An organization that normally receives (1) more than 33% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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, 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 (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Part							
	(Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	1	,				
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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)			<i>\rightarrow</i>		-	
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			,			
	dar year (or fiscal year beginning in)	(a) 2015	(þí) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check this box and stop her				<u> </u>		> 🗆
Secti	on C. Computation of Public Suppor					,	
14	Public support percentage for 2019 (line 6					14	<u>%</u>
15	Public support percentage from 2018 Sch 331/3% support test – 2019. If the organi					15	<u>%</u>
16a	box and stop here . The organization qual						
b	331/3% support test—2018. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 33¹/3% or	more, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	019. If the orga	anization did n -and-circumsta	ot check a box ances" test, ch	x on line 13, 19 neck this box a	6a, or 16b, a and stop he	and line 14 is re. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c ts-and-circums	circumstances" stances" test.	' test, check t	this box and	stop here.
18	Private foundation. If the organization did instructions				, or 17b, checl		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	24914	27903	27728	15075	22285	117905
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	64225	78795	99229	90390	76713	409352
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	:					
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	89139	106878	126957	105465	98999	527257
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						
	Add lines 7a and 7b		·				
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support		1				527257
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	89139	106878	126957	105465	98999	527257
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	03133	100070	120307	103403	30333	327237
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	89139	106878	126957	105465	98999	527257
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	's first, second		or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			3, column (fl)		15	100 %
16	Public support percentage from 2018 Sch					16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (I			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2018		• • •	•	* * * *	18	%
19a	331/3% support tests—2019. If the organi						
b	17 is not more than 331/3%, check this box 331/3% support tests—2018. If the organiz	ation did not ch	eck a box on I	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
20	line 18 is not more than 331/3%, check this b						

Part IV Supporting Organizations

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

CCII	On A. All Supporting Organizations		Yes	Na
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	res	No
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	-	
,3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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	. L	•
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	alija.	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	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?	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 Part VI .	6		•
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	₇		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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	1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	•	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	 9c	-	
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	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		

				ugo C
Part	IV Supporting Organizations (continued)			1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	مدا		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1		
Secti	on 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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		
Secti	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	<u></u> s).
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	☐ 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 government entity (seo ins	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 in (a) 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		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7		·				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year).							
a Average monthly value of securities	1a		-				
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other		. ,.	5,00				
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 1-1/2% 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 .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C—Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 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-functionall	y in	egrated Type III supporting	organization (see				
instructions)							

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Sect	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive				
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.	,					
	Excess distributions carryover, if any, to 2019		•				
a	From 2014						
b	From 2015						
c							
d	d From 2017						
e	From 2018						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount	,					
<u> i </u>	Carryover from 2014 not applied (see instructions)		,				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7 \$						
a	Applied to underdistributions of prior years						
<u> </u>	Applied to 2019 distributable amount	•					
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		,	-			
8	Breakdown of line 7:						
a	Excess from 2015						
b	Excess from 2016						
с	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Part VI	Supplemental Information. III, line 12; Part IV, Section A, B, lines 1 and 2; Part IV, Sect 3a, and 3b; Part V, line 1; Par lines 2, 5, and 6. Also comple	lines 1, 2, 3b, 3c, 4b, 4c, ion C, line 1; Part IV, Sec t V, Section B, line 1e; Pa	5a, 6, 9a, 9b, 9c, 11a, 11l tion D, lines 2 and 3; Part art V, Section D, lines 5, 6,	b, and 11c; Part IV, Section IV, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E,

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

2020

OMB No 1545-0047

Open to Public Inspection **Employer identification number**

Pierce Middle School Parent Teacher Organization (PMSPTO)	04-3327724
Part I, Line 8 - Other revenue	
The PMSPTO helps facilitate field trips, club activities and other student activities, including music festival	s, Latın Club activities, Ski Club,
sports teams and similar activities. The PMSPTO also pays up front activity costs and recoups most of the	expenses through family paymen
donations and fund raisers	
8th grade activities related income - \$4695	
Great East music festival collections - \$23448	····
Latin Club Exams - \$520	
Sports Team support - \$1200	
Ski Club outlay payments - \$32320 31	
Model UN activity collections - \$2551 54	
Book fair collections - \$5921 59	
Total \$70656 44	
Part I, line 16	
Principal discretion support (appreciation) - \$2213 4	
Insurance - \$302 22	
Contribution to community fund raiser - \$100	
Great East music festival payments - \$22713	
Latin Club exams - \$577 5	·····
Cultural events - \$4000	
Sports team support - \$1086	•
Book fair payments - \$5976 07	
Ski Club payments - \$30833 80	·····
Student Activities expenses - \$12239 44	·····
Yearbook payments - \$273	·····
Total \$80314 33	

Part II, line 26

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Pierce Middle School Parent Teacher Organization (PMSPTO)	04-3327724
Funds held for Art department - \$47 64	
Funds held for Drama department - \$61	
Funds held for Student Council - \$192	
Total (line 26) - \$301	
	·····
	·