

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			2013 calendar year, or tax year beginning AUG 1, 201	3 and ending JUI	3:	1, 20	14
	B C	heck if	C Name of organization		D Empi	loyer ider	itification number
		7	ss change SQUADRON LINE SCHOOL PARENT TE	ACHER			
		٦ .	change ORGANIZATION, INC	1	27	7-471	.6886
		Initial	Number and street for B.O. have it mail is not delivered to street address	ss) Room/suite	E Tele	phone nui	mber
	F	Termi	DO DOY 001	1	(8	360)	651-9080
	F	٦	City or town, state or province, country, and ZIP or foreign postal code		F Grou	ıp Exempl	tion
	\vdash	7	ton pending SIMSBURY, CT 06070	i		ber ►	
	G A		ting Method X Cash Accrual Other (specify) ▶				If the organization is not
			: ► N/A				ach Schedule B
			empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert	no) 4947(a)(1) or 527			0-EZ, or 990-PF)
			organization: X Corporation Trust Association	Other			
			es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200		l.		
			(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"	► \$	97,951.
		rt I	Revenue, Expenses, and Changes in Net Assets or	Fund Balances (see the instru	ctions 1	for Part I)	
		3. B. F	Check if the organization used Schedule O to respond to any question in this F			•	X
		1	Contributions, gifts, grants, and similar amounts received			1	10,585.
		2	Program service revenue including government fees and contracts		ſ	2	36,724.
		3	Membership dues and assessments		Ī	3	14,002.
		4	Investment income		<u></u>	4	
		i	Gross amount from sale of assets other than inventory	5a			
			Less cost or other basis and sales expenses	5b .	\neg		
		1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line		$\overline{}$	5c	
		6	Gaming and fundraising events	. 55,			· · · · · · · · · · · · · · · · · · ·
	•	,	Gross income from gaming (attach Schedule G if greater than				
	ă	_	\$15,000)	6a			
	Revenue	h	Gross income from fundraising events (not including \$	of contributions			
	ď	_	from fundraising events reported on line 1) (attach Schedule G if the sum of suc				
			gross income and contributions exceeds \$15,000)	6b 36,63	15.		
		c	Less direct expenses from gaming and fundraising events	6c 15,3	13.		
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a			6d	21,302.
		7a	Gross sales of inventory, less returns and allowances	7a		-	
		b	Less, cost of goods sold	7b	$\neg \neg$	1	
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
S		8	Other revenue (describe in Schedule O)	SEE SCHEDULE O	ŀ	8	25.
		9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-	▶ 1	9	82,638.
SCAM		10	Grants and similar amounts paid (list in Schedule 0)			10	
4 4-4		11	Benefits paid to or for members ECEIVED			11	
	S	12				12	
	Expenses	13	Professional fees and other payments to independent contractors		}	13	
	per	14	Occupancy, rent, utilities, and marithnance 2015		ŀ	14	
JAN 2	ŭ	15	Printing, publications postage, and shipping		Ì	15	
co co		16		SEE SCHEDULE O	f	16	98,596.
		17	Other expenses (describe in Schedule 0). Total expenses. Add lines 10 through 15		▶	17	98,596.
2015		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		-	18	<15,958.>
ړن	ets	l	Net assets or fund balances at beginning of year (from line 27, column (A))			-'` -	
	SSI	19	(must agree with end-of-year figure reported on prior year's return)		-	19	33,226.
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		f	20	0.
	ž	20				21	17,268.
		21	Net assets or fund balances at end of year Combine lines 18 through 20			<u> </u>	Form 990-EZ (2013)

Page 2

SQUADRON LINE SCHOOL PARENT TEACHER

Pa	rt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any quest				
		<u></u>	(A) Beginning of year		(B) En	nd of year
22	Cash, savings, and investments		33,226	- 22		17,268.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets	. [33,226	- 25		17,268.
26	Total liabilities (describe in Schedule O)		0.	- 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		33,226			17,268.
	rt III Statement of Program Service Accomplishmen	ts (see the instruc		1=-	Fxr	penses
What Descr	Check if the organization used Schedule O to results the organization's primary exempt purpose? SEE SCHEDULE O the the organization's program service accomplishments for each of its three largest program services, describe the services provided, the number of persons benefited, and other relevant information.	pond to any quest ervices, as measured by expe ation for each program title	tion in this Part III	501 orga 494	quired f (c)(3) a inizatio	for section and 501(c)(4) ins and section trusts; optional
-	DIRECT CLASSROOM SUPPORT INCLUDING : BOOKS, AND OTHER SUPPLIES	PURCHASES OF	F IPADS,	_		
(Grants \$) If this amount includes foreign grants, check here 282 29 SUPPORT OF CHARACTER AND CULTURAL ENRICHMENT INCLUDING FUNDING OF FIELD TRIPS, AUTHOR VISITS, CHARACTER EDUCATION AND INCENTIVES.						
7		rants, check here	>	29a		15,922.
(Grants \$) If this amount includes foreign grants, check here SOCIAL AND RECREATIONAL ENRICHMENT OF STUDENTS BY FUNDING AFTER SCHOOL CLUBS, CLASS TRIPS, FAMILY NIGHT AND OTHER SOCIAL EVENTS						
9	Grants \$) If this amount includes foreign gi		<u> </u>	30a		37,305.
31	Other program services (describe in Schedule O) SEE SCHE	DULE O				
1	Grants \$) If this amount includes foreign g	rants, check here		31a		42,421.
32	Table and the second of the se			- loo		96,533.
	Total program service expenses (add lines 28a through 31a)			▶ 32		<u> </u>
	rt IV List of Officers, Directors, Trustees, and Key E	mployees (list each or	ne even if not compensated - s		ctions fo	
	rt IV List of Officers, Directors, Trustees, and Key E			see the instru	ctions fo	
			(c) Reportable compensation (FOrms	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred	
Pa	Check if the organization used Schedule O to res (a) Name and title	pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee b	enefits, ns to enefit eferred	(e) Estimated amount of other
Pa CH	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS	pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred ition	(e) Estimated amount of other compensation
Pa CH PR	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT	pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred	(e) Estimated amount of other
CH PR SU	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA	pond to any ques (b) Average hours per week devoted to position 5 • 00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
CH PR SU CO	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT	pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred ition	(e) Estimated amount of other compensation
CH PR SU CO HE	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN	(b) Average hours per week devoted to position 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-) 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred itton	(e) Estimated amount of other compensation
CH PR SU CO HE CO	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT	pond to any ques (b) Average hours per week devoted to position 5 • 00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion	(e) Estimated amount of other compensation
CH PR SU CO HE CO MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS	(b) Average hours per week devoted to position 5.00 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion O .	(e) Estimated amount of other compensation 0.
CH PR SU CO HE CO MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER	(b) Average hours per week devoted to position 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred itton	(e) Estimated amount of other compensation
CH PR SU CO HE CO MA TR WE	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE	pond to any ques: (b) Average hours per week devoted to position 5.00 5.00 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion O .	(e) Estimated amount of other compensation 0. 0.
CH PR SU CO HE CO MA TR WE	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER	(b) Average hours per week devoted to position 5.00 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion O .	(e) Estimated amount of other compensation 0.
CH PR SU CO HE CO MA TR WE SE	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE	pond to any ques: (b) Average hours per week devoted to position 5.00 5.00 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion 0. 0.	(e) Estimated amount of other compensation 0. 0.
CH PR SU CO HE CO MA TR WE SE ME	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY	pond to any ques: (b) Average hours per week devoted to position 5.00 5.00 5.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit eferred tion 0. 0.	(e) Estimated amount of other compensation 0. 0.
CH PR SU CO HE CO MA TR WE SE PR	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL	pond to any ques: (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-) 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL	pond to any ques: (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-) 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.
CH PR SU CO HE CO MA TR WE SE PR MA	Check if the organization used Schedule O to res (a) Name and title RISTINE PASCAVIS ESIDENT E DIFATTA -PRESIDENT ATHER DUNCAN -PRESIDENT RY KAY CURTISS EASURER NDY BOLOGNESE CRETARY G EVANS INCIPAL RGARET SEIDEL	pond to any quest (b) Average hours per week devoted to position 5.00 5.00 5.00 3.00 2.00	tion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health be contribution employee bi plans, and de	enefits, ns to enefit efferred attion O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0.

ORGANIZATION, INC

Form 990-EZ (2013)

27-4716886

Pane 3

Pa	other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part VA Charlet if the organization used Sch. O to respond to any question in the	ts in i	the	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pai	·—	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	[103	140
	activity in Schedule O	33		Х
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	ļ	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	1	Ì	
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
	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, reporting, and proxy tax	35b	N/	A
	requirements during the year? If "Yes," complete Schedule C, Part III	35c]	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	555		
	complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	20-		х
L	In a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		Δ
39	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities . 39b N/A	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under]		
	section 4911 ► ; section 4912 ► ; section 4955 ► O.			
þ	Section 501(c)(3) and 501(c)(4) 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?		į	
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ч	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	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	ļ	X
41	List the states with which a copy of this return is filed $ ightharpoonup CT$			
42 a	The organization's books are in care of ► MARY KAY CURTISS Telephone no ► (860) 5			0
	Located at ► PO BOX 981, SIMSBURY, CT ZIP+4 ► C	160/	0	
D	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		Yes	No
	account)?	42b	163	X
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u>}</u>	X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	אל / זה		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1:03	1
	Form 990-EZ	442		Х
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	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
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	+-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
45 D	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)	45b		Х
	215/0//10). It 100' 1 gill 200 and generalis it may need to be combined instead of Louin 200 FF (200 instructions)		190-EZ	

orm	990-EZ (20	013)	ORGANIZA	ATION, I	NC					27-4	<u>71688</u>	36	Page 4
	-			r indirectly, in poli	tical campaign activi	ties on behalf of or	ın oppositio	n to cand	lidates for pi	ublic offic		Yes	No X
			thedule C, Part I 501(c)(3) or	nanizatione	only							0	<u> A</u>
га				_	nswer questions 4	7.40h and 52 an	nd complet	a the tal	nlee for line	s 50 and	151		
					O to respond to ar		•	o tho tai	5163 TOT 1111C	a oo an	151.		
					<u> </u>	,	<u> </u>					Yes	No
17	Did the org	ganization	engage in fobbying	g activities or have	e a section 501(h) ele	ection in effect duri	ng the tax y	ear? If "Yo	es," complete	Sch C,	Part II 4	17	X
18	Is the orga	ınızatıon a	school as describ	ed in section 170((b)(1)(A)(II)? If "Yes,"	complete Schedul	e E				_4	18	X
19 a	Did the org	ganization	make any transfer	s to an exempt no	n-charitable related	organization?					. 4	9a	X_
b	If "Yes," wa	is the rela	ted organization a	section 527 organ	nization?						4	9b	<u>L</u>
			_	=	mpensated employed	•	ers, director	s, trustee	s and key er	nployees	who each	ı received	more
	than \$100				f there is none, enter			т		(4)			
		(a	i) Name and title of	each employee		(b) Average per week de		(C) F	Reportable sation (Forms	(d) Health contribu	itions to	(e) Estin	
				NON	┎	position		W-2/1	099-MISC)	employe plans, and	d deferred	compens	
				NON	<u> </u>	ļ				compe	isation		
						-		1		Į			
						 		 		 			
			 							1	ĺ		
							-		_				
]	ļ		
								ļ					
						_				Ì	Ì		
	T.A.I	4 4 .		\$100.000	 	<u> </u>		<u></u>		<u> </u>	l		
			er employees paid		managed independ	Iant contractors wh		med mor	2 than \$100	000 of oo	maanaati	on from th	
51			ior the organization e is none, enter "No		mpensated independ F.	ient contractors wi	io each rece	iveu mor	e tilali \$ 100,	000 01 00	препѕац	וון וווסזו וונ	е
			usiness address o				(b	Type of	Service		(c) Co	mpensatio	
	(4) 110	inio ana o	<u>usinos uodress o</u>	r cacir inacponaci	it contractor			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5514105		(0) 00	пропоист	"
										}			
										l			
										}			
						-							
										ł			
rt	Total num	her of oth	er independent cor	itractors each rec	eiving over \$100,000								
			•		ction 501(c)(3) organ		a)(1) nonex	emot		***			
		•	•					•			$\blacktriangleright \boxed{X}$] Yes	No
Under Decla	r penalties of ration of prep	perjury, I de arer (other t	eclare that I have exame than officer) is based of	nined this return, inclining all information of w	uding accompanying sch which preparer has any k	nedules and statement nowledge	s, and to the t	est of my	knowledge and	belief, it is	true, correc	t, and comp	olete
			M = M M	1777							2 4		
Sig	n 🚩	Signature		. , . ,						Date /	•		
Her	re		Y KAY CUI	RTISS, T	REASURER								
									Obest: F	7 4 6			
		Print/Typ	oe preparer's name	•	Preparer's signatur	e / /	Date	,	Check self- emplo	-	PTIN		
Pai		TODT	א דארוונד א	TC K	Tolan	11	1/12	115	zen- enthio	- 1	ባባባወ	46310	١
	parer		M. BUDN: ame ► BLUM		O & COMPA	NY, P.C.	, CPA	'S	Firm's EIN				<u></u>
Use	e Only				STREET, P		<u> </u>		Phone no	250		-4000	<u> </u>
		1 3 40			RD, CT 06		. , 2001	•	Filone 110	000	201.	- 3000	
May	the IRS die	CHSe this			re? See instructions	12, 2000	-				► X	Yes	No
ividy_	me mo uis	ouss tins	rotain with the pie	Parci Shown abov	.g. Gog matractions							rm 990-F7	 -

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

SOUADRON TIME SCHOOT, PARENT TEACHER

Employ

2013

Open to Public Inspection

Name of the organization

SQUADRON LINE SCHOOL PARENT TEACHER ORGANIZATION, INC

Employer identification number 27-4716886

Pa	rt i	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.			
The	organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox)				
1	\sqsubseteq	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(iii).				
4	\Box	A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's na	me,
		city, and state										
5		An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in	
	_		(b)(1)(A)(iv). (Comple									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).				
7		An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public described	l in
		section 170(I	b)(1)(A)(vi). (Comple	te Part II.)								
8	닏	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)						
9	X	An organization	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	embershi	p fees, a	nd gross receipt	s from
		activities relat	ted to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross inve	stment
		income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 19) 75.
			509(a)(2). (Complete	·								
10	닏	-		perated exclusively to tes	•	-			•			
11	Ш			perated exclusively for the								
				ations described in section				l). See sec	tion 509(a	a)(3). Ch	eck the box that	
				organization and comple					. — , —			
	$\overline{}$	a ∟ Type I	-	•	pe III - Fu	•	•				n-functionally into	-
e	ш			at the organization is not								
				han one or more publicly						(a)(1) or	section 509(a)(2))-
f				tten determination from t	ne ins the	atitisa iy	pe i, iype	ii, or Type	111			
_			rganization, check th		v alt ar a	ontribution	from onv	of the fell		20202	•	
g		_		organization accepted ar directly controls, either al			-				, Yes	s No
		•••	•	upported organization?	one or tog	ether with	persons c	iescribed i	n (ii) and (iii) below	11g(i)	140
		-		n described in (i) above?				••			11g(ii)	-
			•	person described in (i) above:		2					11g(iii)	+
h				about the supported or							[<u>''</u> [9\''']	
		1 TOVIGE THE I	onowing information	about the supported of	garnzation	(Ο).						
(i)		of supported anization	(ii) EIN	above or IRC section	in col (ı) listed in your				(vi) Is organizatio (i) organiz U S	on in col ed in the	(vii) Amount of m support	onetary
	_			(see instructions))	Yes	No	Yes	No	Yes	No		
										}		
					}	[]						
^												
					-							
Tota	vf											

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
aie	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ			
	include any "unusual grants.")			Ì	ţ	!	
2	Tax revenues levied for the organ-					Ţ	
	ization's benefit and either paid to					[
	or expended on its behalf			ĺ	1	f	
3	The value of services or facilities			-			
	furnished by a governmental unit to]		
	the organization without charge	ľ				}	
4	Total. Add lines 1 through 3						
	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			<u> </u>			
	tion B. Total Support			<u> </u>	<u></u>		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4			1.7		1	
8	Gross income from interest,					 	
•	dividends, payments received on						
	securities loans, rents, royalties			1	1		
	and income from similar sources		ı	}	1	1	
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on	Ì		}			
10	Other income. Do not include gain					 	!
	or loss from the sale of capital						
	assets (Explain in Part IV.)			ļ			1
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	<u>.</u>	· l	12	
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stop				,		▶ 🗀
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the d	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			. ▶□
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual						▶ 🗔
17a	10% -facts-and-circumstances tes	t - 2013. if the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				·	3	▶ 🗀
b	10% -facts-and-circumstances tes	•	•		-	17a, and line 15 is	10% or
~	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		-	•			s ▶
<u></u>						edule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	elow, please comp	olete Part II.)				
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in) ► 🛚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			1		ì	
	membership fees received. (Do not]	j			
	include any "unusual grants.")		12,717.	9,768.	38,458.	24,587.	<u>85,530.</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			ĺ			
	are not an unrelated trade or bus-			1	1		
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		1	ŧ			
	furnished by a governmental unit to		1	[ŧ l	
	the organization without charge						
6	Total. Add lines 1 through 5		12,717.	9,768.	38,458.	24,587.	85,530.
7 a	Amounts included on lines 1, 2, and			ļ		ļ	_
	3 received from disqualified persons						0.
t	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.
c	Add lines 7a and 7b		<u> </u>				0.
	Public support (Subtract line 7c from line 6)						85,530.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6		12,717.	9,768.	38,458.	24,587.	85,530.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		36.	29.	30.		95.
t	Unrelated business taxable income		1 1		Í	İ	
	(less section 511 taxes) from businesses		}	ł		ì	
	acquired after June 30, 1975		26				
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		36.	29.	30.		95.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		12,753.	9,797.	38,488.	24,587.	85,625.
14	First five years. If the Form 990 is for	the organization'	s first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2013 (ine 8, column (f) d	livided by line 13, co	olumn (f))		15	99.89 %
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage_				
17	Investment income percentage for 20	13 (line 10c, colui	mn (f) divided by lini	e 13, column (f))	į	17	<u>.11 %</u>
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17		Ì	18	%
198	a 33 1/3% support tests - 2013. If the	organization did r	not check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
ı	more than 33 1/3%, check this box as 33 1/3% support tests - 2012. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	► X
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The organ	nization qualifies a	s a publicly suppo	orted organization	▶∟⊥
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	or 19b, check th	is box and see ins	tructions	▶ 1 1

SQUADRON LINE SCHOOL PARENT TEACHER 27-4716886 Page 4 Schedule A (Form 990 or 990 EZ) 2013 ORGANIZATION, INC Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Open To Public Inspection

	ON LINE SCHOOL PARE ZATION, INC	SNT '	TEA	CHER	27-4716	886
Part I Fundraising Activities required to complete this pa	S. Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization ra	alsed funds through any of the following Part VII) or entitles (fundraisers) purs	tion of tion of tion of tion of tindra	non-g gover ising ling o onal f	overnment grants rnment grants events fficers, directors, true fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have cu or con contribu	ıstodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						,
		-				
		1				
Total 3 List all states in which the organizat or licensing.	tion is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is exempt from r	egistration
LHA For Paperwork Reduction Act No	otice, see the Instructions for Form	990 or	990-	EZ. S	schedule G (Form 9	90 or 990-EZ) 2013

27-	471	6886	Page 2
Z 1 -	•4:/		Page 2

		le G (Form 990 or 990 EZ) 2013 ORGANIZ	ZATION, INC			4716886 Page 2
Pa	rt I					
_		of fundraising event contributions and gi	(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
			(a) Event #1	SPELLING	(c) Other events	(d) Total events
			BOOK FAIR	CHALLENGE	8	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(e.cyps)	(**************************************	(((()))	
Revenue	1	Gross receipts .	14,721.	6,995.	8,005.	29,721.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	14,721.	6,995.	8,005.	29,721.
	4	Cash prizes .				
SS	5	Noncash prizes				<u> </u>
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
1	8	Entertainment			İ	
	9	Other direct expenses	11,690.		2,933.	14,623.
	10	Direct expense summary. Add lines 4 throug	th 9 in column (d)			14,623.
	11	Net income summary. Subtract line 10 from	line 3, column (d)	000 5 : 111 : 10	_	15,098.
Pa	irt I	<u> </u>	answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue	<u> </u>			
es	2	Cash prizes .				
Expenses	3	Noncash prizes .				
Direct I	4	Rent/facility costs .				
_	5	Other direct expenses				}
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		•	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		> _	
9		ter the state(s) in which the organization oper				_
		the organization licensed to operate gaming a				Yes No
ħ) If '	No," explain:				
						
		ere any of the organization's gaming licenses i 'Yes," explain:				Yes No
	_					
3320	82 0	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

SQUADRON LINE SCHOOL PARENT TEACHER

Sch	hedule G (Form 990 or 990-EZ) 2013 ORGANIZATION, INC	27-4	<u>716886</u>	Page 3
	Does the organization operate 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	Indicate the percentage of gaming activity operated in:		İ	
i	a The organization's facility .		13a	%
- 1	b An outside facility		13ь	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name			
	Address ►			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
1	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	ount		
	of gaming revenue retained by the third party > \$			
	c 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:			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
	organization's own exempt activities during the tax year ▶ \$			
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc		nes 9, 9b, 10)b, 15b,
				
_				
		 -		
_				
_				
				_
-				
				

SCHEDULE O (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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

SQUADRON LINE SCHOOL PARENT TEACHER ORGANIZATION, INC

Employer identification number 27-4716886

ORGANIZATION, INC	27-4710880
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INVESTMENT INCOME	25.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	596.
ADMINISTRATIVE FEES & EXPENSES	1,466.
CLASSROOM SUPPORT- BOOKS & SUPPLIES	886.
CHARACTER EDUCATION & AWARDS	592.
CURRICULUM ENRICHMENT	15,330.
SOCIAL AND RECREATIONAL PROGRAMMING	37,305.
HOSPITALITY AND TEACHER APPRECIATION	1,023.
BUILDING AND GROUNDS MAINTENANCE	41,398.
TOTAL TO FORM 990-EZ, LINE 16	98,596.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTE STUDENTS AT SQUADRON LINE SCHOOL.	THE WELFARE OF
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACC	COMPLISHMENTS:
OTHER PROGRAM SERVICES INCLUDE BUILDING AND GROUND ENHAN	ICEMENTS,
HOSPITALITY AND TEACHER APPRECIATION, AND PRINTING OF CI	LASS
DIRECTORIES.	
GRANTS \$ 0. EXPENSES \$ 42,421.	

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

Schedule O (Form 990 or 990-EZ) (2013)

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization SQUADRON LINE SCHOOL PARENT TEACHER ORGANIZATION, INC	Employer identification number 27–4716886
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	UNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	PRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	