

Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 06-01-2006, 2006, and ending 05-31-2007, 20

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
PENQUIN FIGURE SKATING CLUB INC

% Nancy GinkusO'Connor

Number and street (or P O box, if mail is not delivered to street address)Room/suite

320 East 1st Street

City or town, state or country, and ZIP + 4

Bethlehem, PA 18015

D Employer identification number

23-7392396

E Telephone number

(215) 679-8792

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ☐

I Website: www.penguinfsc.com

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 18,573

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0					
	2	Program service revenue including government fees and contracts	2	0					
	3	Membership dues and assessments	3	11,656					
	4	Investment income	4	807					
	5a	Gross amount from sale of assets other than inventory	5a	0					
	b	Less cost or other basis and sales expenses	5b	0					
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0					
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	6c	222					
	a	Gross revenue (not including \$ 0 of contributions reported on line 1) <input type="checkbox"/>							
	b	Less direct expenses other than fundraising expenses							
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	884					
	b	Less cost of goods sold	7b	238					
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	646					
	8	Other revenue (describe)	8	0					
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	13,331					
	10	Grants and similar amounts paid (attach schedule)	10						
	11	Benefits paid to or for members	11	0					
	12	Salaries, other compensation, and employee benefits	12	0					
	13	Professional fees and other payments to independent contractors	13	0					
	14	Occupancy, rent, utilities, and maintenance	14	0					
Net Assets	15	Printing, publications, postage, and shipping	15	61					
	16	Other expenses (describe)	16	15,080					
	17	Total expenses (add lines 10 through 16)	17	15,141					
	18	Excess or (deficit) for the year (line 9 less line 17)	18	-1,810					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	40,555					
	20	Other changes in net assets or fund balances (attach explanation)	20						
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	38,745					

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

40,555

22

38,745

23 Land and buildings

0

23

0

24 Other assets (describe)

0

24

0

25 Total assets

40,555

25

38,745

26 Total liabilities (describe)

0

26

0

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

40,555

27

38,745

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2006)

Part III	Statement of Program Service Accomplishments (See page 42 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Provide figure skaters with training, competitions and social functions What is the organization's primary exempt purpose?			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 Skating Programs. The club provided periodic test sessions for figure skaters to qualify for the next higher level of achievement IAW USFSA testing rules. (4 sessions) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	4,695
29 Skating Programs. The club provided its members with skating rink ice time for training and shows. (32.5 hours) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	10,075
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	14,770

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Additional Data Table				

Part V	Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
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 unpaid at the start of the period covered by this return?	38a	No
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0

Part V

Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

40a

501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under

section 4911, section 4912, section 4955

40b

501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

40b

Yes

No

40c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

40d

Enter amount of tax on line 40c reimbursed by the organization

0

40e

All organizations. At any time during the tax year, was the organization a party to an excess benefit transaction?

41

List the states with which a copy of this return is filed

42a

The books are in care of Nancy Ginkus-O'Connor

1046 Soffa Road

Located at East Greenville, PA

42b

At any time during the calendar year, did the organization have an interest in, or receive any income from, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 9031.1

42c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

42d

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 and enter the amount of tax-exempt interest received or accrued during the tax year

43

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2007-08-27

Date

Nancy GinkusO'Connor Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

Additional Data







Software ID: 06000173

Software Version: v1.00

EIN: 23-7392396

Name: PENQUIN FIGURE SKATING CLUB INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Kristen Leorch 320 East 1st Street Bethlehem, PA 18015	Board Member 0	0	0	0
Marianne Searfoss  1178 Marble Dr Bethlehem, PA 18017	President 0	0	0	0
Laurie Jo Bryant  320 East 1st Street Bethlehem, PA 18015	Secretary 0	0	0	0
Barbara Fritz  320 East 1st Street Bethlehem, PA 18015	Board Member 0	0	0	0
Maryann Snell 320 East 1st St Bethlehem, PA 18018	Vice President 0	0	0	0
Jeffery Craig  1713 Hampton Road Bethlehem, PA 18020	Board Member 0	0	0	0
Nancy Ginkus O'Connor  1046 Soffa Road East Greenville, PA 18041	Treasurer 0	0	0	0
Margaret Gehringer  611 Pine St Bally, PA 19503	Asst Secy/Treasurer 0	0	0	0

TY 2006 Compensation Explanation**Name:** PENQUIN FIGURE SKATING CLUB INC**EIN:** 23-7392396**Software ID:** 06000173**Software Version:** v1.00

Person Name	Explanation
Marianne Searfoss	
Laurie Jo Bryant	
Barbara Fritz	
Jeffery Craig	
Nancy GinkusO'Connor	
Margaret Gehringer	

TY 2006 Other Expenses Schedule**Name:** PENQUIN FIGURE SKATING CLUB INC**EIN:** 23-7392396**Software ID:** 06000173**Software Version:** v1.00

Description	Amount
USFS Membership Dues	2,980
Miscellaneous	439
D & O Liability Insurance	600
Club Ice Time	10,075
Award Plaques	856
Eastern Sectional Synchronized Skating Competition	130

TY 2006 Special Events Schedule**Name:** PENQUIN FIGURE SKATING CLUB INC**EIN:** 23-7392396**Software ID:** 06000173**Software Version:** v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Bethlehem Steel Ice Competition	195	0	195	0	195
Skater Test Sessions	5,031	0	5,031	4,695	336
Christmas Ice Show	0	0	0	309	-309

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form 8453-EO Department of the Treasury Internal Revenue Service	Exempt Organization Declaration and Signature for Electronic Filing		OMB No. 1545-1878
	For calendar year 2006, or tax year beginning <u>6/1/2006</u> and ending <u>5/31/2007</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.		2006
Name of exempt organization PENQUIN FIGURE SKATING CLUB INC			Employer identification number 23 7392396

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	\$13,331
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Nancy Glinkus O'Connor 9/6/07
Signature of officer Date

Nancy Glinkus O'Connor, Treasurer
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN Phone no. ()

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no. ()