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# Form 990-EZ

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2011 calenda	r year, or tax year beginning	, 2011, and ending			, 20
	Check if a		C Name of organization		D Employ	er ident	tification number
_	Address c		FIGURE SKATING FOUNDATION INC		55-0	0839 <u>5</u> ′	77
=	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telepho	ne num	ber
$\equiv$	Initial retu	-					
ī	Terminate	d	732 CENTER ST				
$\equiv$	Amended		City or town, state or country, and ZIP + 4		F Group E	xemptic	on
=	Applicatio	1	Bethlehem, PA 18018		Number	· <b>&gt;</b>	
					H Check▶ [	] If the	organization is not
i	Websit				required to a	attach S	chedule B
J			check only one) - 🗓 501(c) (3) 🔲 501(c)( ) 🖪 (insert no ) 🔲	4947(a)(1) or 527	(Form 990, 9	990-EZ,	or 990-PF)
			ganization is not a section 509(a)(3) supporting organization o		ion and its gros	ss receip	ots are normally
	not more	e than \$50.00	0 A Form 990-EZ or Form 990 return is not required though F	orm 990-N (e-postcar	d) may be requ	ured (se	e instructions) But if
			ses to file a return, be sure to file a complete return	·			
			7b, to line 9 to determine gross receipts. If gross receipts are \$	\$200,000 or more, or if	total assets (Pa	art II,	
			low) are \$500,000 or more, file Form 990 instead of Form 990-				26,482
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fu	ind Balance\$see th	ne instructions f	for Part	I)
E	لستستنت		e organization used Schedule O to respond to any question in				
	1					1	1,850
	1		vice revenue including government fees and contracts		[	2	
			dues and assessments			3	
	4	Investment in				4	
	5a		nt from sale of assets other than inventory	5a	ľ		
	1		other basis and sales expenses				
	I.		) from sale of assets other than inventory (Subtract line 5b from			5c	
	1		fundraising events		ľ		<del></del>
R		_	e from gaming (attach Schedule G if greater than		l		
٧	"	\$15,000)	o nom gaming (attach contours a migrouter than	6a		1	
e n	Ь ь		e from fundraising events (not including \$	of contribut	ions		
u e			sing events reported on ine trattach Schedule G if the	<del></del>		1	
Ŭ		sum of such	gross income and contributions exceeds \$15,000)	6ь			
			expenses from gaming and fundraising events			1	
	d	Net income of	or (loss) from gaming and fundralsing events add lines 6a and			1	
					[	6d	
	72		of inventory, less returns and all wantes	7a			···
		Less cost of		7b		1	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u> </u>		7c	
			re (describe in Schedule O)			8	24,632
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		F	9	26,482
		Grants and s	imilar amounts paid (list in Schedule O)			10	8,189
<u> </u>	11	Benefits paid	I to or for members			11	
٦ X	12	Salaries, other	er compensation, and employee benefits		. <i></i>	12	
<b>P</b>			fees and other payments to independent contractors			13	465
Zď	14	Occupancy	rent, utilities, and maintenance			14	
75 —e	15	Printing, pub	lications, postage, and shipping			15	
Š			ses (describe in Schedule O)			16	1,116
		•	ses. Add lines 10 through 16		r	17	9,770
	40					18	16,712
(S)	A I		r fund balances at beginning of year (from line 27, column (A))				
Ns	[		figure reported on prior year's return)			19	448,498
\hat{\chi}{\chi} \\ \chi \\ \	20		es in net assets or fund balances (explain in Schedule O) .			20	
্ৰত ড	21		fund balances at end of year Combine lines 18 through 20			21	465,210
Fo			on Act Notice, see the separate instructions.				Form 990-EZ (2011)

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	· · · ·		. 🛛
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22	}	1,7
34	detailed description of each activity in Schedule O	33	<del> </del>	X
34		ľ		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		<sub>V</sub>
25 -	change on Schedule O (see instructions)	- 34	<u></u> -	X
JJ a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
h	of f "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335	<del> </del>	ļ
	reporting, and proxy tax 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	- 300		71
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
	Did the organization file Form 1120-POL for this year?	37ь	Ī	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1 :		
a	Initiation fees and capital contributions included on line 9	] :		
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		ì	
	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		X
С	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			
d	Section 501(c)(3) and 501(c)(4) 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		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ WILLIAM FITZPATRICK  Telephone no ▶			
	Located at ► 732 CENTER ST Bethlehem, PA ZIP+4 ► 1801	.8		
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	•
	account)?	42b	ies	No X
	If "Yes," enter the name of the foreign country.	420		
	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		Х
·	If "Yes," enter the name of the foreign country		I	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	Γ_
	and enter the amount of tax-exempt interest received or accrued during the tax year		·	ι
	· ,		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
ь	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		Х
c	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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 Ь	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		_X_

Form	990-EZ (2011) FIGURE SKATING	FOUNDATION IN	<u> </u>	55-0	839577	Page 4			
46	Did the organization engage, directly or indirectly, to candidates for public office? If "Yes," complete	· •	vities on behalf of or in o	• •		Yes No			
Pari		and section 4947(a) n 4947(a)(1) nonexe or lines 50 and 51.	(1) nonexempt champt charitable trust	aritable trusts only s must answer ques	All sections 47-4	n 9b			
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax  year? If "Yes," complete Schedule C, Part II								
49a	Did the organization make any transfers to an exer	mpt non-charitable relate	d organization?		49a	X			
50	If "Yes," was the related organization a section 527 Complete this table for the organization's five higher employees) who each received more than \$100,00	est compensated employ		directors, trustees and ke					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated	d amount of			
NONE	1					<del></del>			
<u> </u>									
51 	Total number of other employees paid over \$100,0 Complete this table for the organization's five higher \$100,000 of compensation from the organization	est compensated independent of there is none, enter "No	one "						
(a) ———	Name and address of each Independent contractor paid more	e than \$100,000	(b) Type of service	:e (c	Compensation	1			
NONE									
52	Total number of other independent contractors each Did the organization complete Schedule A? <b>Note:</b> nonexempt charitable trusts must attach a complete.	All section 501(c)(3) orga	nizations and 4947(a)(1)		▶ 🏿 Yes				
•	penalties of perjury, I declare that I have examined this return prect, and complete Declaration of preparer (other than of the		•		ind belief, it is				
Sign Here	Signature of officer	tzpatrica		123 1es.	112				
Paid Prepai Use O	Print/Type preparer's name Nicholas M Kalogeras rer Firm's name ▶ Nicholas M Kalo	geras PA	Date / 4/2-3/	Check X if self-employed Firm's EIN ▶	PTIN P0002061	12			
	Bethlehem PA 180			Phone no 6	510-691-7				
May th	ne IRS discuss this return with the preparer shown	above? See Instructions	EEA		► X Yes Form 990	<u> </u>			

#### 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.

➤ See separate instructions.

-**₫**MB No 1545-0047

2011

Open to Public Inspection

Employer identification number

	URE		UNDATION IN	IC					55-0	839577		
Pa	rt I	Reason for	r Public Chari	ty Status (All organiz	ations mus	t complete	this part	) See ınstr	uctions			
The	orga	nization is not a priva	ate foundation bec	ause it is (For lines 1 thi	ough 11, c	heck only	one box )					
1		A church, convention	on of churches, or	association of churches	described	ın section	170(b)(1)	(A)(i).				
2		A school described	In section 170(b)	(1)(A)(ii). (Attach Schedu	ıle E.)							
3		A hospital or a coop	perative hospital se	ervice organization descr	ibed in <b>se</b>	ction 170(1	b)(1)(A)(iii	).				
4		A medical research	organization oper	ated in conjunction with	a hospital (	described	ın section	170(b)(1)	(A)(iii). En	ter the hos	spital's name,	
		city, and state		•								
5	П	An organization ope	erated for the bene	efit of a college or univers	sity owned	or operate	ed by a go	vernmenta	al unit desc	ribed in		
	_	section 170(b)(1)(A			•	•	, ,					
6	П			or governmental unit des	cribed in s	ection 170	(ь)(1)( <b>ь</b> )(	v).				
7	П		-	a substantial part of its					the gene	ral nublic		
•	ш	described in sectio		•		90		01	, and gone	ai pasiis		
8	$\Box$			on 170(b)(1)(A)(vi). (Com	nnlete Part	II )						
9	X			(1) more than 33 1/3%	=		ontribution	s membe	rshin fees	and ares	<b>c</b>	
•				empt functions - subjec						_	3	
				e and unrelated business		·=						
				e 30, 1975 See section				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m busine.	303		
10				ed exclusively to test for		-		(a)(A)				
11	Н	-	•	ed exclusively to test for	•	•			carny out t	ho		
••	ш			ported organizations des		-			-			
				es the type of supporting						Section		
		a Type I	<b>b</b> Typ	_	_	-Functiona			d d	□ Type	III-Other	
е	П	<del></del>		organization is not contr							iii-Otriei	
·	ш	=		ers and other than one of		•			•			
		509(a)(1) or section	_	ers and other than one t	л пюте ра	blicly supp	oned orga	ariizalions	described	III Section		
f				letermination from the IR	C that it is	a Tuna I I	Tuna II ar	Tuna III au	ınnartına			
٠												
		-		zation accepted any gift								· - ⊔
g		following persons?	700, Has the organi	ization accepted any gift	or continue		ariy oi iile					
			directly or indirect	y controls, either alone o	r togothor	with parca	ne docari	(ע) פע אספ			Yes	
				dy of the supported orga								No
				scribed in (i) above?							11g(i)	
				on described in (i) or (ii)							11g(ii)	
h				at the supported organization							11g(iii)	
		ame of supported	(ii) EIN	(iii) Type of organization		organization	60 Didy	ou notify	663	s the	(vii) Amount	of.
		organization	(1) 2.11	(described on lines 1-9	in col (i) lis	•		nization in		ion in col	support	01
				above or IRC section	governing	document?		of your port?		zed in the S ?		
				(see instructions))	Yes	No	Yes	No.	Yes			
(A)					162	140	162	140	res	No		
(A)												
(B)								<del> </del>				
(6)												
(c)						-						
(0)												
(D)			<del> </del>						<u> </u>		-	
(0)									1			
E)		<del></del>	<del> </del>					<del></del>	<del> </del>	<u> </u>		
<b>-</b> /												
				<u> </u>	<u> </u>			<del>,</del>				
Tatal					ŧ	-			<u> </u>			

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						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	<del></del> <u></u>					
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		ŧ		1		
	publicly supported organization) included		Ė		<b>[</b>		
	on line 1 that exceeds 2% of the amount		F		1		
	shown on line 11, column (f)				†	1	
6	Public support. Subtract line 5 from In 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	( <b>b</b> ) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				. 12	-1-
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2011 (line 6,		-				%
15	Public support percentage from 2010 Scheo						%
16a	33 1/3% support test - 2011. If the organiz						_
	and stop here. The organization qualifies a		<del>-</del>				▶ 🗌
b	33 1/3% support test - 2010. If the organize						_
	box and stop here. The organization qualifi		- · · · -				• • • • □
17a	10%-facts-and-circumstances test - 201	<ol> <li>If the organization</li> </ol>	ation did not check	a box on line 13,	16a, or 16b, and I	ine 14 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumst	tances" test, check	this box and stop	here. Explain in l	Part IV how the	
	organization meets the "facts-and-circumsta	ances" test. The	organization qualif	es as a publicly s	upported organiza	ation	▶ 🗌
b	10%-facts-and-circumstances test - 201	<b>3.</b> If the organiza	ation did not check	a box on line 13,	16a, 16b, or 17a,	and line 15 is 10%	or
	more, and if the organization meets the "fac	ts-and-circumst	tances" test, check	this box and <b>stop</b>	here. Explain in l	Part IV how the	
18	organization meets the "facts-and-circumstr Private foundation. If the organization did i		_		· ·		_

Page 3

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 helow.	please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	34,152	12,032	35,096	18,554	1,850	101,684
2	Gross receipts from admissions, merchan- dise sold or services performed, or faci- lities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	Total. Add lines 1 through 5	34,152	12,032	35,096	18,554	1,850	101,684
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)					-	101,684
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	34,152	12,032	35,096	18,554	1,850	101,684
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,266	30,989	13,935	19,723	24,632	104,545
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	15,266	30,989	13,935	19,723	24,632	104,545
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 IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	49,418	43,021	49,031	38,277	26,482	206,229
	First five years. If the Form 990 is for the or organization, check this box and stop here			n, or fifth tax year a	as a section 501(c	)(3) 	▶□
	ction C. Computation of Public Su	··	<del></del>	(A)	<del></del>		
	Public support percentage for 2011 (line 8, c				, , , , , , , , , , , , , , , , , , ,	15	49.31 %
	Public support percentage from 2010 Schedi					16	%
	tion D. Computation of Investmen		<u>-</u>	-l (4\)		47	50.60 %
17 18	Investment income percentage for 2011 (line Investment income percentage from 2010 Sc		=			17	50.69 % %
	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check	k the box on line 1	4, and line 15 is m	nore than 33 1/3%	, and line	
b	33 1/3% support tests - 2010. If the organiz line 18 is not more than 33 1/3%, check this	ation did not check	k a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3%, and	_
20	Private foundation. If the organization did no	-				=	en e

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

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

55-0839577 FOUNDATION FIGURE SKATING INC 01. Description of other revenue (Part I, line 8) Amount Description INVESTMENT INCOME 24,632 02. List of grants and similar amounts paid (Part I, line 10) Activity INDIVIDUAL ASSISTANCE WILSON Grantee DAVID 2,825 Amount Activity INDIVIDUAL ASSISTANCE Grantee VALERIE RICHARDS Amount 2,038 Activity INDIVIDUAL ASSISTANCE Grantee **DIGREGORIO** Amount 1,836 Activity ASSISTANCE TORONTO CRICKETS Grantee Amount 1,490 03. Description of other expenses (Part I, line 16) Description Amount ICE FEES 825

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization		Page 2 Employer identification number
FIGURE SKATING FOUNDATION INC		55-0839577
MEETING EXP	155	
OFFICE EXP	72	
MISC. EXP	64	
MIDC. BAT		