



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



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 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

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
EASTERN AMPUTEE GOLF ASSOCIATION

Number & street (or P O box, if mail is not delivered to street addr) Room/suite
2015 AMHERST DR

City or town, state or country, and ZIP + 4
Bethlehem PA 18015

D Employer identification number
23-2504584

E Telephone number
(610) 867-9295

F Group Exemption Number ►

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

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

I Website: ► WWW.EAGA.ORG

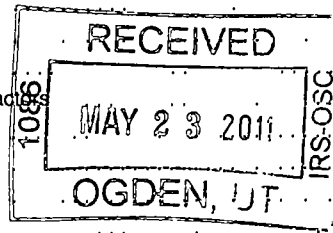
J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 125,591

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	22,775
	2	Program service revenue including government fees and contracts	2	38,634
	3	Membership dues and assessments	3	8,545
	4	Investment income	4	3,716
	5a	Gross amount from sale of assets other than inventory	5a	34,966
	5b	Less: cost or other basis and sales expenses	5b	33,504
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,462
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	16,955
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,087
	10	Grants and similar amounts paid (list in Schedule O)	10	15,000
	11	Benefits paid to or for members	11	
ASSETS	12	Salaries, other compensation, and employee benefits	12	22,305
	13	Professional fees and other payments to independent contractors	13	1,836
	14	Occupancy, rent, utilities, and maintenance	14	1,367
	15	Printing, publications, postage, and shipping	15	17,110
	16	Other expenses (describe in Schedule O)	16	27,653
	17	Total expenses. Add lines 10 through 16	17	85,271
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,816
	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	142,269
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	10,389
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	159,474



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

67 24

Part V Other Information (Note the statement requirements in the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 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 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
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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e 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	PA	
42a The organization's books are in care of	See attachment #4	
Located at		
Telephone no		
ZIP + 4		
b 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 account)?	42b	X
If "Yes," enter the name of the foreign country.		
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	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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
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	X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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 must be completed instead of Form 990-EZ (see instructions).	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☒ Yes ☐ No

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.

Sign Here  **May 16, 2011**
 Signature of officer Date
ROBERT O BUCK JR **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name M. RYAN-AGENTIS	Preparer's signature <i>Maggie Ryan-Agentis</i>	Date 5/16/2011	Check ☐ if self-employed	PTIN P00100658
Firm's name H & R BLOCK OFFICE 37081	Firm's EIN 610-838-6639			
Firm's address 66 W WATER ST HELLERTOWN PA 18055	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

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 below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	51,048	48,315	27,846	27,184	31,320	185,713
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 . . .	38,410	59,217	62,204	43,484	55,484	258,799
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 Total. Add lines 1 through 5	89,458	107,532	90,050	70,668	86,804	444,512
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						444,512

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	89,458	107,532	90,050	70,668	86,804	444,512
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,709	6,564	4,103	3,148	3,716	32,240
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,709	6,564	4,103	3,148	3,716	32,240
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.)			100			100
13 Total support. (Add lines 9, 10c, 11, and 12.)	104,167	114,096	94,253	73,816	90,520	476,852

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	93.22 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	6.76 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

EASTERN AMPUTEE GOLF ASSOCIATION

Employer identification number

23-2504584

LN 8 NEWSLETTER ADVERTISING INCOME 16850

LN 8 OTHER INCOME 25

LN 8 ATRA FEES COLLECTED 80

LN 10 SCHOLARSHIPS 15000

LN 16 TOURNAMENT COSTS 21902

LN 16 INVESTMENT FEES 2041

LN 16 PROGRAM EXPENSES 922

LN 16 WEB SITE 540

LN 16 TRUSTEE MEETING FEES 485

LN 16 OFFICE SUPPLIES 789

LN 16 DEPRECIATION 139

LN 16 STATE REGISTRATION FEE 100

LN 16 TROPHIES 442

LN 16 BANK CHARGES 293

LN 20 INVESTMENT APPRECIATION 10137

LN 20 ACCRUED INTEREST 252

LN 24 INVENTORY 160

LN 24 OFFICE EQUIPMENT NET OF DEPR 69

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION	Employer Identification Number 23-2504584

Primary Purpose

Provide golf recreation and scholarships to amputees and family members.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION	Employer Identification Number 23-2504584

Part III - Statement of Program Service Accomplishments

Grants and allocations	15,000	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			

AWARD SCHOLARSHIPS TO COLLEGE STUDENTS WHO ARE AMPUTEES OR CHILDREN OF AMPUTEE MEMBERS. SOLICIT INDIVIDUAL AND CORPORATE DONATIONS FOR THE HOWARD TAYLOR MEMORIAL AND PAUL DESCHAMPS MEMORIAL SCHOLARSHIP FUNDS AT REGIONAL GOLF EVENTS.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION	Employer Identification Number 23-2504584

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	21,902
Exempt Purpose Achievements			

CONDUCT AMPUTEE GOLF TOURNAMENTS AND SCRAMBLES FOR AMPUTEES AND PERSONS WITH DISABILITIES AND THEIR FRIENDS AND FAMILIES IN THE EASTERN U.S.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION	Employer Identification Number 23-2504584

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	17,110
Exempt Purpose Achievements			

WRITE, PUBLISH, AND DISTRIBUTE NEWS MAGAZINE TO DISSEMINATE RELEVANT GOLF
ACTIVITY INFORMATION FOR MEMBERS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2010 or tax period beginning , and ending		
Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION				Employer Identification Number 23-2504584
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
Robert Buck 2015 Amherst Dr. Bethlehem, PA 18015	Executive Director 40.00	12,000	0	0
Linda Buck 2015 Amherst Dr. Bethlehem, PA 18015	Secretary 20.00	8,000	0	0
John Devine 15 Baldwin Avenue Massapequa, NY 11578	Vice President 5.50	0	0	0
George Karnes 143 Yellow Beeches Dr. Camp Hill, PA 17011	Vice President 0	0	0	0
Kim Mecca 308 Dolph St. Jessup, PA 18434	Vice President 0	0	0	0
Mike Oehling 148 Mesa Dr. Freeport, PA 16229	Vice President 0	0	0	0
John Prestwood 410 Waynesbrook Dr. Berwyn, PA 19312	Vice President 0	0	0	0
Kellie Valentine 5410 Benner Rd Mc Kean, PA 16426	Vice President 0	0	0	0
Rob Yates 111 Ponus Ridge Rd. New Canaan, CT 06840	Vice President 0	0	0	0
Martin Ebel 59 Meadowbrook Circle Sudbury, MA 01776	NAGA Trustee 0	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION	Employer Identification Number 23-2504584

Part V - Line 42a

Individual Name Robert Buck
or
Business Name

Street Address 2015 Amherst Dr.

U S Address

Zip code 18015 City Bethlehem State PA
or

Foreign Address

City _____
Province or State _____
Country _____
Postal code _____
Phone Number (610) 867-9295
Fax Number _____