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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

2012

Open to Public Inspection

Part	Α	For	the 2	012 calendar <u>year, or tax year beginning</u> , 2012, and ending			, 20	
Add Iries Sch. 6, and 7b, 1b Intel 8 to determine 90 returns not required to attack Schedule 9 to return (e) below) are \$500,000 or more, fise Form 90 returns 1 re	В	Che	ck if	C Name of organization	D Employe	r identif	ication number	
Terminated 2015 AMHERST DR (610) 867-9295 Amended return Section 1 Section 1 Section 1 Section 1 Section 1 Section 2 Section		ľ		CACMEDIA AMDUMED COLE ACCOCTAMION	23-25045			
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Interpretation Ret N Re		Initi	al retur					
Replacemon		Terr	minated	2015 AMHERST DR		(61	0)867-9295	
Website:		Ame	ended r	City or town, state or country, and ZIP + 4	F Group E	emption		
Website: ➤ WiW . EAGAGOLF. ORG Solicy Sol		App	lication ding	Bethlehem PA 18015	Number	• 🕨		
Tax - exempt status (sheek only one) -	G	Acc	countir	g Method	neck ▶ ☐ if	the orga	nization is not	
K Check	- 1				required to at	ach Sch	edule B	
But if the organization chooses to file a return, be sure to file a complete return Ladd lines 5b, 6c, and 7b, to line 90 of the form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) Ladd lines 5b, 6c, and 7b, to line 91 of determine gross receipts if gross receipts as \$200,000 or more, file form 990 instead of Form 990-EZ. Line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II 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 Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the organization used Schedule O to respond to any question in the Part I Check if the Organization used Schedule O to res	J	Tax	x-exer	npt status (check only one) X 501(c)(3) 501(c)(X) ◀ (insert no) 4947(a)(1) or 527	(Form 990, 99	0-EZ, or	990-PF)	
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 2b, Coutinn (B) below are \$500,000 or more, file form 990-FZ	K	Ch	eck ▶	oxed if the organization is not a section 509(a)(3) supporting organization or a section 527 organ	ization and i	ts gross	receipts are normally	
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, ine 25, outurn (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I		not	t more	than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	tcard) may be	required	(see instructions)	
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3			1	Contributions, gifts, grants, and similar amounts received · · · · · · · · · · · · · · · · · · ·				
4 Investment income			2	Program service revenue including government fees and contracts · · · · · · · ·	.	2		
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)							106,192	
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For Paperwork Reduction Act Notice, see the separate instructions. 12 990EZ1

Copyright Forms (Software Only) - 2012 TW

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Form **990–EZ** (2012)

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	990-EZ (2012)	D (11)				Page 2
Pa	Balance Sheets (see the instructions for I	,		D4 II		
	Check if the organization used Schedule O t	to respond to an	y question in this	(A) Beginning of year		
22	Cash, savings, and investments		-	158794	<u> </u>	164496
23	Land and buildings				23	104450
24	Other assets (describe in Schedule O)		[160	24	44
25	Total assets		[158954		164540
26					26	
27	Net assets or fund balances (line 27 of column (B)			158954	27	164540
Par	till Statement of Program Service Accomplis	,		•		Expenses
M/ha	Check if the organization used Schedule O t t is the organization's primary exempt purpose? See		y question in this	Part III		uired for section
	- · · · · · · - —	attachment #1			orgai	c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accomplishmessured by expenses. In a clear and concise mannons benefited, and other relevant information for each	ner, describe the	services provided	trogram services, d, the number of	4947	(a)(1) trusts, optional thers.)
28	See attachment #2			·		
	(Grants \$) If this amount incl	ludos forsian arai	ato about boro		000	
29					28a	16500
	See attachment #2					
	(Grants \$) If this amount incl	ludes foreign grai	nts, check here .	▶ 🗆	29a	38350
30	See attachment #2					
04	(Grants \$) If this amount incl		•		30a	17443
31	Other program services (describe in Schedule O) . (Grants \$) If this amount incl		te check hara		31a	
32	Total program service expenses (add lines 28a thro	ough 31a)	its, check here .		32	72293
	List of Officers, Directors, Trustees, and Key En					
	Check if the organization used Schedule O t					🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC		0	Estimated amount of their compensation
	,		(if not paid, enter -0-)	deferred compensation	n	
See	attachment #3 #4					
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Form	990-EZ (2012)		P	age
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	· · · · ·	<u> </u>	ان.
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		į	
	detailed description of each activity in Schedule O	33	<u> </u>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		ı	
	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		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u></u>	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
C	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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
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		; 1 /C+	1
39	Section 501(c)(7) organizations Enter:	- ^?^ ` `		
а	Initiation fees and capital contributions included on line 9	(2)	£4" :	. ·
b	Gross receipts, included on line 9, for public use of club facilities	-	***	· Marie
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	* 1		1 ~
704	section 4911 ▶, section 4912 ▶, section 4955 ▶	William .	* 40,	
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		-	
		405		١,,
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	19.14.A	X
·	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	Exec.		
	organization managers or disqualified persons during the year under sections 4912,		<u>ن</u> ق. *^-	
	4955, and 4958	-	4	`
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	45.24	· · · · ·	1
	reimbursed by the organization	- 00	£	İ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	inter Ser	<u> </u>	بعجب
	transaction? If "Yes," complete Form 8886-T	40e	L	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 #5 Telephone no. ▶			
	Located at ZIP + 4 ZIP		Tag	T.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	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.	1 .	, X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		e 3×2	
_	and Financial Accounts.		A. W	<u></u>
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u>. </u>	X
	If "Yes," enter the name of the foreign country.			. 1
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		1	T
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		 _	<u> </u>
	completed instead of Form 990-EZ	44a	1	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	117	3×	
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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	***	-	1000
	Form 990-EZ (see instructions)			Х

EASTERN AMPUTEE GOLF ASSOC 23-2504584

-orm 990-E	2 (2012)						age 4
6 Did the	e organization engage, directly or indirectly,	in political campaign	activities on bahalf of o	er in appacition	******	Yes	No
	didates for public office? If "Yes," complete			* *	46		Х
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations must	ns only			1 .10	<u> </u>	
	50 and 51	lo O to recensed to on		<i>n</i>			Г
	Check if the organization used Schedul	e O to respond to an	y question in this Part v	<u> </u>		Yes	No
	e organization engage in lobbying activities if "Yes," complete Schedule C, Part II.		• •	inng the tax	47	1.00	Y
-	organization a school as described in section				. 48		X
	e organization make any transfers to an exe				. 49a		X
b If "Yes	," was the related organization a section 52	7 organization?			49b		Х
0 Comp	lete this table for the organization's five high	nest compensated em	ployees (other than offi	cers, directors, trustees an	nd key	_	
emplo	yees) who each received more than \$100,0						
	(a) Name and title of each employee	(b) Average hours per week	(C) Reportable compensation (Forms	(d) Health benefits, contruib- utions to employee benefit plans	(e) Estin		
	paid more than \$100,000	devoted to position		and deferred compensation	other c	ompens	ation
IONE							
					-		
	· · · · · · · · · · · · · · · · · · ·				+		
·	 				 -		
(a) Name ar	nd address of each independent contractor paid mo	re than \$100,000	(b) Type of service	(c)	Compensation	on	
ONE	7544						
=. =.							
		-					
	number of other independent contractors e						
	e organization complete Schedule A? Note				. □		٦.,
	empt charitable trusts must attach a comple			.,	. ► X Y		No
	es of perjury, I declare that I have examined this ret and complete. Declaration of preparer (other than a				ledge and be	elief, it is	
-, 30001, 6	Kaux OB	with !		. ,	MA	V /5	-
Sign	Signature of officer	cpi			Date	, , ,	, 3
lere	ROBERT O BUCK JR	•	EXECU	TIVE DIRECTOR	Duit		
_	Type or print name and title		EAECU.	V			
	'	eparer's egnature	1 Date	Check of	PTIN		
Paid	Margaret Ryan Agen	hMan-1	Henra 5/1	3//3 Check If	P001	0065	8
Preparer Firm's name HAND R BLOCK Firm's EIN 23280							
Use Only			·		10-838-)
	discuss this return with the preparer show		tions		. > Y	es >	No
	•	oftware Only) - 2012 TW			Form 990		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **Employer identification number** EASTERN AMPUTEE GOLF ASSOCIATION 23-2504584 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization?...... 11g(i) 11g(iii) Provide the following information about the supported organization(s). (Vi) Is the (i) Name of supported (ii) EIN (vii) Amount of (iii) Type of organization (iv) is the organization (v) Did you notify the organization in col. (i) ın col (i) lısted ın your organization (described on lines 1-9 organization in col (i) monetary support organized in the above or IRC section governing document? of your support? 11.5.2 (see instructions)) Yes Yes No Yes

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

WHEN THE WAY

Schedule A (Form 990 or 990-EZ) 2012

Total

Schedule A (Form 990 or 990-EZ) 2012 EASTERN AMPUTEE GOLF ASSOC 23-2504584 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)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	27,846	27,184	31,320	30,192	26,040	142,582
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	62,204	43,484	55,484	59,994	58,833	279,999
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	90,050	70,668	86,804	90,186	84,873	422,581
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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	,						422 F01
8	Public support (Subtract line 7c from line 6.)						422,581
	tion B. Total Support	() 0000	(1) 2000	() 22/2	(1) 0044		
	lendar year (or fiscal year beginning in)	(a) 2008 90,050	(b) 2009	(c) 2010 86,804	(d) 2011 90,186	(e) 2012 84,873	(f) Total 422,581
9	Amounts from line 6		- 70,000	00,001	30,100	01,073	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,103	3,148	3,716	16,737	3,194	30,898
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	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	4,103	3,148	3,716	16,737	3,194	30,898
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	100			18,530	-1,188	17,442
13	Total support. (Add lines 9, 10c, 11, and 12.)	94,253	73,816	90,520	125,453	86,879	470,921
14	First five years. If the Form 990 is for the org organization, check this box and stop here	ganization's first,	second, third, fo	urth, or fifth tax y	ear as a section	501(c)(3)	▶ ∏
Sec	tion C. Computation of Public Sup	port Percen	tage				
15	Public support percentage for 2012 (line 8, co			nn (f)) .		15	89.74%
16	Public support percentage from 2011 Schedu		•	1 77		16	%
_	ction D. Computation of Investment						
17	Investment income percentage for 2012 (line			3, column (f))		17	6.56%
18	Investment income percentage from 2011 Sc					18	%
19a	33 1/3% support tests 2012. If the organi						
	not more than 33 1/3%, check this box and s			•		•	_
b	33 1/3% support tests 2011. If the organi	zation did not ch	neck a box on lin	e 14 or line 19a,	and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 331/3%, check this b					-	▶∐
20	Private foundation. If the organization did no	ot check a box o	n line 14, 19a, oi	r 19b, check this	box and see ins	tructions	▶ []

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 2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

EASTERN AMPUTEE GOLF ASSOCIATION

Employer identification number 23-2504584

LN 8 NEWSLETTER ADVERTISING INCOME 15375

- LN 8 INVESTMENT FEE 12B1 REBATE 8
- LN 8 ATRA FEES COLLECTED 140
- LN 10 SCHOLARSHIPS 16500
- LN 16 TOURNAMENT COSTS 37225
- LN 16 INVESTMENT FEES 2117
- LN 16 ADAPTIVE EQUIPMENT 90
- LN 16 WEB SITE 557
- LN 16 TRUSTEE MEETING FEES 250
- LN 16 OFFICE SUPPLIES 301
- LN 16 DEPRECIATION 1085
- LN 16 TROPHIES 1035
- LN 16 MISCELLANEOUS 277
- LN 20 INVESTMENT DEPRECIATION 10218
- LN 24 INVENTORY 44
- LN 24 OFFICE EQUIPMET NET OF DEPR 0
- LN 20 ROUNDING 1

990 PRIMARY EXEMPT PURPOSE

	1: page 1 - 990-EZ Page 2, Part III									
Open to Public										
Inspection	Inspection For calendar year 2012 or tax period beginning , and ending .									
Name of Organizatio	ame of Organization Employer Identification Number									
EASTERN AM	PUTEE GOLF ASSOCIATION	23-2504584								
	Primary Purpose									
Provide go	If recreation and scholarships to amputees an	d family members.								
		-								

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment Open to Public	2: pac	ge 1 -	990-	EZ Page	e_3,	Part	III					
Inspection	For calendar	r year 2012 or	tax pen	od beginning	1			, and ending				
Name of Organizatio									Emplo	yer Identific	ation Nui	mber
EASTERN AM									23-2	2504584	4	
Part III - Statemen	nt of Program			hments				· · · · · · · · · · · · · · · · · · ·				
Grants and allocation	ons	16,	500	Amount inc	cludes for	eign grant	s P	rogram service	expense	s		16,500
						ose Achie						
Award scho amputee me Taylor Mem	mbers.	Solic	it i	ndivid	ual a	nd co	rpor	ate don	ation	ns for	the	Howard
golf event		ina rau	1 00	o criamp.	5 11011	OLIGI	501	iorarsiir _i	p rui	ias ac	1091	Onar

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment	2: page	2 - 990-1	EZ Page 2	2, Pai	t III			
Open to Public								•
Inspection		ear 2011 or tax peri	od beginning			, and ending	T Employer Idonti	Fination Number
Name of Organization EASTERN AM	PUTEE GO						23-25045	fication Number
Part III - Statemer		Service Accomplish					-	20.250
Grants and allocate	ons		Amount include	es foreign	grants Pro Achievements	gram service e	expenses	38,350
Conduct am with disab	putee go ilities	olf tournament of the second contract of the	ments and	d scra	ambles f	or ampu	tees and e eastern	persons U.S.
ı								

990 PROGRAM SERVICE ACCOMPLISHMENT

ttachment	2: page 3	- 990-EZ	Page 2, F	art III			
Open to Public		_ -					
nspection	For calendar year 20	11 or tax period be	ginning		, and ending		
me of Organizatio	n PUTEE GOLF	ASSOCTATIO	ON			Employer Identification	n Number
	nt of Program Service					20 2001001	
rants and allocation			unt includes forei	gn grants Pro	gram service e	xpenses	17,443
	-		Exempt Purpos	se Achievements			
rite publ ctivity i	ish and dis nformation	stribute n for membe	ews magaz rs.	ine to di	issemina	te relevant	golf
,							
			,				

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 99	00-EZ Page 2,	Part IV			
Inspection For calendar year 2012 or tax	v nerod heginning	, and e	endina		
Name of Organization	k period beginning	, and t	anding	Employer Ident	ification Number
EASTERN AMPUTEE GOLF ASSO	CIATION			23-25045	
(A) Name and Title	(B) Average hours per	(C) Compensation		to employee	(E) Expense account
	week devoted to postion	(Form W-2/1099-MISC) (if not paid, enter -0-)	ben. plan	s & def. comp.	& other compensation
Robert Buck					
Executive Director	40.00	11,999			
See Comp. Expl. #1 Linda Buck Secretary					
John Devine Vice President					
George Karnes Vice President					
Kim Mecca Vice President					
John Prestwood Vice President					
Kellie Valentine Vice Pres. NAGA Ttee					
Rob Yates Vice President					
JVA Copyright Forms (Software Only) ~2012 TW L	0613F				

990 COMPENSATION EXPLANATION

and ending	Employer Identification Number 23-2504584	Explanation	
tax year penod beginning			
Open to Public Inspection For Calendar year 2012, or tax year period beginning	Name of Organization EASTERN AMPUTEE GOLF ASSOCIATION	Name	Robert Buck

990 BOOKS ARE IN CARE OF

Attachment	<u>5 - 990-EZ Page 3, Part V, L</u>	ine 42a	
Open to Public	-	•	
Inspection	For calendar year 2012 or tax period beginning	, and ending	•
Name of Organization		1 ' '	r Identification Number
EASTERN AM	PUTEE GOLF ASSOCIATION	23-25	04584
Part V - Line 42a			
Individual Name		Robert Buck	
or			
Business Name:			
			
Chroot Address		2015 Ambauat Du	
Street Address .		2015 Amherst Dr.	
U.S. Address.			
0.7100.000.			
Zıp code	18015 Crty Bethlehem	State PA	
or —p	TOO TO ONLY DECITEDITEM	State 111	
Foreign Address			
City	<u> </u>		
Province or	State		
Country			<u> </u>
Postal code			
Phone Num	ber		<u>(610)867-9295</u>
Fax Numbe	r		

2012 DETAIL STATEMENTS

EASTERN AMPUTEE GOLF ASSOCIATI 23-2504584

Page 1

	-
STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)	
INTEREST ON TOURNAMENT DEPOSITS	
DIVIDENDS MORGAN STANLEY 02937	
DIVIDENDS MORGAN STANLEY 201409	
TOTAL CARRIED TO 990-EZ PG 1 Line 4	3,194
STATEMENT #2 - End of Year - Cash (990-EZ PG 1 Line 22)	
CASH AND CASH EQUIVALENTS	
TOTAL CARRIED TO 990-EZ PG 1 Line 22	164,496
STATEMENT #3 - Gross amt from sales of assets (990-EZ PG 1 Line	5a)
Morgan Stanley Brokerage Account	
TOTAL CARRIED TO 990-EZ PG 1 Line 5a	
STATEMENT #4 - Less: cost or other basis (990-EZ PG 1 Line 5b)	
Morgan Stanley brokerage Account	
TOTAL CARRIED TO 990-EZ PG 1 Line 5b	
STATEMENT #5 - Other assets end yr (EOEZ PG 2 Line 24)	
INVENTORY44	
TOTAL CARRIED TO EOEZ PG 2 Line 24	44
STATEMENT #6 - Other income (SCH A, PG 2 Line 10(d))	
OTHER INCOME	
TOTAL CARRIED TO SCH A, PG 2 Line 10(d)	18,530