See a Social Security Number? Say Something!
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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 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.**

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, 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 province, country, and ZIP or foreign postal code
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 the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.EAGAGOLF.ORG

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

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 97,600

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	23,893
	2	Program service revenue including government fees and contracts		2	55,305
	3	Membership dues and assessments		3	6,325
	4	Investment income		4	11,513
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	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 exceeds $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	564
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	97,600
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	16,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	24,000
	13	Professional fees and other payments to independent contractors		13	3,088
	14	Occupancy, rent, utilities, and maintenance		14	3,998
	15	Printing, publications, postage, and shipping		15	16,641
	16	Other expenses (describe in Schedule O)		16	37,168
	17	**Total expenses.** Add lines 10 through 16 ▶		17	100,895
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,295
	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	164,540
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	3,315
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	164,560

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OGDEN, UT
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For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

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G 7 16

Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	164,496	22	164,560
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	44	24	0
25	**Total assets**	164,540	25	164,560
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)	164,540	27	164,560

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE ATTACHMENT #2

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

Part V 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 . . . ☐

				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33			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)	34			X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			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 ▶ 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 Telephone no. ▶ Located at ▶ 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)? 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.**	42b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶	42c			X
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				
				Yes	No
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	N/A		
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 Form 990-EZ (see instructions)	45b			X

		Yes	No
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 only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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 title of each employee	(b) 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 amount of other compensation
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 business address of each independent contractor	(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

Signature of officer: Robert O Buck Jr Date: 05/14/14

Type or print name and title: ROBERT O BUCK JR EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRISTINA FISH				P00900723
Firm's name ▶ H AND R BLOCK			Firm's EIN ▶	232867736
Firm's address ▶ 66 W WATER ST			Phone no.	610-838-6639

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

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	**Employer identification number**
EASTERN AMPUTEE GOLF ASSOCIATION	23-2504584

Part I 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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Non-functionally integrated

e ☐ 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).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g 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?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,184	31,320	30,192	26,040		114,736
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	43,484	55,484	59,994	58,833		217,795
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	70,668	86,804	90,186	84,873		332,531
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.)						332,531

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	70,668	86,804	90,186	84,873		332,531
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,148	3,716	16,737	3,194		26,795
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,148	3,716	16,737	3,194		26,795
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.)			18,530	-1,188		17,342
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	73,816	90,520	125,453	86,879		376,668

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 2013 (line 8, column (f) divided by line 13, column (f))	15	88.28 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	7.11 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests -- 2013.** 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 -- 2012.** 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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

EASTERN AMPUTEE GOLF ASSOCIATION

Employer identification number

23-2504584

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION | For calendar year 2013, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
EASTERN AMPUTEE GOLF ASSOCIATION	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 2013, or tax period beginning , and ending

Name of Organization	Employer Identification Number
EASTERN AMPUTEE GOLF ASSOCIATION	23-2504584

Part III - Statement of Program Service Accomplishments

Grants and allocations	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 2013, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
EASTERN AMPUTEE GOLF ASSOCIATION	23-2504584

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses

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 2013, or tax period beginning , and ending

Name of Organization: EASTERN AMPUTEE GOLF ASSOCIATION

Employer Identification Number: 23-2504584

(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
ROBERT BUCK EXECUTIVE DIRECTOR		0	0	0
LINDA BUCK SECRETARY		0	0	0
JOHN DEVINE VICE PRESIDENT		0	0	0
GEORGE KARNES VICE PRESIDENT		0	0	0
KIM MECCA VICE PRESIDENT		0	0	0
JOHN PRESTWOOD VICE PRESIDENT		0	0	0
KELLIE VALENTINE VICE PRES. NAGA TTEE		0	0	0
ROB YATES VICE PRESIDENT		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 2013, or tax period beginning , and ending

Name of Organization	Employer Identification Number
EASTERN AMPUTEE GOLF ASSOCIATION	23-2504584

Part V - Line 42a

Individual Name or Business Name. ROBERT BUCK

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

STATEMENT #1 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

DIVIDENDS MORGAN STANLEY 201409 552	1,779	
CAPITAL GAIN DISTRIBUTION MORGAN STANLEY 201...	1,940	
MORGAN STANLEY	7,794	
TOTAL CARRIED TO 990-EZ PG 1 LINE 4		11,513

STATEMENT #2 - OTHER REVENUE (990-EZ PG 1 LINE 8)

EQUIPMENT	434	
ATRA	130	
TOTAL CARRIED TO 990-EZ PG 1 LINE 8		564

STATEMENT #3 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

INVESTMENT AND ADVISORY FEES	2,163	
PROFESSIONAL FEES	925	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13		3,088

STATEMENT #4 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

BANK CHARGES	929	
PAYROLL TAXES	2,001	
TELEPHONE	894	
WEBSITE	174	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14		3,998

STATEMENT #5 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

PRINTING AND SATATIONERY	14,675	
POSTAGE	1,371	
PRINTER SUPPLIES	304	
OFFICE SUPPLIES	291	
TOTAL CARRIED TO 990 EZ PG 1 LINE 15		16,641

STATEMENT #6 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

TOURAMENT COST	33,466	
TROPHIES	2,078	
MISC	1,624	
TOTAL CARRIED TO EOEZ PG 1 LINE 16		37,168

STATEMENT #7 - 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 #8 - 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 #9 - END OF YEAR - CASH (990-EZ PG 1 LINE 22B)

CASH AND CASH EQUIVALENTS
INVESTMENTS
TOURNAMENT DEPOSITS

TOTAL CARRIED TO 990-EZ PG 1 LINE 22B

STATEMENT #10 - OTHER ASSETS END YR (EOEZ PG 2 LINE 24B)

INVENTORY

TOTAL CARRIED TO EOEZ PG 2 LINE 24B

STATEMENT #11 - OTHER INCOME (SCH A, PG 2 LINE 12(D))

OTHER INCOME

TOTAL CARRIED TO SCH A, PG 2 LINE 12(D)

(Rev. 5-09)

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME	**EASTERN AMPUTEE GOLF ASSOCIATION**		
CERTIFICATE NUMBER	**20903**	FOR FISCAL YEAR ENDED	**12/31/2013**

Part I: Gross Contributions

1) General Contributions		1	**23,893**
2) Gross Receipts from Special Events		2	
3) Contributions from Affiliates		3	
4) Contributions Received from Federated Fundraising Organizations		4	
5) Receipts from Membership Dues in Excess of Bona Fide Dues		5	
6) Gross Contributions (add lines 1 through 5)	➡	6	**23,893**

Part II: Other Income

7) Program Service Revenues		7	**55,305**
8) Bona Fide Membership Dues and Assessments		8	**6,325**
9) Government Grants and Contracts		9	
10) Miscellaneous Income		10	**12,077**
11) Total Income (add lines 6 through 10)	➡	11	**97,600**

Part III: Expenses

12) Program Services		12	**27,088**
13) Administrative Expenses		13	**20,639**
14) Fundraising Expenses		14	
15) Payments to Affiliated Organizations		15	
16) Other Expenses from Special Events (other than fundraising expenses)		16	
17) Miscellaneous Expenses		17	**53,168**
18) Total Expenses (add lines 12 through 17)	➡	18	**100,895**

Part IV: Net Assets

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)		19	**-3,295**
20) Net Assets or Fund Balances at Beginning of Year		20	**164,540**
21) Other Changes in Net Assets or Fund Balances (attach explanation)		21	**3,315**
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	➡	22	**164,560**

(See Next Page for "Salaries and Expense Allowance Statement")

SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
Five Highest Paid Employees			
1 Robert Buck	Executive Director, 40 hours	11,999	0
2 Linda Buck	Secretary, 20 hours	11,999	0
3			
4			
5			
Officers			