

East Hampton -

SHORT FORM
ANNUAL REPORT - CHARITABLE ORGANIZATION
FOR YEAR ENDED May 31, 1979
NEW YORK STATE DEPARTMENT OF STATE

THIS REPORT IS A PUBLIC RECORD,
COPIES OF WHICH ARE SENT,
UPON REQUEST, TO ANY INTERESTED PERSON

STATEMENT OF SUPPORT, REVENUE, AND EXPENSES

PUBLIC SUPPORT AND REVENUE

1. CONTRIBUTIONS

Includes:

- a. Receipts from Special Events \$ 8230.00
- b. Governmental grants \$ _____
- c. All other contributions \$ 4684.55

TOTAL CONTRIBUTIONS

2. PROGRAM RELATED INCOME

3. OTHER REVENUE

4. TOTAL PUBLIC SUPPORT AND REVENUE

EXPENSES

5. PROGRAM SERVICES (including \$ _____ grants).

6. MANAGEMENT AND GENERAL \$ 19841.97

7. FUND RAISING \$ 1094.24

8. TOTAL SUPPORTING SERVICES

9. PAYMENTS TO AFFILIATES

10. TOTAL EXPENSES

11. EXCESS OR (DEFICIT) FOR YEAR (Line 4 less Line 10)

TOTAL ALL FUNDS
\$ <u>12914.55</u>
<u>7535.41</u>
<u>20449.96</u>

<u>20436.71</u>
-
<u>20436.71</u>

\$ 13.75

BALANCE SHEET
WITH COMPARATIVE TOTALS FOR PRIOR YEAR

ASSETS

ITEM	TOTAL ALL FUNDS	
	CURRENT YEAR	PRIOR YEAR
Cash	\$ <u>1177.90</u>	\$ <u>1191.65</u>
Investments at Cost	<u>25225.00</u>	<u>25225.00</u>
Building	<u>15,000.00</u>	<u>15,000.00</u>
Land	<u>1500.00</u>	<u>1500.00</u>
TOTAL ASSETS	\$ <u>42,902.90</u>	\$ <u>42,916.65</u>

LIABILITIES AND FUND BALANCES

FUND BALANCES	<u>42,902.90</u>	<u>42,916.65</u>
TOTAL LIABILITIES AND FUND BALANCES	\$ <u>42,902.90</u>	\$ <u>42,916.65</u>

Prior year fund balance plus or minus line 11 is to agree with current year fund balance. If not, please explain

EVENT or MERCHANDISE (BRIEF DESCRIPTION)	DATE	GROSS RECEIPTS	COSTS BENEFITING CONTRIBUTOR	CONTRIBUTIONS (ADJUSTED RECEIPTS) COL. (a) LESS COL. (b)	ALL OTHER DIRECT EXPENSES	NET AMOUNT AVAILABLE TO CHARITABLE ORGAN.
		(a)	(b)	(c)	(d)	(e)
Golf Trip - Maidstone Club		3347.00		3347.00	800.24	2546.76
"Bach Workshop Concert"		343.00		343.00	86.86	256.14
Annual Drive		4540.00		4540.00	207.14	4332.86
TOTAL		8230.00		8230.00	1094.24	7135.76

Transfer to Page 1,
Line 1(a), Contributions

To be included in
Fund Raising Activities,
Page 1, Line 7

STATEMENT OF SERVICES RENDERED (PROGRAM SERVICES)

This statement should indicate the scope and quantity of the Services rendered. Sufficient statistical data is to be furnished. If services rendered include granting funds to other organizations, list the name, address and amount given.

CERTIFICATION BY CHARITABLE ORGANIZATION

Under penalties of perjury, we declare that we have examined this return including accompanying schedule(s) and statements, and to the best of our knowledge and belief it is true, correct, and complete.

SIGNATURE OF PRESIDENT OR AUTHORIZED OFFICER _____

SIGNATURE OF CHIEF FISCAL OFFICER _____

TITLE _____

TITLE _____

DATE SIGNED _____

DATE SIGNED _____

ORGANIZATION TELEPHONE NUMBER _____

Area Code

Number

Extension

GENERAL INFORMATION

1. Were there any changes that would affect the information previously filed on the registration statement or amendment sheets filed with the Department of State?

Yes No

If yes, submit details on signed Registration Statement Amendment Sheet, Form G750-411.

2. Did the Organization engage the services of a Professional Fund Raiser or Commercial Co-Venturer?

Yes No

If yes, give name and address _____

After this report has been fully executed by two officials indicated above, send it to the OFFICE OF CHARITIES REGISTRATION
Department of State, Albany, NY 12231

*Date of Exemption
July 7, 1978*

Form NYCF-2
State of New York
Office of the
Attorney General
Charitable
Foundations Division
80 Centre Street
New York, N. Y. 10013

ANNUAL REPORT OF CHARITABLE ORGANIZATION

For Calendar Year _____ or other fiscal

year beginning June 1, 1978 and ending May 31, 1979

This report
must be filed
within 6 months
of the close of
the annual
accounting
period.

Legal Name of Organization
Address (number, street, city
or town, postal zone, and
state)

*East Hampton Visiting Nurse Association
87 Three Mile Harbor Road
East Hampton, N.Y. 11937*

LINE NO.

1.	Gross sales or receipts from business activities	
2.	Less: Cost of goods sold and/or operations (attach schedule)	
3.	Gross profit from business activities	
4.	Interest	
5.	Dividends	2092.51
6.	Rents	1331.49
7.	Royalties	3396.70
8.	Gain (or loss) from sale of assets, excluding inventory items (Attach schedule NYCF-3-- see instruction A)	
9.	Other income (Attach schedule--Do not include contributions, gifts, grants, etc. (See line 17)	160.71
10.	Total gross income (lines 3 to 9 inclusive)	7535.41
11.	Expenses in connection with collecting lines 3 to 9 (from Column 3, Schedule A)	-

DISBURSEMENTS MADE WITHIN THE YEAR OUT OF CURRENT OR ACCUMULATED INCOME, AND ACCUMULATION OF INCOME

12.	Expenses of distributing current or accumulated income (from column 4, Schedule A)	7535.41
13.	Contributions, gifts, grants, scholarships, etc. (Attach schedule: see instruction B)	1934.14
14.	Accumulation of income within the year (Line 10 less the sum of lines 11, 12 and 13)	(11806.56)
15.	Aggregate accumulation of income at beginning of the year	
16.	Aggregate accumulation of income at end of the year	

RECEIPTS NOT REPORTED ELSEWHERE

17.	Contributions, gifts, grants, etc., received (Attach schedule -- see instruction C)	12914.55
18.	Less: Expenses of raising and collecting amount on line 17 (from column 5, Schedule A)	1094.24
19.	Net contributions, gifts, grants, etc.	11820.31

DISBURSEMENTS MADE OUT OF PRINCIPAL

20.	Expenses of distributing principal (from Column 6, Schedule A)	11806.56
21.	Contributions, gifts, grants, scholarships, etc.: (attach schedule -- see instruction B)	
	(a) Paid out in prior year (\$	
	(b) Paid out within the year	

SCHEDULE A--ALLOCATION OF EXPENSES (See Instruction E)

1. Item	2. Total	3. Expenses of raising income	4. Expenses of distributing income	5. Expenses of raising and collecting principal	6. Expenses of distributing principal
(a) Compensation of Trustees, officers, etc. (Attach schedule - see instruction D) ..	<i>None</i>				
(b) Other salaries and wages			3330.83		5218.78
(c) Interest					
(d) Taxes .. <i>(Payroll)</i>			302.21		473.67
(e) Rent					
(f) Depreciation (and depletion)					
(g) Miscellaneous expenses (Attach sch.) ..			3902.27	1094.24	6114.11
(h) Totals			7535.41	1094.24	11806.56
		Enter on line 11	Enter on line 12	Enter on line 18	Enter on line 20

