OFFICIAL NAME AND ADDRESS OF ORGANIZATION East Hampton

SHORT FORM FOR YEAR ENDED May 31, 1979 NEW YORK STATE DEPARTMENT OF STATE .

INSERT REGISTRATION NUMBE LEAVE BLANK - OFFICE US DATE RECEIVED EXAMINED BY

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

Form G750-497-A (1/79)

DATE !

STATEMENT OF SUPPORT, REVENUE, AND EXPENSES PUBLIC SUPPORT AND REVENUE		BALANCE SHEET WITH COMPARATIVE TOTALS FOR PRIOR YEAR			
TOBEIG SOLLOW! AND REVENUE	TOTAL ALL FUNDS		SSETS	The second of	
1. CONTRIBUTIONS Includes:			TOTAL ALL FUNDS		
a. Receipts from Special Events \$ 8730.00		ITEM	CURRENT YEAR	PRIOR YEAR	
b. Governmental grants		Cash	\$ 1177.90	\$ 1191.65	
TOTAL CONTRIBUTIONS	· 17914.55	Investments al Cost	2522500	25,225.00	
2. PROGRAM RILLATED INCOME		Building	15,000.00	15,00000	
3. OTHER REVENUE	7535.41	n a na	1500.00	150000	
4 TOTAL PUBLIC SUPPORT AND REVENUE	20449.96	TOTAL ASSETS	\$42902.90	\$42916.65	
5. PROGRAM SERVICES finefuding \$ grantsl.		LIABILITIES A	ND FUND BALANCES		
6 MANAGEMENT AND GENERAL \$ 19341,97 7. FUND RAISING \$ 1094.74			-		
8. TOTAL SUPPORTING SERVICES	70436.71				
9. PAYMENTS TO AFFILIATES	-	The state of the s			
10 TOTAL EXPENSES	2043621				
		FUND BALANCES	42902.90	4291665	
1: LXCLSS OR (in TICH) FOR YEAR Line 4 less Line 10.	13.71	TOTAL LIABILITIES AND FUND BALANCES	\$42,902.90	42916.65	

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
Tomar Decementary		(a)	(b)	(c)	(d)	(e)
Tolf Tay- Maidstone Guly		3347.00		3347.00	800.24	2546.76
D ray management		A-1				
Bachushop Concert"	1	343.00		34300	86.86	756.14
What is a second of the second						
Annual Drive		4540,00		4540.00	207.14	4337.86
TOTAL		873000		823000	109474	7139.76
				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 CHARIT	GENERAL INFORMATION		
Under penalties of perjury, we declare that we have examined and statements, and to the best of our knowledge and be	nined this return including accompanying schedule(s) elief it is true, correct, and complete.	1. Were there any changes that would affect the information previously filed on the registration statement or ameniment sheets filed with the Department of State? Yes No If yes, submit details on signed Registration Statement.	
SIGNATURE OF PRESIDENT OR AUTHORIZED OFFICER	SIGNATURE OF CHIEF FISCAL OFFICER	Amendment Sheet, Form G750–411.	
		2. Did the Organization engage the services of a Profession	
TITLE	TITLE	Fund Raiser or Commercial Co-Venturer? Yes No	
DATE SIGNED	DATE SIGNED	If yes, give name and address	
ORGANIZATION TELEPHONE NUMBER Area Code	Number Extension		

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

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Form NYCF-2

State of New York of 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 Norse Association 82 Three mile Harbon Road East Hampton n.y. 11937

E NO.	
Gross sales or receipts from business activities Less: Cost of goods sold and/or country /	
2. Less: Cost of goods sold and/or operations (state)	
2. Less: Cost of goods sold and/or operations (attach schedule)	
Gross profit from business activities	
4. Interest	209251
	1384.49
,	3396.70
8. Gain (or loss) from sale of assets, excluding inventory items (Att. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
10. Total gross income (lines 3 to 9 inclusive)	160.71
1. 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	7535.41
2. Expenses of distributing current or accumulated income (from column 4, Schedule A)	1934197
5. Aggregate accumulation of income at beginning of the year	(11806.56)
Y	
53. Said accomplation of income at end of the year	
\$	
RECEIPTS NOT REPORTED ELSEWHERE	
	6
7. Contributions, gifts, grants, etc., received (Attach schedule see instruction C)	12914,55
9. Net contributions, gifts, grants, etc.	1182031
	1120001
DISBURSEMENTS MADE OUT OF PRINCIPAL	
	110
2. Expenses of distributing principal (from Column 6, Schedule A)	11806.56
(a) Paid out in prior year (\$) (b) Paid out within the year	
	i
SCHEDULE AALLOCATION OF EXPENSES (See Instruction E)	•
ATTACEOCATION 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)	None				
(b) Other salaries and wages			3 330 83	***************************************	5212.78
(c) Interest					
(c) Interest. (Compacill)			302,31		473.67
(e) Rent				*	
(f) Depreciation (and depletion)					***************************************
(3) Miscellaneous expenses (Attach sch.)			3902.77	1094.74	6114.11
(h) Totals			7535.41	1094.74	1180656
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter on line 11	Enter on line 12	Enter on line 18	Enter on line 20

		BEGINNING OF YEAR		OF YEAR	END OF	
	ASSETS	AMOU	NT	TOTAL	AMOUNT	TOTAL
1	Cash			1177.90		1191.65
	Accounts receivable (See Instruction F)					1.00
	Less: Reserve for bad debts					
3.	Notes receivable (See instruction F)		N. Y			
	Less: Reserve for bad debts					
4.	Inventories					
	Investments in governmental obligations)] ATTACH		77			
	Investments in non-governmental bonds, etc.) SCH. NYCF-3	3		75,775,00		25,775,00
7.	Investments in corporate stocks)				W	
	Mortgage loans (Attach schedule - see instruction H)			•		
9.	Other investments (Attach schedule)	V				
10.	Depreciable (and depletable) assets	1	1.13-0-1		. /	
	(Attach schedule)	15.000			15,000.00	*
	Less: Accumulated depreciation and/or depletion			15000 00		16:
	(Attach schedule - see instruction I)					13000100
	Land (Attach schedule - see instruction J)			1500.00		1,100.00
12.	Other assets (Attach schedule)	1	1	120000		400111
13.	Total assets		11-1	47407,90		747661
36	LIABILITIES AND NET WORTH	1. 1 /20	s like			
	Accounts payable (Attach schedule see instruction K)		that we			
	Contributions, gifts, grants, etc. payable	Win to be	1.3.64			
16.	Bonds, notes, and mortgages payable (Attach schedule -	1. 1.19				
1-7	see instruction K)		a this			
	Other liabilities (Attach schedule)			<u> </u>	,	
	Reserves (Attach schedule)	13.1.2.11				
19.	Accumulated income or earned surplus: (a) Attributable to ordinary income					1
	(b) Attributable to ordinary income			1		
20	Principal or other capital			4790790		4291665
21.				42 90290		47916.65
					7	
1. 1	s your organization exempt from Federal Income Tax?	No	12. De	you hold 5% or mo in any corporation?	ore of any class of	
	f "Yes" give date of current exemption		. If	"Yes" attach sche	dule showing (a) na	me of
2 1	letter. tas the continuance of your exempt status	Carlo in	in all	corporation, (b) dewhether voting or	non-voting and estimate	nated
2.	been questioned within the past three years			fair market value and from whom	thereof, (c) how,	
	by the Internal Revenue Service?	No.	Separate Ca	shares at beginning	ng and end of yea	r, (e)
	Have you attached the information required				ares outstanding of idends received on	
	by instruction L? Yes	No	10 1	class of stock.	dends received on	edeli
4.	Have you filed a tax return on Internal Revenue Service Form 990-T for this year?. Yes \$\overline{\text{Y}}\$	No	13. If	you hold more than		
	If "Yes" attach a completely conformed copy.		151.4.	of the holdings of t	or holdings plus the following:	e sum
5.	In what year was your organization formed or created?		*		your organization. ontributor to your o	rognie
6.	If successor to previously existing organiza-		1917	zation.	ontributor to your o	rgoni-
	tion (a) give name(s) and address(es) of the predecessor organizations.	The party	3.7.		ster, spouse, ances lant of such crea	
	The proceedad. Organizations			substantial con	tributor.	
					nture owned (50% or or 50% or more of	
7.	Have any changes not previously reported to		R toler	of all stock of	a corporation or a	0% or
	the Attorney General been made in your certificate of incorporation, by-laws or other	1.			in the capital or porated business ve	
	governing instruments? Yes,	XNo	L. b Porce	directly or ind	lirectly, by any or	all of
	If "Yes" attach a copy thereof. If you acquired capital assets out of income,		hard service	constitute 50% or	more of the voting	
0.	attach itemized list and amount thereof.				the value of all s	
9.	Have you had any sources of income or en-			"Yes" attach de	tailed statement sh	nowing
	reported to the Attorney General? Yes	ZNo .	Wate mir.		tock and number of in such corporat	
10	If "Yes" attach detailed statement. Do you hold any funds or property which are	80 4		the beginning and	I the end of the y	ear by
,0,	required to be used for restricted purposes	d No	April 1	above and designa	ribed in (a) throu te the parties by re	lation-
	or as an endowment fund?	7,10			lization, not by ind	
	name of donor or testador, nature of restric-	STAR WINE	Y /W-		oth that this son	ort (including one
	tion or endowment, investments, income received, purposes to which income and					ort (including any nents) has (have)
	principal have been devoted and amounts	+1.7	been	examined by me	e (us) and to th	e best of my (our)
11.	After January 1, 1965, did		know	ledge and belie	f is a true, cor	rect and complete
	The creator of your trust or organization, a contributor to your organization, or a		repor	the state of the s		
	brother or sister (whole or half blood),	The fire	STAT	re of New Yor	(RK) SS:	
	spouse, ancestor lineal descendant of such creator or contributor, or a corporation		COU	NTY OF) 55.	
	owned (50 percent or more of voting stock	75	Swor	n to before me		The second secon
	or 50% or more of value of all stock) direct- ly or indirectly by such creator or contributor		day	of	, 19	
	(a) Borrow any part of your income or	□ No :				
	(b) Receive any compensation for personal		NAME	K=-	TITLE	LACE OF EXECUTION
	services from you? 4 Yes	⊔ No		11/2		
	(c) Have any part of your services or assets made available to him?	□ No	NAME		TITLE P	LACE OF EXECUTION
	(d) Purchase any securities or other pro-	□ No			TITLE	LACE OF EXECUTION
	(e) Sell any securities or other property		NAME		TITLE P	LACE OF EXECUTION
	to you? Tes			ADV CEAL		NOTARY PUBLIC
	in other transactions? Yes	□ No	NOT	ARY SEAL		O I ANT PUBLIC
	If answer to any question is "Yes" attach detailed statement unless previously re-					DATE
	parted to the Attorney General. If previous.		100		de la constitución de la constit	1
	aned to the Attorney General give		INDI	VIDUAL S	IGNATURE OF	ARER ADDRESS