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Check if Schedule O contains a response to any question in this Part III ☒

THE SOUTHAMPTON FRESH AIR HOME IS A NOT-FOR-PROFIT RESIDENTIAL CAMP FOR PHYSICALLY CHALLENGED YOUTH. OUR MISSION IS TO PROVIDE AN ENRICHING, RECREATION CAMP EXPERIENCE. WE ARE COMMITTED TO HELPING OUR CAMPERS DEVELOP PHYSICALLY, EMOTIONALLY AND EDUCATIONALLY. THE GOAL IS TO FOSTER SELF-ESTEEM, MATURITY AND INDEPENDENCE THROUGH A BROADLY BALANCED PROGRAM, WHILE PROVIDING THEIR FAMILIES WITH A WELL-DESERVED RESPIRE.

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 1,374,141 including grants of \$ 208,961) (Revenue \$ 415,960)

THE SOUTHAMPTON FRESH AIR HOME PROVIDES A RESIDENTIAL CAMPING EXPERIENCE TO 150 CHILDREN EACH SUMMER. OUR SPORTS PROGRAMS ARE ADAPTED IN UNIQUE AND CREATIVE WAYS TO MAKE THEM ACCESSIBLE TO ALL OUR CAMPERS. SWIMMING, SAILING, TENNIS, BASKETBALL, GOLF AND ARCHERY ARE AMONG THE MANY OUTDOOR ACTIVITIES AT CAMP. THE OTTO ARTS AND CRAFTS STUDIO IS EQUIPPED AND STAFFED TO PROVIDE INTERESTING CREATIVE OPPORTUNITIES FOR EACH CHILD. SIMILARLY, THE MULHOLLAND COMPUTER CENTER IS EQUIPPED WITH SPECIALLY ADAPTED DEVICES, AND THE PROGRAM DESIGNED AND TAUGHT TO MAKE COMPUTING FUN AS WELL AS EDUCATIONAL FOR ALL. SUMMER PROGRAMS ARE DESIGNED TO SUPPLEMENT AND ENHANCE LEARNING, PERSONAL DEVELOPMENT AND SELF-CONFIDENCE. THE FACILITIES OF THE ORGANIZATION ARE NOW AVAILABLE FOR PROGRAMS DURING THE SCHOOL YEAR AS WELL. CAMPERS COME FOR SPECIAL WEEKEND MINI-CAMPS SEPTEMBER THROUGH MAY, AND MAKE USE OF THE MANY OPPORTUNITIES ON LONG ISLAND FOR EDUCATIONAL AND FUN EXCURSIONS. SINCE ITS BEGINNING IN 1901, THE FRESH AIR HOME HAS PROVIDED FINANCIAL AID GRANTS TO FAMILIES WHO CANNOT AFFORD CAMP FEES FOR THEIR PHYSICALLY CHALLENGED CHILDREN. CAMP FEES COVER APPROXIMATELY 50% OF THE COST OF A CAMPER'S STAY. IN ADDITION TO THIS SUPPORT PROVIDED TO EVERY CHILD WHO ATTENDS, 80% OF CAMPERS RECEIVE FINANCIAL AID TO PAY STATED CAMP FEES. ALL ADMISSION DECISIONS ARE MADE WITHOUT REGARD TO RACE, CREED OR COUNTRY OF NATIONAL ORIGIN. THE CAMP ACCOMMODATES BOYS AND GIRLS IN EQUAL NUMBERS, AND ALL CAMPERS ARE PHYSICALLY CHALLENGED.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 1,374,141
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	87		
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b			Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? .		3a			No
b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. .		3b			
4a	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 or securities account)? .	4a		No	
b. If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		No	
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .	6a		No	
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .		6b			
7. Organizations that may receive deductible contributions under section 170(c).					
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .		7a		Yes	
b. If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		Yes	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .		7c		No	
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d			
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e			
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f			
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .		7g			
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h			
8. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .		8			
9. Sponsoring organizations maintaining donor advised funds.					
a. Did the organization make any taxable distributions under section 4966? .		9a			
b. Did the organization make a distribution to a donor, donor advisor, or related person? .		9b			
10. Section 501(c)(7) organizations. Enter					
a. Initiation fees and capital contributions included on Part VIII, line 12. .		10a			
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b			
11. Section 501(c)(12) organizations. Enter					
a. Gross income from members or shareholders. .		11a			
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). .		11b			
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .		12a			
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13. Section 501(c)(29) qualified nonprofit health insurance issuers.					
a. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a			
b. Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b			
c. Enter the aggregate amount of reserves on hand.		13c			
14a. Did the organization receive any payments for indoor tanning services during the tax year? .		14a		No	
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. .		14b			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	27		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ THOMAS NAROEXECUTIVE DIRECTOR SOUTHAMPTON FRESH AIR HOME 36 BARKERS ISLAND ROAD SOUTHAMPTON, NY 11968 (631) 283-5847

Check if Schedule O contains a response to any question in this Part VII

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	145,995	0	28,263

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	744,710			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	279,796			
	g	Noncash contributions included in lines 1a-1f \$ 253,085					
	h	Total. Add lines 1a-1f		1,024,506			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue		348,550	348,550		
	g	Total. Add lines 2a-2f		348,550			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		148,199		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		67,410	67,410		
8a		Gross income from fundraising events (not including \$ 744,710 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses	a	442,323			
c		Net income or (loss) from fundraising events . .	b	541,633			
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances .					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,489,355	415,960	0	48,889	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	208,961	208,961		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	199,978	145,083	27,254	27,641
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	321,629	283,963	14,129	23,537
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	29,448	27,157	559	1,732
10	Payroll taxes	40,359	33,159	3,222	3,978
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	22,125		22,125	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	16,784		16,784	
g	Other	50,095	46,307	2,188	1,600
12	Advertising and promotion				
13	Office expenses	79,650	19,331	12,780	47,539
14	Information technology				
15	Royalties				
16	Occupancy	140,642	126,576	9,245	4,821
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	780	780		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	293,614	264,252	14,681	14,681
23	Insurance	63,413	57,072	6,341	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD FOR CAMPERS	40,085	40,085		
b	CAMP SUPPLIES AND SERVI	33,398	33,398		
c	RECRUITMENT	27,609	27,609		
d	TRANSPORTATION PROGRAM	19,109	18,551	558	
e					
f	All other expenses	48,752	41,857	5,585	1,310
25	Total functional expenses. Add lines 1 through 24f	1,636,431	1,374,141	135,451	126,839
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			209,902	1	64,329
	2	Savings and temporary cash investments			220,766	2	220,036
	3	Pledges and grants receivable, net			67,167	3	43,667
	4	Accounts receivable, net			5,084	4	23,377
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			78,300	9	85,503
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,174,721			
	b	Less: accumulated depreciation	10b	1,827,188	6,571,793	10c	6,347,533
	11	Investments—publicly traded securities			1,916,431	11	1,468,541
	12	Investments—other securities. See Part IV, line 11			3,066,467	12	3,941,025
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0	15	28,860
16	Total assets. Add lines 1 through 15 (must equal line 34)			12,135,910	16	12,222,871	
Liabilities	17	Accounts payable and accrued expenses			66,037	17	46,742
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			66,037	26	46,742
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			12,069,873	27	12,136,129
28		Temporarily restricted net assets				28	40,000
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			12,069,873	33	12,176,129
34		Total liabilities and net assets/fund balances			12,135,910	34	12,222,871

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,489,355
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,636,431
3	Revenue less expenses Subtract line 2 from line 1	3	-147,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,069,873
5	Other changes in net assets or fund balances (explain in Schedule O)	5	253,332
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,176,129

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization THE SOUTHAMPTON FRESH AIR HOME	Employer identification number 13-6400777
--	--

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 **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 Se**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 - Other

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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	842,817	732,342	1,092,988	1,181,956	1,024,506	4,874,609
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	842,817	732,342	1,092,988	1,181,956	1,024,506	4,874,609
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						231,351
6 Public Support. Subtract line 5 from line 4						4,643,258

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	842,817	732,342	1,092,988	1,181,956	1,024,506	4,874,609
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	262,810	130,769	117,239	141,096	148,199	800,113
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						5,674,722

12 Gross receipts from related activities, etc (See instructions)

124,349,411

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	81.820 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	77.950 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
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.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS BEQUEST DATE 04/22/08 AMOUNT 50000 BEQUEST DATE 05/24/11 AMOUNT 577301

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
THE SOUTHAMPTON FRESH AIR HOME

Employer identification number
13-6400777

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	Yes No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	5,096,821	4,121,101	3,819,058	3,369,827	
b Contributions		578,941	64,483	463,421	
c Investment earnings or losses	415,254	412,930	251,334	-754	
d Grants or scholarships					
e Other expenditures for facilities and programs	12,561				
f Administrative expenses	16,784	16,151	13,774	13,436	
g End of year balance	5,482,730	5,096,821	4,121,101	3,819,058	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100 000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,564,363	1,484,111	6,080,252
c Leasehold improvements				
d Equipment		159,792	95,096	64,696
e Other		450,566	247,981	202,585
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				6,347,533

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,489,355
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,636,431
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		-147,076
4	Net unrealized gains (losses) on investments	4		240,434
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		12,898
9	Total adjustments (net) Add lines 4 - 8	9		253,332
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10		106,256
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1		1,537,269
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	240,434	
b	Donated services and use of facilities	2b	33,225	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e		273,659
3	Subtract line 2e from line 1	3		1,263,610
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,784	
b	Other (Describe in Part XIV)	4b	208,961	
c	Add lines 4a and 4b	4c		225,745
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5		1,489,355

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1		1,431,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	20,327	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e		20,327
3	Subtract line 2e from line 1	3		1,410,686
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,784	
b	Other (Describe in Part XIV)	4b	208,961	
c	Add lines 4a and 4b	4c		225,745
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5		1,636,431

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SCHEDULE D, PART V, LINE 4 - THE SOUTHAMPTON FRESH AIR HOME STRIVES TO MAINTAIN AN ENDOWMENT OF THREE YEARS OPERATING EXPENSES THE BOARD OF DIRECTORS RECOGNIZES THAT FUNDRAISING APPEALS AND EVENTS CAN FLUCTUATE SIGNIFICANTLY WITH THE ECONOMIC ENVIRONMENT OF THE COUNTRY AND THE LOCAL ECONOMY THE HOME'S ENDOWMENT ENSURES THAT PROGRAMS CONTINUE DESPITE OCCASIONAL DOWNTURNS EARNINGS FROM THE ENDOWMENT ARE USED TO ENSURE THE CONTINUATION OF THE HOME'S "NEED BLIND" ADMISSIONS POLICY, PROVIDING ADDITIONAL FUNDS WHEN NEEDED THE ENDOWMENT MAY ALSO PROVIDE SEED MONEY FOR NEW CAMP PROGRAMS, WHICH, IF PROVEN SUCCESSFUL, CAN BE FUNDED BY OUTSIDE SOURCES IN THE FUTURE AT TIMES, THE ENDOWMENT PROVIDES SHORT-TERM LOANS TO THE OPERATING FUND, IN ANTICIPATION OF FUNDRAISING EVENT REVENUE FINALLY, THE ENDOWMENT PROVIDES UP TO 20% OF THE FUNDS NECESSARY FOR LARGE CAPITAL PROJECTS DEEMED NECESSARY TO MAINTAIN AND IMPROVE THE FACILITY FROM TIME TO TIME THE HOME IS THE RECEIPIENT OF BEQUESTS FROM DONORS WHEN THE BEQUEST IS UNRESTRICTED AS TO USE BY THE DONOR, THE HOME DESIGNATES THE FUNDS TO BE PLACED IN A STRATEGIC CAPITAL EXPENDITURE FUND, WHICH IS KEPT SEPARATE FROM ALL OTHER BOARD DESIGNATED FUNDS THE BOARD DESIGNATES THE MONEY HELD IN THIS FUND TO BE UTILIZED FOR CAPITAL PROJECTS THAT ARE STRATEGIALLY IMPORTANT TO THE HOME INVESTMENT STRATEGY WITH RESPECT TO THIS FUND WILL BE DETERMINED BY THE BOARD,AND WILL GENERALLY MIRROR ASSET ALLOCATION OF THE OTHER RESTRICTED FUNDS, UNLESS CAPITAL PROJECTS ARE IMMINENT, IN WHICH CASE THE ASSETS WILL BE KEPT IN AND/OR MOVED TO A CASH OR MONEY MARKET ACCOUNT FOR THE YEAR ENDING AUGUST 31, 2011, THE SOUTHAMPTON FRESH AIR HOME RECEIVED ONE SUCH BEQUEST, THE AMOUNT OF WHICH IS INCLUDED ON SCHEDULE D, PART V OF THE FORM 990
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING STANDARDS REQUIRE THAT MANAGEMENT EVALUATE THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS COMPANIES ARE REQUIRED TO RECOGNIZE IN THEIR FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THE POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT THE POSITION ASCERTAINED INHERENTLY REQUIRES JUDGEMENT AND ESTIMATES BY MANAGEMENT FOR THE YEAR ENDED AUGUST 31, 2012 THE HOME DOES NOT BELIEVE THAT THEY HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE THEM TO MEASURE AND REFLECT THE POTENTIAL LACK OF SUSTAINABILITY OF A POSITION ON AUDIT IN THEIR FINANCIAL STATMENTS MANAGEMENT WILL CONTINUE TO EVALUATE THEIR TAX POSITIONS TO DETERMINE IF MEASUREMENT AND RECOGNITION IN THE PRESENTATION OF FINANCIAL STATEMENTS IS REQUIRED THE HOME BELIEVES IT IS NO LONGER SUBJECT TO EXAMINATION FOR YEARS PRIOR TO 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CAPITALIZED DONATED SERVICES AND USE OF FACILITIES 12,898
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID AWARDS
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID AWARDS
		SCHEDULE D, PART XIII, LINE 2A - DONATED SERVICES AND USE OF FACILITIES, \$20,327, DOES NOT INCLUDE \$12,898 OF DONATED SERVICES THAT WERE CAPITALIZED AND NOT EXPENSED SCHEDULE D, PART XIII, LINE 4B - "GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE US", \$208,961, IS NOT INCLUDED AS AN EXPENSE IN THE AUDITED FINANCIAL STATEMENTS, BUT IS TREATED AS A OFFSET TO PROGRAM FEES IN OPERATING REVENUE

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
THE SOUTHAMPTON FRESH AIR HOME

Employer identification number
13-6400777

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		DDD GALA (event type)	PICNIC WITH FIREWORKS (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	736,902	450,131	1,187,033
	2	Less Charitable contributions	434,430	310,280	744,710
	3	Gross income (line 1 minus line 2)	302,472	139,851	442,323
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	27,972	39,541	67,513
	8	Entertainment	974	61,500	62,474
	9	Other direct expenses	372,836	38,810	411,646
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ ☐ No	☐ Yes _____ ☐ No	☐ Yes _____ ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE SOUTHAMPTON FRESH AIR HOME

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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Employer identification number
13-6400777

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID TO CAMPERS	85	208,961			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		SCHEDULE I, PART I, LINE 2 - THE ORGANIZATION PROVIDES FINANCIAL AID TO CAMPERS WHOSE FAMILIES ARE UNABLE TO PAY ITS STATED FEES, AND WHO SUBMIT THEIR FEDERAL TAX RETURNS AS PART OF THE APPLICATION PROCESS. FINANCIAL AID DETERMINATIONS ARE MADE INITIALLY THROUGH A FORMULA WHICH APPLIES TO ALL APPLICANTS, WHEN REQUESTED, THE CAMP WILL CONSIDER SPECIAL CIRCUMSTANCES FOR INDIVIDUAL CAMPERS OUTSIDE THE FORMULA. ADMISSIONS DECISIONS ARE MADE "NEED BLIND" BY THE CAMP DIRECTOR. THE EXECUTIVE DIRECTOR MAKES FINANCIAL AID DECISIONS, AFTER ADMISSIONS DECISIONS ARE FINALIZED. ALL SUCH FINANCIAL AID IS USED FOR CAMPERS' ACTIVITIES AT THE SOUTHAMPTON FRESH AIR HOME. SCHEDULE I, PART III - FINANCIAL AID TO CAMPERS, BASED ON FAMILY TAXABLE INCOME.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE SOUTHAMPTON FRESH AIR HOME

Employer identification number
13-6400777

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		137,537	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
DDD AUCTION				
25 Other ► (ITEMS)	X	255	113,446	FMV
26 Other ► (MISCELLANEOUS)	X	4	2,102	FMV
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization THE SOUTHAMPTON FRESH AIR HOME	Employer identification number 13-6400777
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	TWO DIRECTORS ARE MEMBERS OF THE SAME FAMILY
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DISTRIBUTED BEFORE IT IS SUBMITTED, TO ALL MEMBERS OF THE BOARD OF DIRECTORS IT IS DISCUSSED BY THE EXECUTIVE COMMITTEE OF THE BOARD, AND AT A FULL BOARD MEETING, PRIOR TO ITS FILING THE TREASURER AND EXECUTIVE DIRECTOR ARE AVAILABLE TO ANSWER TO DISCUSS OR ANSWER QUESTIONS ABOUT THE FORM 990 WITH ANY BOARD MEMBER WHO REQUESTS TO MEET INDIVIDUALLY, AS WELL AS AT THE MEETING OF THE FULL BOARD, PRIOR TO ITS FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS REVIEW THE POLICY AT THE ANNUAL MEETING EACH OCTOBER ALL EMPLOYEES DISCUSS CONFLICT OF INTEREST AND THE ORGANIZATION'S POLICY AT A STAFF MEETING EACH APRIL DIRECTORS COMPLETE AND SIGN A QUESTIONNAIRE IN WHICH THEY INDICATE ANY POSSIBLE OR POTENTIAL CONFLICT OF INTEREST IN THEIR RELATIONSHIP WITH THE ORGANIZATION WHEN A CONFLICT IS IDENTIFIED, THE PRESIDENT OF THE BOARD REVIEWS THE MATTER AND SOLICITS INPUT FROM OTHER MEMBERS OF THE BOARD IF NECESSARY ANY DECISIONS RELATING TO THIS CONFLICT ARE DISCUSSED AND VOTED ON IN THE ABSENCE OF THE DIRECTOR WHO HAS THE CONFLICT ALL STAFF CONFLICTS OF INTEREST ARE ADJUDICATED BY THE EXECUTIVE DIRECTOR AND/OR THE PRESIDENT OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD,AND THE RESULTS DISCUSSED WITH HIM/HER BY THE PRESIDENT AND ONE OTHER MEMBER OF THE EXECUTIVE COMMITTEE HIS/HER COMPENSATION IS REVIEWED IN LIGHT OF COMPARABLE POSITIONS IN THE CAMPING INDUSTRY ,AND IN NON PROFIT ORGANIZATIONS OF COMPARABLE SIZE ON LONG ISLAND THE EXECUTIVE DIRECTOR ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS ALL STAFF MEMBERS AND DETERMINES COMPENSATION BASED ON COMPARABLE POSITIONS IN THE CAMPING INDUSTRY AND IN NON PROFIT ORGANIZATIONS OF COMPARABLE SIZE ON LONG ISLAND
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO ANY MEMBER OF THE GENERAL PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 240,434 CAPITALIZED DONATED SERVICES AND USE OF FACILITIES 12,898 TOTAL TO FORM 990, PART XI, LINE 5 253,332

Additional Data

Software ID:
Software Version:
EIN: 13-6400777
Name: THE SOUTHAMPTON FRESH AIR HOME

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA BLISS DIRECTOR	3 00	X						0	0	0
ELEANOR BOGERT DIRECTOR	3 00	X						0	0	0
MILDRED BRINN DIRECTOR	3 00	X						0	0	0
MONICA BELAG FORMAN DIRECTOR	3 00	X						0	0	0
BARBARA GLATT DIRECTOR	3 00	X						0	0	0
TANIA HIGGINS DIRECTOR	3 00	X						0	0	0
LEILA TAGHINIA-MILANI HELLER DIRECTOR	3 00	X						0	0	0
BARBARA VOGT KUGLER DIRECTOR	3 00	X						0	0	0
ELLEN L'ESPERANCE DIRECTOR	3 00	X						0	0	0
ROS STEPHENS L'ESPERANCE DIRECTOR	3 00	X						0	0	0
BARBARA MCENTEE DIRECTOR	3 00	X						0	0	0
CHRISTL MESZKAT DIRECTOR	3 00	X						0	0	0
CHARLOTTE BONSTROM ASSAF DIRECTOR	3 00	X						0	0	0
CATHERINE CAREY DIRECTOR	3 00	X						0	0	0
NICOLA GRANT DIRECTOR	3 00	X						0	0	0
CLAIRE MULHOLLAND CHAIRMAN EMERITUS	3 00	X						0	0	0
SOPHY P Q HAYNES HONORARY DIRECTOR	0 00	X						0	0	0
HELGA DAWN-FROHLING HONORARY DIRECTOR	0 00	X						0	0	0
MARIA DEL RIO DIRECTOR	3 00	X						0	0	0
RAYA KEIS KNIGHT DIRECTOR	3 00	X						0	0	0
MICHAELA KESZLER PRESIDENT	8 00			X				0	0	0
SARAH SENBAHAR SECRETARY	5 00			X				0	0	0
PAMELA ROLLINS CAMACHO VICE CHAIRMAN	5 00			X				0	0	0
SUSAN NAPPA COCKE VICE CHAIRMAN	5 00			X				0	0	0
ANN GRIMM FIRST VICE PRESIDENT	5 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA MICHAELCHECK HONORARY CHAIRMAN	5 00			X				0	0	0
CATHERINE KUEHN PRICE EXECUTIVE VICE PRESIDENT/TREASURER	5 00			X				0	0	0
BARBARA STOVALL SMITH HONORARY CHAIRMAN	5 00			X				0	0	0
KIM WHITE CHAIRMAN	5 00			X				0	0	0
DAVID BILLINGHAM PROGRAM DIRECTOR	35 00			X				78,599	0	21,325
TOM NARO EXECUTIVE DIRECTOR	35 00			X				67,396	0	6,938
KIRSTEN SOLSVIG GALEF VICE PRESIDENT	5 00			X				0	0	0
DANIELLE GANEK VICE PRESIDENT	5 00			X				0	0	0