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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Be and its separate instructions is at www.lrs.gov/form990pf.

	_		IL 1, 2015			Open to Public Inspection
_		ndar year 2015 or tax year beginning JU	L 1, 2015	, and ending		
		foundation	ACT A MIT CAT		A Employer identification	1 number
		GEFIELD FRESH AIR ASSO			00 0044690	•
		FAIRFIELD COUNTY BANK and street (or P O box number if mail is not delivered to str		Room/suite	06-6044680	<u> </u>
		•	eer accress)	Hoonissale	8 Telephone number 203-431-74	100
		DANBURY ROAD	n notal anda		T	
		own, state or province, country, and ZIP or foreign	i postai code		C if exemption application is p	pending, check here
		call that apply: Initial return	Instal satura of a fe	ormer public charity	D 1. Foreign organization:	s shook hara
9 (HECK	Final return	Amended return	ormer public charity	1. Toreign organization.	s, check here
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
н с	hack		exempt private foundation		1	
<u>'</u> '	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation	E If private foundation sta under section 507(b)(1)	
سيط السال		arket value of all assets at end of year J Accou		Accrual		
		·	Other (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
	·\$		olumn (d) must be on cash i	basis.)	under Section 507(b)(1)	/(D), Check here
	rt I	Analysis of Revenue and Expenses	(a) Payanya and	(b) Net investment	(c) Adjusted net	(d) Disbursements
<u> </u>		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	income	Income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	35,471.		N/A	(Sasir Sasis Girly)
	2	Check If the foundation is not required to attach Sch B	JJ, Z/10		-1/42	
	3	interest on savings and temporary cash investments	1,237.	1,237.		STATEMENT 1
	4	Dividends and interest from securities		<u></u>	 	
(<u>(</u>	5a	Gross rents			 	
<u> </u>		Net rental income or (loss)				
<u> </u>	6a	Net gain or (loss) from sale of assets not on line 10				
2	b	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	4 .,	
~~~	8	Net short-term capital gain			, , , , , ,	
AUG	9	Income modifications			150	0 0
	10a	Gross sales less returns and allowances			ve AUG V	- 2010 121
₩ 89	b	Less Cost of goods sold			1.5	o t j t
	C	Gross profit or (loss)			` `	* * * * * * * * * * * * * * * * * * *
20%	11	Other income		·		,
<u></u>	12	Total. Add lines 1 through 11	36,708.	1,237.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
LA.	15	Pension plans, employee benefits				
Se		Legal fees				
per		Accounting fees STMT 2	375.	0.		0.
Ã		Other professional fees				
tive	17	Interest			<del> </del>	
itra	18	Taxes STMT 3	33.	0.		0.
Operating and Administrative Expenses	19	Depreciation and depletion				<u> </u>
Ę	20	Occupancy	<u> </u>	<u> </u>	<del> </del>	<del></del>
φ	21	Travel, conferences, and meetings				
<u> </u>	22	Printing and publications	744	744.	-	0.
ting	23	Other expenses STMT 4	744.	/44.		<del>                                     </del>
era	24	Total operating and administrative expenses. Add lines 13 through 23	1,152.	744.		0.
Ö	25	Contributions, gifts, grants paid	35,500.	/ 보보。		35,500.
	1	Total expenses and disbursements.	33,300.			33,300.
	20	Add lines 24 and 25	36,652.	744.		35,500.
	27		30,032.			33,300.
		Excess of revenue over expenses and disbursements	56.		}	}
	i	Net investment income (if negative, enter -0-)		493.		
		Adjusted net income (if negative, enter -0-)			N/A	

RIDGEFIELD FRESH AIR ASSOCIATION

Fo	rm 99	90°-PF (2015) C/O FAIRFIELD COUNTY BA	NK	06-0	6044680 Page 2
	)art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	-air t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	21,665.	20,494.	20,494.
	2	Savings and temporary cash investments	407,319.	408,546.	408,546.
	3	Accounts receivable			
	1	Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
		Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis	<del></del>	<del></del>	
	' '				
	12	Less accumulated depreciation Investments - mortgage loans	<del></del>		······································
	13	Investments - other			
	1 -	Land, buildings, and equipment: basis	<del></del>		
	14	Less accumulated depreciation			
	1.5	· · · · · · · · · · · · · · · · · · ·			
	J	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	400 004	420 040	400 040
_	-	instructions. Also, see page 1, item I)	428,984.	429,040.	429,040.
		Accounts payable and accrued expenses			
	1	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
	ŀ				
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
8	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.			
ध	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ą	29	Retained earnings, accumulated income, endowment, or other funds	428,984.	429,040.	
Š	30	Total net assets or fund balances	428,984.	429,040.	
	ļ				
	31	Total liabilities and net assets/fund balances	428,984.	429,040	
	art	Analysis of Changes in Net Assets or Fund Ba	alances		
	art	III 7 THE POINT OF CHANGES IN 14CT ASSETS OF FUND DO			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	428,984.
2	Enter	amount from Part I, line 27a		2	56.
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	429,040.
5	Decre	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	429,040.

Form	999-PF	(2015

523521 11-24-15

C/O FAIRFIELD COUNTY BANK

		osses for Tax on In		Income	1761	Hamassi sa		<del></del>	
(a) List and des 2-story brick w	cribe the k arehouse	and(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		( <b>b</b> )	How acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a				<del> </del>	_				
b NO	NE				-				
<u>C</u>			<del></del>		╁				
_d e	_				╁				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (	
8									
b	ļ			-					
<u>C</u>	<del> </del>						<del></del>	<del></del>	
_d	<del>                                     </del>						<del></del> -		
Complete only for assets show	ing gain in	column (h) and owned by t	the foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	T	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any		С	òl. (k), but r	not less than (from col. (I	-0-) or
a									
b									
С	-							-	· · · · · · · · · · · · · · · · · · ·
d				<del></del>		<del> </del>			
е	J				_	<u> </u>			····-
2 Capital gain net income or (net c	apıtal loss	If gain, also enter If (loss), enter -0-			þ	2			
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (		d (6):		}				
Part V Qualification	Jnder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estment In	come		
Was the foundation liable for the se  If "Yes," the foundation does not qui  Enter the appropriate amount in	alify under	section 4940(e). Do not co	mplete this pa	rt.					Yes X No
1 Enter the appropriate amount in	each con		isti uctionis bei	ore making any e					(d) ution ratio
Base periód years Calendar year (or tax year beginn	ıng ın)	(b) Adjusted qualifying dist		Net value of no	(c) oncha	ritable-use asse		Distrib (col. (b) divi	útión ratio ded by col. (c)) • 08874'
2014			7,500. 6,480.			$\frac{422,54}{422,48}$			.11001
2013 2012			9,000.	<del></del>		420,61			.06894
2011		<u> </u>	370000						
2010									
									0.6550
2 Total of line 1, column (d)				b Ab	4		2		.26770
3 Average distribution ratio for the the foundation has been in exist			on line 2 by 5,	or by the number	ot ye	ars	3		.08923
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5						4_		422,604	
5 Multiply line 4 by line 3					5		37,711		
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)					6		5
7 Add lines 5 and 6							7		37,716
8 Enter qualifying distributions fro	m Part XII	, line 4					8		35,500
If line 8 is equal to or greater that See the Part VI instructions.	ın line 7, c	heck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax rate.			
523521 11-24-15		· <del>-</del>						F	orm <b>990-PF</b> (201

RIDGEFIELD FRESH AIR ASSOCIATION 06-6044680 Form 990 PF (2015) C/O FAIRFIELD COUNTY BANK Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a-Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 10. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here \( \bigcup \] and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 10. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities No Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1c Х c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ► \$ (1) On the foundation. > \$_ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form **990-PF** (2015)

X

X

8b

RIDGEFIELD FRESH AIR ASSOCIATION 06-6044680 Form 990-PF (2015) C/O FAIRFIELD COUNTY BANK Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ DAVID A. SCHNEIDER - VP & TREASURER Telephone no. ▶ 203-431-7488 Located at ▶ 150 DANBURY ROAD, RIDGEFIELD, CT ZIP+4 **▶**06877 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 No Yes 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, 16 securities, or other financial account in a foreign country? X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes 🗶 No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes 🗓 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2015? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)); a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form **990-PF** (2015)

X

3b

4a

N/A

RIDGEFIELD FRESH AIR ASS					
Form 990-PF (2015) C/O FAIRFIELD COUNTY BAN	<u>K</u>	<del></del>	06-6044	<u> 680</u>	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4/20 May Be	Required (contin	ued)		<del></del>
5a During the year did the foundation pay or incur any amount to:			I	ł	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); (	or to carry on, directly or indi		( <del>55</del> )	}	- }
any voter registration drive?			es X No	ł	
(3) Provide a grant to an individual for travel, study, or other similar purposes		L1 Ye	es X No	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<del></del>	- Feet	- 1	1
4945(d)(4)(A)? (see instructions)		_	es X No	}	,
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	iere		▶□□		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	uned			
expenditure responsibility for the grant?	1	1/A	8 No		
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		_	1	ļ
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.		_		
· · · · · · · · · · · · · · · · · · ·					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) acco allo	Expense unt, other wances
(a) Name and address	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	(e) acco allo	Expense unt, other wances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
(a) Name and address  SEE STATEMENT 5	hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	anu	Expense unt, other owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted	(If not paid, enter -0-)	compensation	anu	owances
SEE STATEMENT 5	hours per week devoted to position	(If not paid, enter -0-)	compensation	anu	owances
	hours per week devoted to position	(If not paid, enter -0-)	O .	ant	0 .
SEE STATEMENT 5	hours per week devoted to position	(If not paid, enter -0-)	compensation	(e)	owances
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other
SEE STATEMENT 5  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e)	O .  Expense unt, other

Total number of other employees paid over \$50,000

# RIDGEFIELD FRESH AIR ASSOCIATION

Form 998-PF (2015) C/O FAIRFIELD COUNTY BANK		6044680 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	7.7.	
<del></del>	<del>-</del>	
		· - <del> </del>
	<del> </del>	
	<del>-  </del>	
	<del></del>	
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		<del>,</del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		<del></del>
	<del></del>	
^		
3	·	
4		
Port IV-R Common of Draway Delated Investments		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
<del></del>	mies i and z.	Allibulit
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	429,040.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	10	429,040.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	<u>.</u> ]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	_3	429,040.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,436.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	422,604.
6	Minimum investment return Enter 5% of line 5	6	21,130.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here  and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	21,130.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	7	
C	Add lines 2a and 2b	2c	10.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,120.
4	Recoveries of amounts treated as qualifying distributions	4	_ 0.
5	Add lines 3 and 4	_5	21,120.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,120.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		25 500
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	35,500.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
8	Suitability test (prior IRS approval required)	3a	
b	· · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	35,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	n qualifies for thi	e section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) 2014 2015 Years prior to 2014 Corpus 1 Distributable amount for 2015 from Part XI, 21,120. line 7 2 Undistributed income, if any, as of the end of 2015 0 a Enter amount for 2014 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2015: 15,409. a From 2010 24,805. **b** From 2011 9,761 c From 2012 25,396. d From 2013 16,386. e From 2014 91,757 f Total of lines 3a through e 4 Qualifying distributions for 2015 from Part XII, line 4: ► \$_ 35,500. 0 a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 21,120. d Applied to 2015 distributable amount 14,380. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) ) 6 Enter the net total of each column as indicated below: 106,137 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2014. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2010 15,409 not applied on line 5 or line 7 Excess distributions carryover to 2016. 90,728 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 24,805. a Excess from 2011 <u>9,761.</u> b Excess from 2012 <u>25,396.</u> c Excess from 2013 16,386. d Excess from 2014

e Excess from 2015

14,380

RIDGEFIELD FRESH AIR ASSOCIATION Form 990-PF (2015) 06-6044680 C/O FAIRFIELD COUNTY BANK Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2015(b) 2014 (c) 2013 (d) 2012 (e) Total income from Part I or the minimum investment return from Part X for each year listed h 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT 6

RIDGEFIELD FRESH AIR ASSOCIATION 06-6044680 Form 990-PF (2015) C/O FAIRFIELD COUNTY BANK Page 11 Supplementary Information (continued) 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year A BETTER CHANCE RIDGEFIELD NONE 501(3)(C) SUPPORT SUMMER CAMP P,O. BOX 1044 RIDGEFIELD, CT 06877 2,000. ABILITY BEYOND NONE 501(3)(C) SUPPORT SUMMER CAMP 4 BERKSHIRE BOULEVARD BETHEL CT 06801 2,000. CARDINAL SHEEHAN CENTER 501(3)(C) NONE SUPPORT SUMMER CAMP 1494 MAIN STREET BRIDGEPORT, CT 06604 3,000. NONE 501(3)(c) SUPPORT SUMMER CAMP DANBURY GRASS ROOTS ACADEMY 196 MAIN STREET DANBURY CT 06810 1,000. M I

MISHKAM ISRAEL SUMMER DAY CAMP	NONE	501(3)(C)	SUPPORT SUMMER CAMP	
77 MOUNT PLEASANT DRIVE				
TRUMBULL CT 06611				1,500.
	ONTINUATION	SHEET(S)	▶ 3a	35 500
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.
523611 11-24-15			Forn	n <b>990-PF</b> (2015)

C/O FAIRFIELD COUNTY BANK

**Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Excl	ided by section 512, 513, or 514	(e)
	(a) Business	( <b>b)</b> Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	TUTION INCOME
8	ļ		<del> </del>		
b			ļ		
<u> </u>			<del>                                     </del>		
d	}		<b>}</b>		<del></del>
e	·		-		
Format de la lateratura de lateratura de la lateratura de			-	<del> </del>	· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies			-		
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash			07	1,237.	
investments  4 Dividends and interest from securities			0 /	1,231.	
5 Net rental income or (loss) from real estate:				<del></del>	<del></del>
The state of the s		<del></del>	<b>.</b>		<del></del>
Debt-financed property     Not debt-financed property	-				<del></del>
Not dear-infanced property     Net rental income or (loss) from personal	<b> </b>				
property					
7 Other investment income				<del></del> -	<del></del>
8 Gain or (loss) from sales of assets other					
than inventory	i i		ĺ		
9 Net income or (loss) from special events	<u> </u>				
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					<del></del>
b					
c			-		
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		1,237.	0.
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<u> </u>	<del></del>	13	
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom			contrit	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fur	nds for such purposes).			
				<del></del>	
	<del></del>				
	- <u></u> -			<del></del>	
					· · · · · · · · · · · · · · · · · · ·
		<del></del>			
				<del></del>	
		<del></del>		<del></del>	<del></del>
<del></del>	<del></del>			<del></del>	
·					
				<del></del>	

### RIDGEFIELD FRESH AIR ASSOCIATION

Form 990-PF (2015) 06-6044680 C/O FAIRFIELD COUNTY BANK Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 15(1) X X 1b(2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1b(3) X 16(4) (4) Reimbursement arrangements Х (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Х d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr.)? correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true Sign Here **VP & TREASURER** X Yes Signature of officer or trustee Date Title Check X If PTIN Frint/Type preparer's name Preparer's signature Date self- employed THOMAS F. REYNOLDS Paid P00159823 CPA Preparer Firm's EIN ▶ 06-1143555 Firm's name ► REYNOLDS & ROWELLA **Use Only** 

Phone no. 203-438-0161

Firm's address ▶ 90 GROVE STREET

RIDGEFIELD, CT 06877

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

RIDGEFIELD FRESH AIR ASSOCIATION

C/O FAIRFIELD COUNTY BANK

**Employer identification number** 

06-6044680

Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
RIDGEFIELD FRESH AIR ASSOCIATION
C/O FAIRFIELD COUNTY BANK

Employer identification number

06-6044680

Part I (	Contributors	(see instructions)	Use duplicate co	pies of Part I if additi	onal space is needed.
----------	--------------	--------------------	------------------	--------------------------	-----------------------

		<u>,</u>	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRUST OF FRANCIS A. HARTMAN C/O BANK OF AMERICA, 200 GLASTONBURY ROAD GLASTONBURY, CT 06033	\$ 35,471.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

RIDGEFIELD FRESH AIR ASSOCIATION

Employer identification number

06-6044680

C/O FAIRFIELD COUNTY BANK

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No.	(b)	(c)				

No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization **Employer identification number** RIDGEFIELD FRESH AIR ASSOCIATION C/O FAIRFIELD COUNTY BANK 06-6044680 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held <u>Part I</u> (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient NEW POND FOUNDATION NONE 501(3)(C) SUPPORT SUMMER CAMP P.O. BOX 116 WEST REDDING, CT 06896 2,000. SUPPORT SUMMER CAMP NONE 501(3)(C) REDDING BOYS AND GIRLS CLUB P.O. BOX 333 4.000. REDDING RIDGE CT 06876 NONE 501(3)(C) SUPPORT SUMMER CAMP RIDGEFIELD BOYS AND GIRLS CLUB P.O. BOX 294 RIDGEFIELD CT 06877 4,000, THE FRESH AIR FUND NONE 501(3)(C) 633 THIRD AVENUE, 13TH FLOOR NEW YORK, NY 10017 SUPPORT SUMMER CAMP 3,000. SUPPORT SUMMER CAMP THE HOLE IN THE WALL GANG FUND NONE 501(3)(C) 555 LONG WHARF DRIVE 3,000. NEW HAVEN CT 06511 SUPPORT SUMMER CAMP TOWN OF RIDGEFIELD SOCIAL SERVICE NONE 501(3)(C) DEPARTMENT 404 MAIN STREET RIDGEFIELD, CT 06877 2,000. VNA OF RIDGEFIELD NONE 501(3)(C) SUPPORT SUMMER CAMP 90 EAST RIDGE ROAD 5,000. RIDGEFIELD, CT 06877 501(3)(C) SUPPORT SUMMER CAMP WILTON FAMILY Y NONE 404 DANBURY ROAD 2,000. WILTON CT 06897 NONE 501(3)(C) SUPPORT SUMMER CAMP WOODCOCK NATURE CENTER 56 DEER RUN ROAD 1,000. WILTON CT 06897 Total from continuation sheets 26,000,

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1	
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN		(C) ADJUSTED NET INCOME	
INTEREST					
TOTAL TO PART I, LINE 3	1,237.		1,237.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) (C) NET INVEST- ADJUSTE MENT INCOME NET INCO			
PROFESSIONAL FEES	375.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	375. 0.		0.		
FORM 990-PF	TAX	ES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE E PURPOSES	
EXCISE TAX	33. O.			0.	
TO FORM 990-PF, PG 1, LN 18 =	33.	33. 0.		0.	
FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
D&O INSURANCE	744.	744.		0.	
TO FORM 990-PF, PG 1, LN 23	744.	744.		0.	
				<u> </u>	

	F VIII - LIST OF OFFICERS, DIRECTORS FRUSTEES AND FOUNDATION MANAGERS			STATEMENT 5	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
GARY C. SMITH 262 WILTON ROAD EAST RIDGEFIELD, CT 06877	PRESIDENT 0.00	0.	0.	0.	
DAVID A. SCHNEIDER 3 STONEWALL LANE RIDGEFIELD, CT 06877	TREASURER 0.00	0.	0.	0.	
DANIEL BERTA 9 KENDRA COURT RIDGEFIELD, CT 06877	SECRETARY 0.00	0.	0.	0.	
PAUL S. MCNAMARA 91 PEACEABLE STREET RIDGEFIELD, CT 06877	TRUSTEE 0.00	0.	0.	0.	
JOHN C. ANCONA 138 NOD ROAD RIDGEFIELD, CT 06877	TRUSTEE 0.00	0.	0.	0.	
DR. RONALD RAYMOND 36-C GROVE STREET RIDGEFIELD, CT 06877	TRUSTEE 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.	

FORM, 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. GARY SMITH - PRESIDENT, BRANCHVILLE FRESH AIR FUND C/O FAIRFIELD COUNTY BANK, 94 DANBURY ROAD RIDGEFIELD, CT 06877

TELEPHONE NUMBER

203-431-7488

## FORM AND CONTENT OF APPLICATIONS

LETTERS FOR DONATIONS SHOULD BE SENT TO THE ABOVE. LETTERS SHOULD INCLUDE DESCRIPTION OF THE CAMP, WHAT THE MONIES WILL BE USED FOR AND ANY CAMP LITERATURE.

#### ANY SUBMISSION DEADLINES

MAY 1

# RESTRICTIONS AND LIMITATIONS ON AWARDS

RECIPIENTS MUST BE LOCATED IN OR SENDING CAMPERS TO FAIRFIELD COUNTY, CT OR CONTIGUOUS COUNTIES. ALL DONATIONS MUST BE USED TO BENEFIT CHILDREN OR DISABLED PERSONS IN THEIR PURSUIT OF OUTDOOR CAMPS AND/OR OUTDOOR EDUCATION TYPE CAMPS.