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.
Go to www.irs.gov/Form990PF for instructions and the latest information.

		t of the Treasury venue Service	➤ Do not enter s ➤ Go to www.ii							Open to Public Inspection
		idar year 2017 or tax year				, and e			2018	Open to 1 abile inspection
		foundation			<u> </u>	<del> </del>	<b>_</b>	A Employer identit		mber
		GEFIELD FRES	H AIR ASSOC	IATION				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	_	FAIRFIELD C						06-6044	1680	
	•	ind street (or P O box number if	•	address)			Room/suite	B Telephone numb		<u></u>
1	50	DANBURY ROA	.D					203-431		8
		own, state or province, cou		ostal code	***			C If exemption applica		
		GEFIELD, CT	06877							
		all that apply:	Initial return	Initial	return of a fo	ormer public o	harity	D 1. Foreign organ	uzations, ch	neck here
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Final return		ded return					
		$\equiv$	Address change	===	change			2 Foreign organiza check here and a	itions meeting	g the 85% test,
н (	heck:		X Section 501(c)(3) ex				·	1		
~~`	_	ction 4947(a)(1) nonexem		Other taxable p		ation		E If private foundate under section 50		
L E		arket value of all assets at e			X Cash	Accr	rual	F If the foundation		
		Part II, col (c), line 16)	·	her (specify) _				under section 50		
	\$			nn (d) must be	on cash basi	s.)	<del></del>		. (=)( -)(=)	,
	irt I	Analysis of Revenue and	d Expenses	(a) Reven			vestment	(c) Adjusted n	et	(d) Disbursements
		(The total of amounts in colunnecessarily equal the amount	nns (b), (c), and (d) may not	expenses			ome	income	``	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants	<del></del>	3 (	7,516.			N/A		
	2		is not required to attach Sch B		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	2	Interest on savings and tempo		1	1,238.		1,238.		Sr	TATEMENT 1
6	A	cash investments  Dividends and interest from	m securities —		-/2001					
2019	52	Gross rents	( )			-				,
œ	1	Net rental income or (loss)								
		Net gain or (loss) from sale of a	seeste not on line 10				$\overline{}$		•	
ဦ	h	Gross sales price for all	133013 1101 011 1110 13			ENIEL	100			
۲ğ	7	assets on line 6a  Capital gain net income (from F	Part IV line 2)		REU		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			
.g	, B	Net short-term capital gair		1		a 7 201				
	9	Income modifications	•	/0	10N 19	- 2 + Ly	14			
Z	10a	Gross sales less returns and allowances		1	<u>8</u>	· ·	17 1			
SCANNED REVERSION	Ι.	Less Cost of goods sold			ام حسسا	:DED	Til Line			
$\mathcal{G}$	l	Gross profit or (loss)			1	ALL MANAGEMENT				
ဟ	11	Other income								
	12	Total Add lines 1 through	h 11	31	1,754.		1,238.			
	13	Compensation of officers, dire	ctors, trustees, etc		0.		0.			0.
	14	Other employee salaries a	nd wages							
	15	Pension plans, employee	benefits							
ses	16a	Legal fees								
ë	b	Accounting fees	STMT 2		460.		0.			0.
Ä	C	Other professional fees								
and Administrative Expenses	17	Interest								
rati	18	Taxes								
ış.	19	Depreciation and depletion	n							
<u>Ē</u>	20	Occupancy								
¥	21	Travel, conferences, and r	meetings							
an d	22	Printing and publications			_					
ğ	23	Other expenses	STMT 3		744.		744.			0.
Operating	24	Total operating and admi	inistrative							_
je De		expenses Add lines 13 th	rough 23		1,204.		744.			0.
0	25	Contributions, gifts, grant	s paid	31	1,000.					31,000.
	26	Total expenses and disbu	ursements	_	اییا					
		Add lines 24 and 25		32	2,204.		744.			31,000.
	27	Subtract line 26 from line	12;		, <u> </u>					1
	a	Excess of revenue over expens	ses and disbursements		-450.		45.	ļ		
	b	Net investment income (d	f negative, enter -0-)				494.			
_		Adjusted net income (if ne				<u> </u>		N/A		- 000 5=
7235	01 01	1-03-18 LHA For Paperv	work Reduction Act Notic	e, see instructi	ions				$\cap$	Form <b>990-PF</b> (2017)
									۲	!
									1	· · · · · · · · · · · · · · · · · · ·

RIDGEFIELD FRESH AIR ASSOCIATION
C/O FAIRFIELD COUNTY BANK

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	18,998.	17,321.	
2 Savings and temporary cash investments	409,773.	411,000.	411,000.
3 Accounts receivable ►			
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			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
2 8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment, basis ▶			
Less accumulated depreciation			
15 Other assets (describe ►	)		
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item ()	428,771.	428,321.	428,321.
17 Accounts payable and accrued expenses			
18 Grants payable			}
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other habilities (describe			,
21 Mortgages and other notes payable			
22 Other liabilities (describe >	_)	<del></del>	
		^	
23 Total liabilities (add lines 17 through 22)	0.	0.	١.
Foundations that follow SFAS 117, check here			1
and complete lines 24 through 26, and lines 30 and 31			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted Foundations that do not follow SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	•
Foundations that do not follow SFAS 117, check here			1
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	0.	0.	· ·
27 Capital stock, trust principal, or current funds	0.	0.	ή ,
28 Paid-in or capital surplus, or land, bldg., and equipment fund	428,771.	428,321.	'
Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances	428,771.	428,321.	<u> </u>
30 Total net assets or fund balances	420,111	120/0521	1
31 Total liabilities and net assets/fund balances	428,771.	428,321.	,
			·
Part III Analysis of Changes in Net Assets or Fund		······································	
1 Total net assets or fund balances at beginning of year - Part II, column (a), I	ine 30		400 551
(must agree with end-of-year figure reported on prior year's return)		1	428,771.
2 Enter amount from Part I, line 27a		2	-450.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	428,321.
5 Decreases not included in line 2 (itemize)	Legiume (h) leg 00	5 6	428,321.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part I	i, column (b), line 30		Form <b>990-PF</b> (2017)

P	art IV Capital Gains	and Losse	s for Tax on In	vestment	Income							
	' (a) List and describe 2-story brick wa		roperty sold (for exar mmon stock, 200 shs		te,	( <b>b)</b> I	How ac - Purc - Don	equired hase ation		acquired lay, yr.)	(d) Date : (mo., day	
<u>1a</u>												
<u>b</u>	NO	NE										
_ <u>c</u>						<u> </u>						
<u>d</u>						_						<del></del>
<u>e</u>		<del></del>				<del>ل ب</del>						
	(e) Gross sales price		ciation allowed allowable)		st or other basis expense of sale		_			ain or (loss s (f) minus i		
<u>a</u>												
<u>b</u>												
_ <u>c</u>		<u> </u>										
_d												
<u>e</u>	Complete only for assets shown	ua asin'in coliin 	on (h) and owned by t	he foundation	on 12/31/69	-			) Gaine (C	Col. (h) gain	minue	
_	Complete only for assets shown	T	justed basis		cess of col. (1)	-		co	l. (k), but ı	not less thai	n -0-) <b>or</b>	
	(i) FMV as of 12/31/69		f 12/31/69		col. (j), if any				Losses	(from col. (	h))	
_ <u>a</u>	<del></del>				<del></del>							
<u>b</u>		_										
<u>c</u>				_								
					<del></del>	-						
<u>e</u>		<u> </u>				$\overline{}$						
2	Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line In Part I, line	<i>7</i> 7	}	2					
3	Net short-term capital gain or (los	ss) as defined ii	n sections 1222(5) an	d (6):		١ ،						
	If gain, also enter in Part I, line 8,						_					
Б	If (loss), enter -0- in Part I, line 8 art V Qualification L	Indor Soct	ion 4940(a) for	Peduced	Tay on Net	· Inv	<u>3</u> Getn	ent Inc	nme			
$\overline{}$	<del></del>							10111	, , , , , , , , , , , , , , , , , , ,			
(۲0	r optional use by domestic private	e toundations s	ubject to the section 4	1940(a) tax on	net investment ir	ICOME	; )					
If s	ection 4940(d)(2) applies, leave t	his part blank.										
Wa	s the foundation liable for the sec	ction 4942 tax o	n the distributable am	ount of any ye	ear in the base pe	rıod?					Yes [	X No
_	res," the foundation doesn't quali											
1_	Enter the appropriate amount in	each column fo	r each year; see the in	structions be	fore making any e	ntries	S.				/3/	
(	(a) Base period years Calendar year (or tax year beginni	ing in) A	(b) djusted qualifying dist		Net value of no	(c) onchai	ritable				(d) oution ratio rided by col. (d	
	2016			5,500.				3,325				3860
	2015		3	<u>5,500.</u>				2,604				<u>4003</u>
_	2014 _		3	7,500.				2,549				<u>8747</u>
	2013			6,480.				2,488				0015
	2012		2	9,000.			42	0,619	9.	<del></del>	.06	<u>8946</u>
	Total of line 1, column (d)								2		.43	5571
	Average distribution ratio for the			on line 2 by 5.0	O, or by the numb	er of	years			1	0.0	7114
	the foundation has been in existe	ince if less than	5 years						3	ļ	.08	<u>7114</u>
4	Enter the net value of noncharital	ble-use assets f	or 2017 from Part X, I	line 5					4		426,	820.
5	Multiply line 4 by line 3								_5		37,	182.
6	Enter 1% of net investment incor	me (1% of Part	l, line 27b)						6		<del></del>	5.
7	Add lines 5 and 6								7		37,	187.
8	Enter qualifying distributions fror	m Part XII, line	1						8		31,	000.
	If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check t	he box in Part VI, line	1b, and comp	lete that part usir	ng a 1	% tax	rate.				

RIDGEFIELD FRESH AIR ASSOCIATION
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	of 6 - 6  Int VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - 9	044	980	-1:-	Page 4
		see in	Stru	Ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		•		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				<u> 10.</u>
	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-)				0.
3	Add lines 1 and 2				<u> 10.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				10.
6	Credits/Payments:				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a 0.				
	Exempt foreign organizations - tax withheld at source 6b 0.				,
	Tax paid with application for extension of time to file (Form 8868)  6c 10.				
	Backup withholding erroneously withheld 6d 0.				- 1
	Total credits and payments Add lines 6a through 6d	-	-		10.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2018 estimated tax				
	irt VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
ıa		-	1a		X
	any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	 	1b		X
0		-	יוו		<b>-</b>
	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		4.		· •
	Did the foundation file Form 1120-POL for this year?	}	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				,
	(1) On the foundation ► \$ 0 . (2) On foundation managers. ► \$ 0 .	ĺ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	l			
	managers. ► \$O.				х
2	2 Has the foundation engaged in any activities that have not previously been reported to the IRS?				
	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		_		٠ '
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	, <u> </u>	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? $N/$	A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>X</u>
	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:	1			٠
	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				. '
	remain in the governing instrument?		6	_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	-	7_	X	
				•	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			•	,
	CT				
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)		_	X	
of each state as required by General Instruction G? If "No," attach explanation					
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				
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV					X
<u>1</u> 0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Forn	n 990	)-PF	(2017)

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Pa	art VII-A Statements Regarding Activities (continued)	<del></del> _	V	N.
	At any time divine the year did the foundation directly or individually over a controlled entity within the manning of	-	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
10	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<u>                                   </u>	<b></b> -	
12	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	Х	
	Website address ► N/A			·
14	The books are in care of ▶ DAVID A. SCHNEIDER - VP & TREASURER Telephone no. ▶ 203-4	31 - 7	488	
•	Located at ▶ 150 DANBURY ROAD, RIDGEFIELD, CT ZIP+4 ▶0			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b></b>	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			<u> </u>
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		12.0	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ļ	}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	ļ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	İ		
	(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 for the benefit or use of a disqualified person)?  Yes X No			
	io most of the control process,			
	(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 termination of government service, if terminating within 90 days.)  Yes X No			
	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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		-	<u> </u>
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		İ	
	before the first day of the tax year beginning in 2017?	10		X
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(j)(3) or 4942(j)(5)).			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	İ		
	before 2017? Yes X No			ŀ
	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	,		l
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		l	
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2017 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,			-
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b	<del>                                     </del>	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1.		- ·
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	OPE	<u> X</u>

## RIDGEFIELD FRESH AIR ASSOCIATION

Form 990-PF (2017) C/O FAIRFIELD COUNTY BANK 06-6044680 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53,4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? X 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, (a) Name and address compensation allowances enter -0-1 0 0 0. SEE STATEMENT 4 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (c) Compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position allowances NONE

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

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Part VIII Information About Officers, Directors, Trustee Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services.	f none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<b>•</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include number of organizations and other beneficiaries served, conferences convened, resear		Expenses
1 N/A	cri papers produced, etc.	
		_
2		
3		-
4		<u>-</u>
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
1 <u>N/A</u>		-
2		
All other program-related investments. See instructions.		-
3		$\dashv$
Total, Add lines 1 through 3		0.
Total. 7 do miles i tillough o		Form <b>990-PF</b> (2017)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	433,320.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	10	433,320.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2_	0.
3	Subtract line 2 from line 1d	3	433,320.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,500.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	426,820.
6	Minimum investment return Enter 5% of line 5	6	21,341.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	21,341.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	10.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,331.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5_	21,331.
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	21,331.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	31,000.
b	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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	31,000.
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	31,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for t	the section

C/O FAIRFIELD COUNTY BANK

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d</b> ) 2017
1	Distributable amount for 2017 from Part XI,				01 221
_	line 7				21,331.
	Undistributed income, if any, as of the end of 2017				
	Enter amount for 2016 only			0.	
b	Total for prior years		0		
_	Excess distributions carryover, if any, to 2017:		0.		
-	1 - 1				
-	a From 2012 9,761.				
	From 2013 25, 396.				
	From 2014 16,386.				
-	1 From 2015 14,380. From 2016 14,344.				
		80,267.			
	Total of lines 3a through e				
4	Qualifying distributions for 2017 from				
	Part XII, line 4: > \$ 31,000.			0.	
	Applied to 2016, but not more than line 2a			0.	
	Applied to undistributed income of prior		0.		
	years (Election required - see instructions)		U •		
C	Treated as distributions out of corpus	0.			
	(Election required - see instructions)	U•			21,331.
	Applied to 2017 distributable amount	9,669.	<del>-</del>		41,331.
	Remaining amount distributed out of corpus	9,669.			0.
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				<u>0.</u>
6	Enter the net total of each column as indicated below:				
í	Corpus Add lines 3f, 4c, and 4e Subtract line 5	89,936.			
t	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
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				
0	Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
	e Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
	Undistributed income for 2017. Subtract				
1	lines 4d and 5 from line 1. This amount must				
	be distributed in 2018				0.
7	Amounts treated as distributions out of				
'	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)	89,936.			
Ω	Excess distributions carryover from 2012	03,730.			· · · · · · · · · · · · · · · · · · ·
Ü	not applied on line 5 or line 7	0.			
a	Excess distributions carryover to 2018.				
J	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	E Excess from 2017				

RIDGEFIELD FRESH AIR ASSOCIATION

Form 990-PF (2017) C/O FAIRFIELD COUNTY BANK 06-6044680 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 2017, 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) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2017 (c) 2015 (d) 2014 (b) 2016 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 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 listed 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 Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV 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).) NONE 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 5 **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:

C/O FAIRFIELD COUNTY BANK

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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year SUPPORT SUMMER CAMP A BETTER CHANCE RIDGEFIELD NONE 501(3)(C) P.O. BOX 1044 2,000. RIDGEFIELD CT 06877 NONE 501(3)(C) SUPPORT SUMMER CAMP ABILITY BEYOND 4 BERKSHIRE BOULEVARD BETHEL, CT 06801 1,500. CARDINAL SHEEHAN CENTER NONE 501(3)(C) SUPPORT SUMMER CAMP 1494 MAIN STREET 2,000. BRIDGEPORT CT 06604 SUPPORT SUMMER CAMP CONNECICUT BURNS CARE FOUNDATION NONE 501(3)(C) SUPPORT SUMMER CAMP SUPPORT SUMMER CAMP 601 BOSTON POST ROAD MILFORD CT 06460 500. NONE 501(3)(C) SUPPORT SUMMER CAMP DANBURY GRASS ROOTS ACADEMY 196 MAIN STREET 1,000 DANBURY CT 06810 SEE CONTINUATION SHEET(S) ▶ 3a 31 000 Total **b** Approved for future payment NONE **▶** 3b Total

## ridgefield fresh air association

Form 990-PF (2017) C/O FAIRFIELD	COUNTY BA	NK		06-6	044680 Page 12
Part XVI-A 'Analysis of Income-Production	ucing Activitie	s			
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7,11100111	Turious income
a		<del></del>	<del>  </del>		
			+ + -		
c			+		
			+ +-		····
e	-		<del>    -</del>		
g Fees and contracts from government agencies			<del></del>		
Membership dues and assessments			<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash			+		
investments			07	1,238.	
4 Dividends and interest from securities			<del>                                     </del>	1,250.	
5 Net rental income or (loss) from real estate:		·			
a Debt-financed property			+ +		
b Not debt-financed property					
6 Net rental income or (loss) from personal		<del></del>			<del></del>
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					<del></del>
than inventory			1 1		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue		<u>-</u>			
a					· ·
b		<u> </u>			
c					
d					<u>.</u>
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u>. </u>	1,238.	0,
13 Total Add line 12, columns (b), (d), and (e)				13	1,238
(See worksheet in line 13 instructions to verify calculations.)				<del></del>	
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	kempt Pi	ırposes	
Explain below how each activity for which inc the foundation's exempt purposes (other tha			A contributed	importantly to the accomp	dishment of
the foundation's exempt purposes (other tha	ii by providing lunus	ioi sucii purposes).			
					<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 (2017)

06-6044680

Page 13

17) C/O FAIRFIELD COUNTY BANK 06-6044680
Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

	he organization directly or indire					ction 501(c)		Yes	No
•	er than section 501(c)(3) organiz	•	-	• .	•				
	sfers from the reporting foundati	ion to a noncharitai	ole exempt or	ganization or:			1		7.7
	Cash Other assets						1a(1)		X
	r transactions.						1a(2)		
	Sales of assets to a noncharitable	e evemnt organizat	'IOD				1b(1)		X
	Purchases of assets from a nonc						1b(2)		X
	Rental of facilities, equipment, or	•	ı yanızanıdı				1b(3)		X
	Reimbursement arrangements	Other assets					1b(4)		X
	Loans or loan guarantees						1b(5)	-	X
	Performance of services or mem	ibershin or fundrai	sına salıcıtatır	nne			15(6)	-	X
	ing of facilities, equipment, maili		=				1c		X
	answer to any of the above is "Y				ways show the fair	market value of the goods, o		ets.	
	rvices given by the reporting fou							010,	
	nn (d) the value of the goods, of					,			
a) Line no	(b) Amount involved			e exempt organization	(d) Description	on of transfers, transactions, and s	haring are	angeme	nts
	`- <u>-</u>		N/A		1.1				
		<del></del>							
						<u> </u>			
_									
· · · · · · · · · · · · · · · · · · ·									
						· · ·			
						· · · · · · · · · · · · · · · · · · ·			
			-						
						-			
a Is the	foundation directly or indirectly	affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
	ction 501(c) (other than section !	•	•				Yes	$\mathbf{x}$	] No
	s," complete the following sched	,							
	(a) Name of organ	nization		(b) Type of organization		(c) Description of relationsh	ııp		
	N/A								
Ţ	Jpder penalties of perjury, I declare that						the IRS o	iscuss t	his
Sign /	and belief, it is true, correct, and compl	O	parer (other thai		nation of which prepar	retur	n with the	prepare	er
Here \	~ O. D.			11/18/11	VP &		Yes		No
	Signature of officer or trustee:			Date	Title				
*	Print/Type preparer's nam	ie	Preparer's s.	ignature	Date	Check X If PTIN			
				0	11/19/18	self- employed			
Paid	SCOTT CRANE	, CPA			1117/110	P00	210	659	
Prepai	er Firm's name ► REYN		OWELLA	LLP		Firm's EIN ▶ 06-11			
Jse O	nly	<del></del>							
	Firm's address ▶ 90	GROVE ST	REET	-					
		GEFIELD,		877		Phone no. 203-43	8-0	161	
				- <del></del>	<del></del>		rm <b>99</b> 0		(2017)
								,	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient SUPPORT SUMMER CAMP MISHKAM ISRAEL SUMMER DAY CAMP NONE 501(3)(C) 77 MOUNT PLEASANT DRIVE 1,500. TRUMBULL, CT 06611 NEW POND FOUNDATION NONE 501(3)(C) SUPPORT SUMMER CAMP P.O. BOX 116 WEST REDDING CT 06896 2,000. NONE 501(3)(C) SUPPORT SUMMER CAMP REDDING BOYS AND GIRLS CLUB P.O. BOX 333 2,500. REDDING RIDGE CT 06876 NONE 501(3)(C) SUPPORT SUMMER CAMP RIDGEFIELD BOYS AND GIRLS CLUB P.O. BOX 294 RIDGEFIELD CT 06877 5,000. SUPPORT SUMMER CAMP NONE 501(3)(C) THE FRESH AIR FUND 633 THIRD AVENUE, 13TH FLOOR 2,500, NEW YORK, NY 10017 NONE 501(3)(C) SUPPORT SUMMER CAMP THE HOLE IN THE WALL GANG FUND 555 LONG WHARF DRIVE 3,500. NEW HAVEN, CT 06511 NONE 501(3)(C) SUPPORT SUMMER CAMP TOWN OF RIDGEFIELD SOCIAL SERVICE DEPARTMENT 404 MAIN STREET 1,500. RIDGEFIELD CT 06877 501(3)(C) SUPPORT SUMMER CAMP NONE VNA OF RIDGEFIELD 90 EAST RIDGE ROAD 2,500. RIDGEFIELD, CT 06877 NONE 501(3)(C) SUPPORT SUMMER CAMP WILTON FAMILY Y 404 DANBURY ROAD 2,000, WILTON CT 06897 501(3)(C) SUPPORT SUMMER CAMP NONE WOODCOCK NATURE CENTER 56 DEER RUN ROAD 1,000. WILTON, CT 06897 Total from continuation sheets 24 000.

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

RIDGEFIELD FRESH AIR ASSOCIATION

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

OMB No 1545-0047

Employer identification number

➤ Go to www.irs.gov/Form990 for the latest information.

C/O FAIRFIELD COUNTY BANK 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 X 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 contributions 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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) (2017)

Name of organization RIDGEFIELD FRESH AIR ASSOCIATION

Employer identification number

06-6044680

# C/O FAIRFIELD COUNTY BANK Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

	Control Date (Coo mondonom), Coo depredate copies on anti-massinent		<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	\$30,516.	Person X 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 Oncash Occash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (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.)

Employer identification number

## RIDGEFIELD FRESH AIR ASSOCIATION C/O FAIRFIELD COUNTY BANK

06-6044680

Part II	Noncash Property (see instructions)	Use duplicate copies of Part II if additional space is needed
---------	-------------------------------------	---

	Noticasti Property (see instructions) Use duplicate copies of P		
(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. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art 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) (2017) Employer identification number RIDGEFIELD FRESH AIR ASSOCIATION /O FAIRFIELD COUNTY BANK <u>06-6044680</u> 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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) . ADJUSTED NET INCOME	
INTEREST	1,238.		1,238.		
TOTAL TO PART I, LINE 3			1,238.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) (C) NET INVEST- ADJUST: MENT INCOME NET INC			
PROFESSIONAL FEES	SSIONAL FEES 460. 0.		).	0.	
TO FORM 990-PF, PG 1, LN 16B	460.	460. 0.		0.	
FORM 990-PF	OTHER E	OTHER EXPENSES		STATEMENT 3	
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	l.	0.	

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
GARY C. SMITH 31401 ROSEWOOD LANE NAPLES, FL 34119	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 1114 CAMELOT CIRCLE NAPLES, FL 34119	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, PAG	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, RIDGEFIELD FRESH AIR ASSOCIATION 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.