

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CMAK SANDY HOOK MEMORIAL FOUNDATION, INC.		D Employer identification number 80-0876773
	Doing business as		E Telephone number 203-722-5325
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2 WASHINGTON SQUARE		
	City or town, state or province, country, and ZIP or foreign postal code NEWTOWN, CT 06470-2391		G Gross receipts \$ 282,333.
F Name and address of principal officer: REBECCA A. KOWALSKI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CMAKFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2013 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IN REMEMBRANCE OF CHASE KOWALSKI OF THE SANDY HOOK TRAGEDY, WE WILL BE A POSITIVE FORCE TO INSPIRE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 171,448.	Current Year 152,057.
	9 Program service revenue (Part VIII, line 2g)	24,748.	31,668.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,849.	77,780.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	271,045.	261,505.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	142,250.	181,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	38,885.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,925.	61,883.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	186,175.	282,268.
19 Revenue less expenses. Subtract line 18 from line 12	84,870.	-20,763.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 409,584.	End of Year 388,821.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	409,584.	388,821.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer REBECCA A. KOWALSKI, PRESIDENT		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DAVID J KORDISH, CPA	Preparer's signature DAVID J KORDISH, CPA	Date 11/05/24	Check if self-employed <input type="checkbox"/> PTIN P00236391
	Firm's name KORDISH & COMPANY, LLC	Firm's EIN 06-1610348		
	Firm's address 115 TECHNOLOGY DRIVE, SUITE A 305 TRUMBULL, CT 06611-6340		Phone no. 203-268-1060	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**