Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www irs gov/form990

A For the 2013 calendar year, or tax year beginning FEB 27, 2013 and ending DEC 31, 2013

B Ch	eck if plicable	C Name of organization	D Employer identif	ication number
37	Addres	NEWTOWN-SANDY HOOK COMMUNITY		
A	Addres change Name change	FOUNDATION, INC.	— ,, ,	2161591
V	change Initial return			
A	return Termin-	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
	ated Amend	19 CHURCH HILL RD	-	460-0687
\vdash	lreturn Applica	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,486,479.
	Ition pendin	NEWTOWN, CT 06470 F Name and address of principal officer: JENNIFER BARAHONA	H(a) Is this a group	return
		19 CHURCH HILL RD, NEWTOWN, CT 06470	H(b) Are all subordinates	s? Yes X No
		mpt status: Last 30 f(c)(3)		a list. (see instructions)
			H(c) Group exemption	M State of legal domicile: CT
		Summary	ear or formation. 2015	W State of legal doffliche, C 1
\neg		Briefly describe the organization's mission or most significant activities: SEE SCHE	DIII.E O	
Governance		orieny describe the organization's mission of most significant activities.	0	
na	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net a	esets
Ş		Number of voting members of the governing body (Part VI, line 1a)		· –
ၓၟ		Number of independent voting members of the governing body (Part VI, line 1b)		
8		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		1
itie		otal number of volunteers (estimate if necessary)		0
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		
^		Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
o l	8 (Contributions and grants (Part VIII, line 1h)		4,474,463.
ğ		Program service revenue (Part VIII, line 2g)		0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,016.
"	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,486,479.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,578.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.
ğ	b 7	otal fundraising expenses (Part IX, column (D), line 25)		
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,912.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,490.
	19 F	Revenue less expenses. Subtract line 18 from line 12		4,462,989.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset		otal assets (Part X, line 16)		4,462,989.
et A		otal liabilities (Part X, line 26)		0.
Z리		Net assets or fund balances. Subtract line 21 from line 20		4,462,989.
Pai		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomanta and to the heat of r	ay knowledge and halief it is
		ies of perjury, i declare that i have examined this return, including accompanying scriedules and sta , and complete. Declaration of preparer (other than officer) is based on all information of which prep.		ly knowledge and belief, it is
uue, c	Correct	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	The sally knowledge.	
Cian		Signature of officer	I Date	
Sign		JENNIFER BARAHONA, EXECUTIVE DIRECTOR		
Here	,	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		FRANK A. JORDAN	if	
Prepa		Firm's name T. M. BYXBEE COMPANY, P.C.	self-emplo	06-1386456
Use C		Firm's address P.O. BOX 187169	THIII3 LIN	
		HAMDEN, CT 06518	Phone no (2	203)281-4933
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)	1. 1.5110 110. (2	X Yes No

Pai	t III Statement of Program Service Accomplishments										
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	THE MISSION OF THE FOUNDATION IS TO DEVOTE ITSELF TO FURTHERING AND										
	SUPPORTING OPERATIONS AND ACTIVITIES WHICH ADDRESS THE SHORT-TERM AND										
	LONG-TERM UNMET NEEDS OF INDIVIDUALS AND THE NEWTOWN COMMUNITY ARISING										
	FROM THE TRAGIC EVENTS AT SANDY-HOOK ELEMENTARY SCHOOL ON 12/14/12.										
2	Did the organization undertake any significant program services during the year which were not listed on										
	the prior Form 990 or 990-EZ?										
	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.										
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and										
	revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$										
1h	/o +										
4b	(Code:) (Expenses \$										
	-										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
4d	Other program services (Describe in Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)										
4e	Total program service expenses										

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14h		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
20	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
- -a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
0	A Maria Control of the Control of the Maria Control	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
•	If "Yes." complete Schedule N. Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
_	Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
5а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	990	<u> </u>

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority (over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	,	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provi	ided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as require	ed			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the supp	orting			
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any time dı	uring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e Ο		14b	000	(00.10)
				Form	990	(2013)

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		•	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				<u> </u>	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such c			100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	ere iiii.g uie ieiiiii	1.4		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.0		
·	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve					
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		паэропаот			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-0.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
- 4	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of contract of the organization of the organi		· ·			
	and the state of t			16b		
Sec	tion C. Disclosure			.55		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶CT					
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sec	tion 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,	(2)(3)3 31119)		-	
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	nd fina	ncial	
	statements available to the public during the tax year.		o. antoroot policy, a	ma	·Oidi	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rea	cords of the organiz	ation· ■	•	
	THE ORGANIZATION - 203-460-0687		20 0 to organiz		_	
	19 CHURCH HILL RD, NEWTOWN, CT 06470					

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title	(B) Average hours per week	box	not c unle	Pos heck ss pe id a d	ition more	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. CHARLES HERRICK	2.00	x		X				0.	0.	0.
DIRECTOR/PRESIDENT (2) ANNE RAGUSA	2.00	^		Λ				0.	0.	0.
DIRECTOR/VICE PRESIDENT	2.00	x		X				0.	0.	0.
(3) JOSEPH DICANDIDO	2.00	 								
DIRECTOR/SECRETARY		x		Х				0.	0.	0.
(4) MONSIGNOR ROBERT WEISS	2.00									
DIRECTOR		X						0.	0.	0.
(5) BENJAMIN SPRAGG	2.00									
DIRECTOR/TREASURER		X		X				0.	0.	0.
(6) KIM MORGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) WILLIAM RODGERS	2.00	1								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(8) JOHN TRENTACOSTA	2.00	l							•	
DIRECTOR	00.00	Х						0.	0.	0.
(9) JENNIFER BARAHONA	28.00	ł		37					15 400	_
EXECUTIVE DIRECTOR				Х				0.	15,400.	0.
		ł								

NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION, INC.

Form 990 (2013) FOUNDATION	ON, INC	•							46-21	<u>6159</u> :	1 р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box,	not cl unle	Posi heck r ss per id a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	or a	mpensa from th ganizat nd relat ganizati	e tion ted
								,				
1b Sub-total c Total from continuation sheets to Part V	II, Section A						>	0.	15,40 15,40	0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization		_					no r			U •		0.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	Yes	No X
4 For any individual listed on line 1a, is the st and related organizations greater than \$15	um of reportab 0,000? <i>If</i> "Yes,	le co " <i>coi</i>	mple	ensa ete S	ition Sche	and adule	d otl	her compensation from for such individual	the organization			Х
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commended to the organization of the contractors Section B. Independent Contractors	•				•			•		5		Х
Complete this table for your five highest countries the organization. Report compensation for	· ·	-							· · · · · · · · · · · · · · · · · · ·		from (C)	
(A) Name and business	address	NC	ONE	3				Description of s	ervices		ensatio	n
Total number of independent contractors (in \$100,000 of compensation from the organical street street in the contractors (in \$100,000 of compensation from the organical street str	-	ot lir	nite	d to		se lis	stec	d above) who received n	nore than		990 /	.004 <i>0</i> ,

Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 :	a F	ederated campaigns 1a					
ìrai our			Membership dues 1b					
s, G			Fundraising events 1c					
ar /			Related organizations 1d					
s, (imil			Government grants (contributions) 1e					
ion			All other contributions, gifts, grants, and					
but				474,463.				
ntri d O		g N	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		- h 1	Total. Add lines 1a-1f		4,474,463.			
				Business Code				
ė	2	а						
e vic		b ¯						
Se		_						
am eve		d [–]						
Program Service Revenue		e _						
P.	1	f A	All other program service revenue					
		g 1	Total. Add lines 2a-2f	>				
	3	li	nvestment income (including dividends, intere	est, and				
		C	other similar amounts)	🕨	12,016.			12,016.
	4	li	ncome from investment of tax-exempt bond p	proceeds				
	5	F	Royalties					
			(i) Real	(ii) Personal				
			Gross rents					
			_ess: rental expenses					
			Rental income or (loss)					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory					
			_ess: cost or other basis					
			and sales expenses					
			Gain or (loss)					
			Net gain or (loss) Gross income from fundraising events (not	P				
nιe	0							
ve			ncluding \$ of contributions reported on line 1c). See					
Ä			Part IV, line 18 a					
Other Revenue			_ess: direct expenses b					
Ó				>				
			Gross income from gaming activities. See					
			Part IV, line 19a					
			_ess: direct expenses b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowancesa					
			_ess: cost of goods sold b					
			Net income or (loss) from sales of inventory					
			Miscellaneous Revenue	Business Code				
	11 :	a _						
	1	b _						
		c _						
		d A	All other revenue					
		е 1	Total. Add lines 11a-11d	>				
0000	12	1	Total revenue. See instructions.		4,486,479.	0.	0.	
33200 10-29	9 -13							Form 990 (2013)

46-2161591 Page **10**

Part IX	Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	15 400		15 400	
	trustees, and key employees	15,400.		15,400.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		Δ.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,178.		1,178.	
10	Payroll taxes	Ι, Ι/δ•		1,1/0.	
11	Fees for services (non-employees):				
а	Management	900.		900.	
b	Legal	900•		900.	
C	Accounting				
	Lobbying Professional fundraising convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
10					
12 13	Advertising and promotion	1,286.		1,286.	
14	Office expenses Information technology	1,200.		1,2001	
15					
16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INSURANCE	3,938.		3,938.	
b	TRAVEL & MEETINGS	584.		584.	
С	PAYROLL PROCESSING FEES	204.		204.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	23,490.	0.	23,490.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	21,132.
	2	Savings and temporary cash investments		2	4,441,857.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b			10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	4,462,989.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors, trustees,			
i <u>t</u> ie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets		27	
3alć	28	Temporarily restricted net assets		28	
J pr	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	4,462,989.
Z	33	Total net assets or fund balances	0.	33	4,462,989.
	34	Total liabilities and net assets/fund balances	0.	34	4,462,989.

4<u>6-2</u>161591 Page **12** FOUNDATION, INC. Form 990 (2013) FOUNDATIO

ıa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,48	<u>6,4</u>	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3	4,46	2,9	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,46	2,9	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I

NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION, INC.

Employer identification number 46-2161591

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					4,474,463.	4,474,463.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					4,474,463.	4,474,463.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4,474,463.
	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	,,				4,474,463.	4,474,463.
8	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					12,016.	12,016.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						4,486,479.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop	-			•		>
Se	ction C. Computation of Publ						
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	99.73 %
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the c					nore, check this box	 < and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				=	-	
r	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					2,0 0.
	organization meets the "facts-and-circ		·				
18	Private foundation. If the organization						
<u></u>	ato roundation ii allo organizatio	ala not oncon a	25% OIT III O 10, 10	, 10D, 11d, 01 11		edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth. or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
·	•			•		· . 🗀
Section C. Computation of Publi						<u>, </u>
15 Public support percentage for 2013 (li	ne 8, column (f) d	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	t III, line 15			16	%
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	.012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u> ▶∟⊥

NEWTOWN-SANDY HOOK COMMUNITY

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 46-Z	161591 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and	Part III, line 12.
Also complete this part for any additional information. (See instructions).	
SCHEDULE A, PART II	
2013 TO A CHORT VEAR CINCE THE ODCANTZATION HAS A CALENDAR	
2013 IS A SHORT YEAR SINCE THE ORGANIZATION HAS A CALENDAR	
YEAR END BUT WAS INCORPORATED AND RECEIVED ITS IRS TAX EXEMPTION	AFTER
TANTIADX 1 2012	
JANUARY 1, 2013.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization

NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION. INC.

Employer identification number 46-2161591

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	i.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Par			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an hi	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		•
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC $$		
	historical treasures, or other similar assets held for public exhib	, ,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, education, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition.	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{332051}_{09\text{-}25\text{-}13}$

Schedule D (Form 990) 2013

		TON, INC.	ut Lliatavia al T					L Page 2
	t III Organizations Maintaining C							-
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	e following that are a	significant	use of its	collectior	n items
	(check all that apply):							
а	Public exhibition	d		change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c					se in Par	t XIII.	
5	During the year, did the organization solicit of						٦	
Day	to be sold to raise funds rather than to be m						Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" t	o Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod					v	Yes	
	on Form 990, Part X?					∟▲	」 Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:				A	
	Danisaria a balanca				4-		Amount	0.
	Beginning balance					1	2 1/1	7,000.
	Additions during the year							7,000.
4	Distributions during the year						<u> </u>	0.
22	Ending balance						Yes	X No
	If "Yes," explain the arrangement in Part XIII.							
Pai								
		(a) Current year	(b) Prior year	(c) Two years back	1	ears back	(e) Four	years back
1a	Beginning of year balance	(a) carrone your	(b) i noi year	(c) the years such	(4)	Jan S Basil	(0) : 54:	Jours Duon
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:	•			
а	Board designated or quasi-endowment		%	. ,,				
	Permanent endowment	%						
С	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered for	the organiz	ation	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipn							
	Complete if the organization answere							
	Description of property	(a) Cost or o		, ,	Accumulate	ed	(d) Book	c value
		basis (investr	nent) basis	s (other) d	epreciation			
	Land							
	Buildings					$-\!$		
	Leasehold improvements							
	Equipment							
	Other		<u> </u>	10(1)		\leftarrow		^
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c).)				0.

Schedule D (Form 990) 2013

			00121011212		
Schedule D (Form 990) 2013	FOUNDATION,	INC.		46-2161591	Р
Dort VIII Investments	Other Securities				

	s" to Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-	of-year market value
) Financial derivatives				
) Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	4			
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes		1d. See Form 990, Part	X, line 15.	(In) De aleccales
<u> </u>	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	ing 15)			
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)			
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) li			Dept V line 25	
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) live and the complete of the organization answered "Yes"	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990), Part X, line 25.	
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	s" to Form 990, Part IV, line 1			
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990), Part X, line 25.	
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liverally and the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liverally of the American Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990), Part X, line 25.	
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liverally complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yese (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	s" to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line 1	1e or 11f. See Form 990		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liperat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	ine 25.)	1e or 11f. See Form 990 b) Book value		

Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	J					
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	, , , , , , , , , , , , , , , , , , , ,					
b	7	4b				
С						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	rt XII Reconciliation of Expenses per Audited Financial State	-	enses per Return.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1					
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1				
а						
b	, , , , , , , , , , , , , , , , , , , ,					
С.						
d	, , , , , , , , , , , , , , , , , , , ,					
_	Add lines 2a through 2d			—		
3	Subtract line 2e from line 1		3	—		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40				
a	, , , , , , , , , , , , , , , , , , , ,					
b	, , , , , , , , , , , , , , , , , , , ,		40			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					
	rt XIII Supplemental Information.		5			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1b and 2b	o: Part V. line 4: Part X. line 2: Part XI.			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any					
	,,					
PAI	RT IV, LINE 2B:					
PR	OCEEDS FROM THE SANDY HOOK SCHOOL SUPPOR'	T FUND	\$12,147,000			
DI	STRIBUTIONS TO 40 MOST AFFECTED FAMILIES		(7,696,000)			
DI	STRIBUTIONS TO NEWTOWN-SANDY HOOK COMMUN	ITY FOUNDAT:	ION (4,451,000)			
EN	DING BALANCE		-0-			

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION, INC.

Employer identification number 46-2161591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION: THE FOUNDATION WAS CREATED IN RESPONSE TO THE TRAGEDY THAT OCCURRED AT THE SANDY-HOOK ELEMENATRY SCHOOL ON DECEMBER 14, 2012. THE ROLE AND RESPONSIBILITIES OF THE FOUNDATION INCLUDE THE CUSTODIANSHIP AND OVERSIGHT OF DISTRIBUTION OF MONEY RAISED BY THE SANDY HOOK SCHOOL SUPPORT FUND ("SHSSF"). THE SHSSF WAS CREATED IMMEDIATELY FOLLOWING THE TRAGEDY BY THE UNITED WAY OF WESTERN CT AND THE NEWTOWN SAVINGS BANK. THE SHSSF WAS ESTABLISHED TO RECEIVE PRIMARILY UNDESIGNATED FINANCIAL DONATIONS, WITH THE INTENT THAT THE MONEY RAISED WOULD SUPPORT FAMILIES IMPACTED BY THE TRAGEDY, FIRST RESPONDERS, TEACHERS, AND THE NEWTOWN COMMUNITY BOTH IN THE SHORT AND LONG-TERM.

THE FOUNDATION WAS FORMED AT THE REQUEST OF THE UNITED WAY OF WESTERN CT AND THE NEWTOWN SAVINGS BANK TO RECEIVE, MANAGE AND DISTRIBUTE THE THROUGH DECEMBER 31, 2013, A TOTAL OF \$12,147,000 HAD SHSSF DOLLARS. BEEN TRANSFERRED FROM THE SHSSF INTO A CUSTODY FUND OF THE FOUNDATION. THESE TRANSFERS FROM THE SHSSF ARE REFLECTED AS CUSTODIAL ADDITIONS ON SCHEDULE D, PART IV, LINE 1D. A DISTRIBUTION COMMITTEE WAS FORMED BY THE FOUNDATION TO DETERMINE THE ALLOCATION TO THE 40 MOST IMPACTED FAMILIES AND SUBSEQUENTLY A TOTAL OF \$7,696,000 OF SHSSF DOLLARS WERE DISTRIBUTED FROM THE CUSTODY FUND TO THE 40 FAMILIES IN ACCORDANCE WITH ESTABLISHED CRITERIA. THESE DISTRIBUTIONS OCCURRED BEFORE THE EFFECTIVE DATE OF THE FOUNDATION'S IRS EXEMPTION OF AUGUST 20, AND, ACCORDINGLY, THESE DISTRIBUTIONS WERE NOT REFLECTED AS AN EXPENSE ON FORM 990, PART IX, LINE 2, BUT INSTEAD CLASSIFIED AS CUSTODIAL DISTRIBUTIONS REPORTED ON SCHEDULE D, PART IV, LINE 1E. THE REMAINING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Name of the organization NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION, INC.	Employer identification number 46-2161591					
BALANCE OF THE SHSSF TOTALING \$4,451,000 WAS DISTRIBUTED FROM THE						
CUSTODY FUND TO THE FOUNDATION EFFECTIVE ON OR AFTER AUGUST 20, 2013						
AND HAS BEEN RECOGNIZED AS CONTRIBUTION INCOME ON FORM 99	AND HAS BEEN RECOGNIZED AS CONTRIBUTION INCOME ON FORM 990, PART VIII,					
LINE 1H. GOING FORWARD THE REMAINING FUNDS WILL BE DISTR	IBUTED IN					
ACCORDANCE WITH THE FOUNDATION'S EXEMPT PURPOSE.						
FORM 990, PART VI, SECTION B, LINE 11:						
A DRAFT COPY OF THE FOUNDATION'S FORM 990 IS PRESENTED TO	THE					
GOVERNING BOARD FOR THEIR REVIEW AND APPROVAL PRIOR TO FI	LING.					
FORM 990, PART VI, SECTION B, LINE 12C:						
BOARD MEMBERS AMD KEY EMPLOYEES ARE REQUIRED TO DISCLOSE	то					
THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST ON AN ONGOI	NG BASIS AND SIGN					
CONFLICT OF INTEREST STATEMENTS ANNUALLY.						
FORM 990, PART VI, SECTION C, LINE 18:						
FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON						
REQUEST.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST						
POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.						