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Form	JJU	

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



Α	For th	m e2016 calendar year, or tax year beginning $ m JUL1$, $ m 2016$ and $ m e100$	ending J	UN 30, 2017	
В	Check if applicat	C Name of organization		D Employer identific	cation number
	Addr chan	ess Peel NEW ALBANY COMMUNITY FOUNDATION			
	Nam	ge Doing business as		31-1-	409264
	Initia returi	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number	
	Final returi termi			614-	939-8150
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,105,797.
	returi Appli	INEW ALBANI, OR 45054		H(a) Is this a group re	
	tion pend	F Name and address of principal officer:0 • CIALG MOTIVE		for subordinates	
		Ing SAME AS C ABOVE		H(b) Are all subordinates in	
		$\begin{array}{c c} \text{cempt status: } \underline{X} & 501(c)(3) & 501(c)() \\ \text{ite: } \mathbf{b} & \mathbf{NEWALBANYFOUNDATION.ORG} \end{array}$	r 🛄 527	1	list. (see instructions)
		forganization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	State of legal domicile: OH
	art I				State of legal dofinicile. Off
	1	Briefly describe the organization's mission or most significant activities: $\frac{\text{THE}}{2}$		TTON'S MISS	ION IS TO
JCe	1.	IMPROVE NEW ALBANY FOR THE BENEFIT OF ALI	J ITS	CITIZENS.	1011 10 10
Activities & Governance	2	Check this box			sets.
	3			3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es 6	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			2
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			15
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,927,540.	1,993,528.
Revenue	9	Program service revenue (Part VIII, line 2g)		61,800.	112,200.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34.	<u> 69.</u> 0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,989,374.	2,105,797.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		619,750.	621,993.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		015,750.	021,555.
6		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		300,648.	311,455.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 287, 56	52.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,077,570.	1,000,724.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,997,968.	1,934,172.
	19	Revenue less expenses. Subtract line 18 from line 12		-8,594.	171,625.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		12,265,880.	13,607,505.
it As	21	Total liabilities (Part X, line 26)		260,684.	315,816.
		Net assets or fund balances. Subtract line 21 from line 20		12,005,196.	13,291,689.
Pa	art 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 J. CRAIG MOHRE, PRESIDENT Type or print name and title		Date	
	Print/Type preparer's name Prepa	rer's signature	Date	Check PTIN
Paid	T.J. CONGER, CPA T.J	• CONGER, CPA	11/08/17	self-employed P00068140
Preparer	Firm's name 🕞 JOHN GERLACH & COMP	ANY	Firm's	sEIN 31-4419361
Use Only	Firm's address 37 WEST BROAD STREE	Г		-
	COLUMBUS, OH 43215		Phon	e no.614-224-2164
May the I	RS discuss this return with the preparer shown above? (s	ee instructions)		X Yes No
632001 11-1	1-16 LHA For Paperwork Reduction Act Notice, see	the separate instructions.		Form 990 (2016)

Clock if Schedule 0 contains a response or note to any line in this Part III. TO BUILD THE RESOURCES INECESSARY TO BE A CATALYST FOR. A CONVENER OF AND AN INVESTOR IN INITIATIVES THAN PERPETUATE THE VISION SHARED BY THE COMMUNITY, OUR DONORS AND VISIONARIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-627		
Burely describe the argumentation s mission: TO BUILD THE RESOURCES NECESSARY TO BE A CATALYST FOR, A CONVENEN OF AND AN INVESTOR IN INITIATIVES THAT PERPETUATE THE VISION SHARED BY THE COMMUNITY, OUR DONORS AND VISIONARIES. Did the organization underlate any significant program services during the year which were not listed on the prior Form 990 or 990-E27. Ives [X] Did the organization case conducting, or make significant changes in how it conducts, any program services. Ives [X] Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, fary, fare ach program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, fary, for each program service accomplishments for each of its three largest program services. ARTS AND HUMANITIES Big (Conce) (Supress 1 301, 520. meturing garm etc? 197, 700.) (Neenet 5 EDUCATION 112,20 THE ANNUAL REMARKABLE EVENING EXPENT PROVIDES INTELLECTUALLY STIMULATI ND ENTRETAINING FROGRAMING FOR THE CONTRY SOF NEW ALBANY WHILE SUPPORTING WORTHY COMMUNITY CENTER FOR THE LIBRARY BOOK COLLECTION THE JEANNE E. MCCOY COMMUNITY CONTER FOR THE CHARS AND A MARIAD OF OTH ENTRICHING PROGRAMS. LAST FALL, MORE THAN 400 GUESTS ATTENDED THIS EVENT. THE NEW ALEANY COMMUNITY FOUNDATION'S JEFFERSON SERIES HAS EMERGED AS ONE OF THE WORT RESPECTED LECTURE SERIE	Par	
TO BUILD THE RESOURCES INCESSARY TO BE A CATALYST FOR, A CONVENER OF AND AN INVESTOR IN INITIATIVES THAT PERPETUATE THE VISION SHARED BY THE COMMUNITY, OUR DONORS AND VISIONARIES. 2 Did the organization undertake any significant program services during the year which were not listed on the proform 900 or 990/E27 If 'Yes, 'decident these charges on Schedule 0. 3 Did the organization cases conducting, or make significant charges in how it conducts, any program services?		
prior Form 980 or 980 cr2?	1	TO BUILD THE RESOURCES NECESSARY TO BE A CATALYST FOR, A CONVENER OF AND AN INVESTOR IN INITIATIVES THAT PERPETUATE THE VISION SHARED BY
prior Form 980 or 980 cr2?		Did the expenientian undertake any eignificant program can ices during the year which were not listed on the
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a Describe the organization's program service accomplishments for each of its three largest program services, as messured 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. (# any, for each program service reported.	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
IIII Sittement of Program Service Accomplishments	4	
EDUCATION EDUCA	4a	(Code:) (Expenses \$ 747,585. including grants of \$ 351,000.) (Revenue \$
EDUCATION EDUCA	Part III Statement of Program Service Accomplishments Check if Schedule Ocortains a mesones or note to any line in this Part III	
Sizement of Program Service Accomplishments [1] Check if Schedulo Contains a response or note to any line in this Part II [1] Or BUTLED THE DESOURCOPES IN RECESSARY TO BE A CATALYST FOR, A CONVENCE OF ND AN INVESTOR IN INITIATIVES THAT PERPETUATE THE VISION SHARED BY RE COMMUNITY, OUR DONORS AND VISIONARTES. ath comparison of the any significant program services during the year which were not listed on the or form 900 or 00052? []] Ves. Yes, 'describe these new services on Schedule 0. the comparison or make significant changes in how it conducts, any program services? []] Ves. Yes, 'describe these changes on Schedule 0. the comparison is program service accomplements for each of its three largest program services? []] Ves. Yes, 'describe these changes on Schedule 0. the comparison of program service accomplements for each of its three largest program services? []] Ves. Yes, 'describe these changes on Schedule 0.		
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EDUCATION EDUCA	Part III Statement of Program Second Check if Schedule O contains a rest 1 Briefly describe the organization's missi TO BUILD THE RESOURCE AND AN INVESTOR IN I THE COMMUNITY, OUR I 2 Did the organization undertake any sign prior Form 990 or 990-E2? If "Yes," describe these new services on 3 3 Did the organization cease conducting, If "Yes," describe these changes on Sci 4 Describe the organization's program service section 501(c)(3) and 501(c)(4) organizarevenue, if any, for each program service 4a (Code:) (Expenses \$ ARTS AND HUMANITIES	
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THE ANNUAL REMARKABLE EVENING EVENT PROVIDES INTELLECTUALLY STIMULATI AND ENTERTAINING PROGRAMMING FOR THE CITIZENS OF NEW ALBANY WHILE SUPPORTING WORTHY COMMUNITY CAUSES SUCH AS THE LIBRARY BOOK COLLECTIO THE JEANNE B. MCCOY COMMUNITY CENTER FOR THE ARTS AND A MYRIAD OF OTH ENRICHING PROGRAMS. LAST FALL, MORE THAN 400 GUESTS ATTENDED THIS EVENT. THE NEW ALBANY COMMUNITY FOUNDATION'S JEFFERSON SERIES HAS EMERGED AS ONE OF THE MOST RESPECTED LECTURE SERIES IN AMERICA. THE JEFFERSON SERIES ROUTINELY BRINGS SOME OF THE COUNTRY'S MOST COMPELLING THOUGHT LEADERS TO CENTRAL OHIO. THESE SPEAKERS HAVE INTERACTED WITH OVER 10,000 AREA HIGH SCHOOL STUDENTS, AS WELL AS RESIDENTS, BUSINESS AND 4d Other program services (Describe in Schedule 0.) (Expenses \$ 140,134. including grants of \$ 73,293.) (Revenue \$) te Total program service expenses 1,581,637.		
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Statement of Program Service Accomplishments		
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⊢orm	990	(2016))

Pa	rt 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		Х
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		Х
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		Х
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		X
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		X
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, VIII, 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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	ļ	X
13 14a		13 14a		X
14a h	Did the organization maintain an onice, employees, or agents outside of the United States?	148		
U	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	14b		x
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			<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	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	<u> </u>		
10	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,"			<u> </u>
	complete Schedule G. Part III	19		x

Form **990** (2016)

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10251108 716836 NEWALBANY

Form 990 (2	2016)	NEW	ALBANY	COMMUNI
Part IV	Checklist of	Require	d Schedule	S (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	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
35a	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		
36	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	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	Х	

Form **990** (2016)

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10251108 716836 NEWALBANY

31-1409264	Page 5

	990 (2016) NEW ALBANY COMMUNITY FOUNDATION		31-1409	264	Р	age
Pa						
	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	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \dots			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	θO		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	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 se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	-				
	to file Form 8282?			7c		X
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	contrac	xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	9			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring 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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			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				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form **990** (2016)

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Form 9	990 ((2016)
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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.

Sec	tion A. Governing Body and Management					
				. —	Yes	;
Section A. Governing Body and Management 1a Intervention of the governing body at the end of the tax year 1a				1		
	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	1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other			
				2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision			-
-				3		
4				4		-
				5		-
-						-
				6		_
7a						
				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or			
	persons other than the governing body?			7b		
Section A. Governing Body and Management: 1a Enforce the number of voting members of the governing body, or fithe governing body delegated brand autority to an executive committe or similar committee, explain in Schedule 0. b b Enforce the number of voting members included in line 1a, above, who are independent 1d 1d Did any officed, director, truates, or key employees have a family relationship or a business relationship that any other officer, director, rutates, or key employees have a family relationship or a business relationship with any other of officers, director, or truates, or key employees to a management company or other person? 9 Did the organization disequest control over management duties customarily performed by or under the direct supervision of officers, director, or trustes, or key employees to a management company or other person? 9 Did the organization and any significant charborides? 1a End any operandice direction of the organization reserved to (or subject to approval by members, stockholders, or persons other than the governing body? 9 Did the organization and members of stockholders? 1b Did the organization commenses of the organization reserved to (or subject to approval by members, stockholders, or persons other than the operanization communeses? 1b Did the organization and members of stockholders? 2b Did the organization commenses? 2b Did the organization commenses?						
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body, of the agreening body of the governing body of the sectors of voting members included in line ta, above, who are independent 1			8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х	-
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1 1b It has a realized differences in voting rights among members of the governing body, or if the governing body deglated broad untifierly an executive committee vision in continues, explain in Steldule 0. 1 2 Did any offect, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duries on the organization's sectors? 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization represenses and the power to elect or appoint one or more members of the organization represenses and the sector appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or organization's maling address? 6 Did the organization custemport the meetings held or written actions undertake during the year by the following; 8 The governing body? Each committee with authority to act on behalf of the governing body? 9 Is the arganization nave written pololops and provendues numbers, stockholders, or parazitat					-	
a Enter the number of voting members of the governing body at the end of the tax year 1		9				
00				9		-
	tion D. Foncies (mis Section B requests information about policies not required by the internal r	hevenue	Code.)		V.	_
_					Yes	-
				10a		_
b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	Х	
				12b	Х	-
						-
U				12c	х	
12					X	-
				13	- 21	_
Section A. Governing Body and Management 1a Inter the number of voling members of the governing body at the end of the tax year 1a 1a 14 1b Enter the number of voling members of the governing body, or if the governing body at the end of the tax year 1a 14 2 Did any officier, directry, trustee, or key employees have a family calconsite relationship or a business relationship 1a 14 2 Did any officier, directry, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, or trustee, or key employees to a management duties of the governing body. 1a 1a 2 Did the organization obecome aware during the year of a significant diversion of the organization second ware during the year of a significant diversion of the organization are members or stochholders? 1a 1a 3 Did the organization new members or stochholders? 1a 1a 1a 4 Did the organization new members or stochholders? 1a 1a 1a 4 Did the organization new members or stochholders? 1a 1a 1a 5 Did the organization new members or stochholders? 1a 1a 1a 6 Did the organization neweremponeavidy docu		14		_		
15	Did the process for determining compensation of the following persons include a review and approv	val by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other ficer, director, trustee, or key employees?			15b		
						Ī
l6a	big degated broad suffortly to an executive committee or similar committee, explain in Schedule 0. to be committee or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management durbe customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management durbe customarily performed by or under the direct supervision of differer, directors, or trustees, or key employees to a management durbes customarily performed by or under the direct supervision of differer, directors, or trustees, or key employees to a famagement durbes customarily performed by or under the direct supervision of differer, director, trustees, or key employees to a significant changes to the governing body? Differe organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the oprovening body? Differe officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization maning address? If Yes, <i>Jrowide the names and addresses in Schedule O</i> to the process, farguests information about policies not required by the <i>Internal Revenue Code</i> . Difference for spectra provide the process, farguests information about policies not required by the organization have unter written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is severing body before fling the form? Describe in Schedule O the process, farguests information and bus procedures governing body before fling the form? Describe in Schedule O the process, farguests information and estimation oreleased at the process? Describe i					
				16a		
h						
D		•				
				101		
				16b		-
7						
8		T (Sect	ion 501(c)(3)s only)	availab	le	
	Own website X Another's website X Upon request Other (explained on the contract of the contrac	n in Sch	nedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents. c	onflict a	f interest policy, ar	nd finan	cial	
			. ,,			
0		ooke an	d records.			
	THE COLUMBILS FOUNDATION - $614-251-4000$	oono al				-
						-
	1234 LADI DAVAD DIREEI, COLUEDUD, ON 43203				990	- -

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.

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

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

Name and Title	Average hours per week (list any	box offi	not c , unle cer an	ss pe	more rson i	than		Reportable compensation	Reportable	Estimated
	week (list any	box offi	, unle	ss pe	rson i			componention		
	(list any		cer an	a a a				compensation	compensation	amount of
					irecto	r/trus	tee)	from	from related	other
		recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	d ual tr	tional		nploy	st cor yee	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gamente
(1) KEITH BEREND	2.00	_	_	0	-		-			
CHAIR		X		Х				0.	0.	Ο.
(2) STUART BURGDOERFER	2.00									
VICE CHAIR		X		Х				0.	0.	Ο.
(3) IRVING DENNIS	2.00									
TREASURER		X		Х				0.	0.	0.
(4) LYNNE SMITH	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) DENNIS WELCH	1.00									
TRUSTEE		Х						0.	0.	0.
(6) DONNA AKINS	1.00									
TRUSTEE		Х						0.	0.	0.
(7) LECE LOHR	1.00									-
TRUSTEE		Х						0.	0.	0.
(8) PHIL HEIT, PH.D.	2.00									
TRUSTEE		х						0.	0.	0.
(9) CHARLES TURNEY	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(10) MICHAEL MARX	1.00								0	0
TRUSTEE	1 00	X						0.	0.	0.
(11) JEFF RODEK	1.00	.,							0	0
TRUSTEE	1 00	X						0.	0.	0.
(12) PATTI STEINOUR	1.00	v						0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(13) EVERETT GALLAGHER TRUSTEE	1.00	x						0.	0.	0.
(14) CHARLOTTE KESSLER	1.00							0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(15) J. CRAIG MOHRE	50.00								••	
PRESIDENT	50.00			х				238,080.	0.	11,165.
								230,000.	0.	,
	1									
		1								
632007 11-11-16	•					•				Form 990 (2016)

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	990 (2016) NEW ALBAN									31-14	409	264	Pa	age 8
Pai	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c , unle	(C Posi heck ss pe	C) ition more rson i		one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatic from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org ane	pensa rom the anizat d relat anizatio	e ion :ed
	Sub-total								238,080.		0.	1	1,1	65.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A	· · · · · · ·	· · · · · · ·		·····			0. 238,080.	000 of roportab	0.		, 1,1	0.
	compensation from the organization												Yes	1 No
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i> For any individual listed on line 1a, is the su	<i>uch individual</i> Im of reportabl	 le co	ompe	ensa	atior	n and	l otl	her compensation from			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv		;	4 5	X	x
Sec 1	 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 													
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C compe	C) nsatio	n
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	nite	d to	tho: (se lis)	stec	above) who received n	nore than		Form	990 ()	2016)

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Form **990** (2016)

8

Form 990 (20	16)	NEW	ALBANY	COMMUNITY	FOUNDATION
Part VIII	Statement	of Rev	venue		

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
our		Membership dues						
Am (Fundraising events						
lar lar		Related organizations						
ini,	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, gran						
<u>i</u> pu		similar amounts not included abov	ve 1f 1 ,	993,528.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
σõ	h	Total. Add lines 1a-1f			1,993,528.			
	-	סדאאסעאסו די דינדאו	TNC DDO	Business Code 900099	112,200.	112,200.		
Program Service Revenue	2 a	REMARKABLE EVEN	IING PRO	900099	112,200.	112,200.		
ue l	b							
ven Ven	c							
gra Re	d							
Pro	e 4	All other program convice rove						
_		All other program service reve			112,200.			
	<u> </u>	Total. Add lines 2a-2f			112,2000			
	3	other similar amounts)			69.			69.
	4	Income from investment of tax						
	5	Royalties						
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour					
		Less: rental expenses						
		Rental income or (loss)						
			·····	>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		►				
en	8 a	Gross income from fundraising	g events (not					
		including \$	of					
Other Reven		contributions reported on line	,					
er		Part IV, line 18						
đ		Less: direct expenses						
		Net income or (loss) from func		····· •				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less	-	····· >				
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
ŀ		Miscellaneous Revenu		Business Code				
ľ	11 a							
	b							
	с							
	d	All other revenue						
		Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			2,105,797.	112,200.	0.	69.
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632009 11-11-16

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9

Part IX Statement of Functional Expenses

NEW ALBANY COMMUNITY FOUNDATION

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	621,993.	621,993.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	255,962.	89,587.	25,596.	140,779
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	36,583.	12,804.	3,658.	20,121
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,386.	485.	139.	762
9	Other employee benefits				
10	Payroll taxes	17,524.	6,134.	1,752.	9,638
11	Fees for services (non-employees):				
а	Management				
	Legal	551.	193.	55.	303
	Accounting	31,000.	10,850.	3,100.	17,050
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
-	column (A) amount, list line 11g expenses on Sch O.)	18,050.	6,317.	1,805.	9,928
12	Advertising and promotion	98,902.	34,616.	1,805. 9,890.	9,928 54,396 9,017
13	Office expenses	22,571.	5,738.	7,816.	9,017
14	Information technology				
15	Royalties				
16	Occupancy	26,821.	9,387.	2,682.	14,752
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,246.	2,536.	725.	3,985
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,825.		2,825.	
23	Insurance	11,326.	3,964.	1,133.	6,229
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		775,650.	775,650.		
b	MISCELLANEOUS	4,538.	289.	3,797.	452
c	N.A. TASK FORCE	1,094.	1,094.		
d	OTHER	150.	-		150
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,934,172.	1,581,637.	64,973.	287,562
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)				

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Form **990** (2016)

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10

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		oneck in Schedule O contains a response of hou			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			40.020	1	77 040
	2	Savings and temporary cash investments		E CONTRACTOR OF	42,936.	2	77,948.
	3	Pledges and grants receivable, net			154,100.	3	72,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer offi	cers, directors,			
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
			rt II of Schedule L			5	
	6	Loans and other receivables from other disqualif	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	3)(B), and contributing			
		employers and sponsoring organizations of sections	ion 501(d	c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			217,664.	9	190,109.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	37,969. 31,459.			
	b	Less: accumulated depreciation		31,459.	9,335.	10c	6,510.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,841,845.	15	13,260,938.
	16	Total assets. Add lines 1 through 15 (must equa			12,265,880.	16	13,607,505.
	17	Accounts payable and accrued expenses			32,966.	17	4,485.
	18	Grants payable				18	52,500.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and d	squalified persons.			
idbi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	irties		24	
	25	Other liabilities (including federal income tax, pay	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D			227,718.	25	258,831.
	26	Total liabilities. Add lines 17 through 25			260,684.	26	315,816.
		Organizations that follow SFAS 117 (ASC 958)), check	here 🕨 🗴 and			
es		complete lines 27 through 29, and lines 33 and					
nce	27	Unrestricted net assets			11,523,596.	27	12,996,979.
ala	28	Temporarily restricted net assets			481,600.	28	294,710.
Net Assets or Fund Balances	29			<u></u>		29	
Fur		Organizations that do not follow SFAS 117 (As					
ğ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq				31	
et⊿	32	Retained earnings, endowment, accumulated inc		E CONTRACTOR OF CONTRACTOR OFO		32	
ž	33	Total net assets or fund balances		E CONTRACTOR OF CONTRACTOR OFO	12,005,196.	33	13,291,689.
	34	Total liabilities and net assets/fund balances			12,265,880.	34	13,607,505.
							Form 990 (2016)

Form 990 (2016)

Check if Schedule O contains a response or note to any line in this Part XI Image: Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, colurm (A), line 12) 1 2, 1, 05, 797. 2 Total expenses (must equal Part IX, colurm (A), line 25) 2 1, 934, 172. 3 Revenue less expenses. Subtract line 2 from line 1 3 171, 625. 4 12, 005, 196. 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 6 7 Investments 8 8, 415. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 1, 106, 453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, colurm (B)) 1 3 13, 291, 689. Yeart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: C cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: C cash <th></th> <th>990 (2016) NEW ALBANY COMMUNITY FOUNDATION</th> <th>31-1</th> <th>409264</th> <th>Pa</th> <th>ge 12</th>		990 (2016) NEW ALBANY COMMUNITY FOUNDATION	31-1	409264	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 105, 797. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 934, 172. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 934, 172. 3 1771, 625. 3 1771, 625. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12, 005, 196. 5 Donated services and use of facilities 6	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,934,172. 3 Revenue less expenses. Subtract line 2 from line 1 3 171,625. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,005,196. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 7 8 8,415. 9 0ther changes in net assets or fund balances (explain in Schedule 0) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X Yes 9 1,106,453. 10 13,291,689. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis 2b X 1 Accounting method used to indicate whether the financial statements for the ye		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,934,172. 3 Revenue less expenses. Subtract line 2 from line 1 3 171,625. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,005,196. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 7 8 8,415. 9 0ther changes in net assets or fund balances (explain in Schedule 0) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X Yes 9 1,106,453. 10 13,291,689. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis 2b X 1 Accounting method used to indicate whether the financial statements for the ye						
3 Revenue less expenses. Subtract line 2 from line 1 3 1711,625. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,005,196. 5 5 5 6 7 6 7 7 7 7 7 7 7 8 Prior period adjustments 8 8,415. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accounting in Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X S	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 12,005,196. 5 Net unrealized gains (losses) on investments 5 6 6 6 6 7 8 8 4.15. 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization sinancial 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 reviewed on a separate basis Consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis,	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 Prior period adjustments 8 9 1, 106, 453. 10 13, 291, 689. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Explain in Schedule O. 3 Were the organization's financial statements audited by a independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Explain in Schedule O. 3 Beyrate basis Consolidated basis	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 1,106,453. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X Yes Not 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes Not 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audifed on a separate basis. consolidated basis. or both: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis Consolidated basis <t< th=""><th>4</th><th>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</th><th>4</th><th>12,00</th><th>5,1</th><th>96.</th></t<>	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,00	5,1	96.
7 Investment expenses 7 8 Prior period adjustments 8 8,415. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant? 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis D X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X X X If "Yes," check a box below	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 8,415. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 1,106,453. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13,291,689. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, orosolidated basis, or both: 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year wer	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 1,106,453. 10 13,291,689. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements and the financial statements for the year were audited on a separate basis. consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements and the financial statements for the year were audited on a separate basis. consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: X If "Yes," the a dor zo 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13, 291, 689. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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 separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	8	Prior period adjustments	8			
column (B) 10 13,291,689. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a X X Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If "Yes," to line 2a or 2b, does the organization required t	9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,100	5,4	53.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to keck a box below to indicate whether the financial statements and sepection process during the tax year	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a provent of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis D Both consolidated and separate basis Consolidated basis Consolidated basis D Separate basis Consolidated basis D Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sched		column (B))	10	13,293	L,6	89.
Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the previous of the pre		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No
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 reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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 separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Image: compiled compile						
separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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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 separate basis, consolidated basis, or both: X Image: Consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Con						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated ba						
consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit I I	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Committee Committe						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X 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 required audit Image: Content of the organization of the required audit Image: Content of the organization of the required audit				2c	Х	
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 required audit Image: Control of the organization did not undergo the required audit						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		ngle Audit			
		Act and OMB Circular A-133?		3a		X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
or addits, explain why in solicidate of and describe any steps taken to undergo such addits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2016)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4

4947(a)(1)	nonexe	mpt ch	naritab	e trust.
Attach	to Form	990 or	Form	990-EZ.

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

	2016		
	Open to Public		
rm990.	Inspection		
Employer identification number			

OMB No. 1545-0047

Name of the organization	on	
	NEW	Α

			NEW	ALBANY COM	MUNITY F	'OUND.	ATION			3	1-1409264
Pa	rt I		Reason for Public (Charity Status (A	All organizations	s must co	mplete th	is part.) Se	e instructions	3.	
The	orga	niza	ation is not a private found								
1	ſ	1	church, convention of ch			•					
2		1	school described in secti	•							
3		1	hospital or a cooperative						::)		
		1	•							VIII) Entar	the beenitel's name
4	L		medical research organiz	ation operated in col	junction with a	позрітаї	uescribed	in sectio		(III). Enter	the hospital's hame,
_		1	ity, and state:								
5			n organization operated fo		liege or universi	ty owned	or operat	led by a g	overnmental L	init descrit	bed in
-		1	section 170(b)(1)(A)(iv). (C	• •							
6		1	federal, state, or local gov	-							
7	X		n organization that norma		ntial part of its s	support fi	rom a gov	ernmental	unit or from t	he general	public described in
			ection 170(b)(1)(A)(vi). (Co								
8		1	community trust describe								
9		A	n agricultural research org	anization described	in section 170	(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		0	r university or a non-land-g	grant college of agric	ulture (see instr	uctions).	Enter the	name, city	/, and state of	the colleg	e or
		1	niversity:								
10		A	n organization that norma	lly receives: (1) more	than 33 1/3% o	of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		а	ctivities related to its exem	npt functions - subjec	ct to certain exc	eptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment
		in	ncome and unrelated busir	ness taxable income	(less section 51	11 tax) fro	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.
		S	ee section 509(a)(2). (Cor	nplete Part III.)							
11		A	n organization organized a	and operated exclusi	vely to test for	public sa	fety. See s	section 50)9(a)(4).		
12		A	n organization organized a	and operated exclusi	vely for the ben	nefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		m	nore publicly supported or	ganizations describe	d in section 50	9(a)(1) or	section &	509(a)(2).	See section 5	5 09(a)(3). (Check the box in
		lir	nes 12a through 12d that	describes the type o	f supporting or	ganizatior	n and com	plete lines	s 12e, 12f, and	d 12g.	
а			Type I. A supporting orga	anization operated, s	upervised, or co	ontrolled	by its sup	ported org	ganization(s), t	ypically by	r giving
			the supported organization	on(s) the power to re	gularly appoint	or elect a	n majority o	of the dire	ctors or truste	es of the s	supporting
			organization. You must c	omplete Part IV, Se	ctions A and B	3.					
b			Type II. A supporting org	anization supervised	or controlled in	n connect	tion with it	s support	ed organizatio	n(s), by ha	iving
			control or management o	f the supporting orga	anization vested	d in the sa	ame perso	ons that co	ontrol or mana	ge the sup	ported
			organization(s). You mus				·				
с			Type III functionally inte				in connect	tion with, a	and functional	lly integrate	ed with,
			its supported organization			-				, 0	,
d			Type III non-functionally		-	-				ted organi	zation(s)
			that is not functionally int							-	
			requirement (see instruct	•	e ,		•		•		
е	Г		Check this box if the orga	-	-					II. Type III	
Ŭ			functionally integrated, or						, , , , , , , , , , , , , , , , , ,	n, 19pe m	
f	En	ter t	the number of supported of	• •	nany integrated	ouppoin	ng organi	Lation			
			e the following information	•	d organization(s)					
9	1 10		Vame of supported	(ii) EIN	(iii) Type of orga	<u> </u>	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
			organization		(described on lin above (see instru		Yes	No	support (see in	structions)	support (see instructions)
					above (see motio						
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990-EZ) 2016 NEW ALBANY COMMUNITY FOUNDATION

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,022,775.	3,804,100.	2,247,415.	1,927,540.	1,993,528.	12,995,358.
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	3,022,775.	3,804,100.	2,247,415.	1,927,540.	1,993,528.	12,995,358.
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)						2,576,817.
6	Public support. Subtract line 5 from line 4.						10,418,541.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3,022,775.	3,804,100.	2,247,415.	1,927,540.	1,993,528.	12,995,358.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	4,449.	27.	30.	34.	69.	4,609.
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 VI.)						
11	Total support. Add lines 7 through 10						12,999,967.
12	Gross receipts from related activities,	etc. (see instruction	ons)	-		12	374,700.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	80.14 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	78.44 %
16a	1 33 1/3% support test - 2016. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		
k	0 10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	and see instruction	s >
					Sche	edule A (Form 990	or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 NEW ALBANY COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e	2016	(f) Total	
tributions, and								
received. (Do not								
sual grants.")								
om admissions, d or services per- es furnished in s related to the								
exempt purpose								
om activities that								
ted trade or bus-								
on 513								
ed for the organ-								
Ind either paid to								
ices or facilities								
wernmental unit to without charge								
through 5								-
d on lines 1, 2, and								
lisqualified persons								
nes 2 and 3 received								
lified persons that 5,000 or 1% of the ne year								
7b								
Subtract line 7c from line 6.)								
Support								
year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e	2016	(f) Total	
e 6								
m interest, ents received on rents, royalties similar sources								
taxable income								
xes) from businesses 30, 1975								
d 10b								_
unrelated business uded in line 10b, e business is on								
o not include gain ale of capital								
Part VI.)								_
f the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax vear as a sectio	n 501(c	:)(3) organiz	ation.	
	0					/(e) el galliz		٦
utation of Publi							····· • –	-
ercentage for 2016 (li			column (f))		15			%
ercentage from 2015					16			%
outation of Inves	/	/						
ne percentage for 20 °		•			17			%
ne percentage from 2					18			%
t tests - 2016. If the			on line 14 and line			and line 1	7 is not	70
%, check this box an	-							٦
t tests - 2015. If the	organization did n	ot check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than		and	
e than 33 1/3%, cheo								
on. It the organization	a dia not check a	box on line 14, 19	a, or 19b, check ti					<u>_</u>
			15	Sch	edule A	(Form 990	or 990-E∠) 20	16
				15	School 15	Schedule A 15	Schedule A (Form 990 15	

Schedule A (Form 990 or 990-EZ) 2016 NEW ALBANY COMMUNITY FOUNDATION

31-1409264 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 NEW ALBANY COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			Vee	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		×	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have been engaged in the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part V</i>	20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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032025	5 09-21-16 Schedule A (Form 99 1 7	50 01 95	JU-EZ)	2010

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Schedule A (Form 990 or 990-EZ) 2016 NEW ALBANY COMMUNITY FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 NEW ALBANY COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	¥
Secti	on D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		i	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
-	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Part VI	(Form 990 or 990 EZ) 2016 NEW A Supplemental Information. F			Part II line 1	O: Part II, line 17e e	31-1409264 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	4b, 4c, 5a, 6, 9a, 9b, 9c, 12	11a, 11b, a	and 11c; Part	IV, Part II, IIIne 17a C IV, Section B, lines	1 and 2; Part IV, Section C,
	Section D, lines 5, 6, and 8; and Part	3; Part IV, Section E, line V, Section E, lines 2, 5, a	s 1c, 2a, 2i Ind 6. Also	complete this	; Part V, line 1; Part s part for any additio	V, Section B, line 1e; Part V onal information.
	(See instructions.)			-	· · ·	
32028 09-21- ⁻	16				Schedu	le A (Form 990 or 990-EZ)
			20			
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name	of the	organization
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Organization type (check one):

ľ

JEW ALBAN	Y COMMUNITY	FOUNDATION
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31-1409264

C	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of orga	nization
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31-1409264

NEW ALBANY COMMUNITY FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	\$ <u>606,544</u> .	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
2	THE NEW ALBANY COMPANY 605 SOUTH FRONT STREET, SUITE 200 COLUMBUS, OH 43215	\$81,177.	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
3	ABERCROMBIE & FITCH P.O. BOX 182168 COLUMBUS, OH 43218	\$ <u>75,000.</u>	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
4	DR. AND MRS. KEITH R. BEREND 7419 HELMSLEY GREEN NEW ALBANY, OH 43054	\$50,000.	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
5	THE HUNTINGTON NATIONAL BANK 41 SOUTH HIGH STREET COLUMBUS, OH 43215	\$ <u>75,000.</u>	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
6	TWEEN BRANDS 8323 WALTON PARKWAY NEW ALBANY, OH 43054	\$ 75,000. Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)
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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

10251108 716836 NEWALBANY

Name	of	organization

31-1409264

NEW ALBANY COMMUNITY FOUNDATION

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	AMERICAN ELECTRIC POWER P.O. BOX 24400 CANTON, OH 44701	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	SAVKO & SONS 4636 SHUSTER ROAD COLUMBUS, OH 43214	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	VANGUARD CHARITABLE ENDOWMENT PROGRAM 16 OXBOW ROAD WELLESLEY, MA 02481	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
623452 10-1;		\$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

31-1409264

NEW ALBANY COMMUNITY FOUNDATION

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

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

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Schedule B (Name of organ	Form 990, 990-EZ, or 990-PF) (2016) nization		Pag Employer identification number		
· ·					
NEW ALI Part III	BANY COMMUNITY FOUNDAT	butions to organizations described	31 – 1409264 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for		
	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follow	wing line entry. For organizations		
	Use duplicate copies of Part III if additiona				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gif	ft		
	Transferee's name, address, an	d 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 gif	ft		
	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				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
-					
623454 10-18-10	5	25	Schedule B (Form 990, 990-EZ, or 990-PF) (20		

10251108 716836 NEWALBANY 2016.04020 NEW ALBANY COMMUNITY FOUNDA NEWALBA1

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.



	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.irs.	gov/form990	Den to Public Inspection
Nam	e of the organization		ł.		loyer identification number
		NEW ALBANY COMMUNI			31-1409264
Par		•	ed Funds or Other Similar Funds	or Accou	nts.Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	(b) Fund	ds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advise		
			exclusive legal control?		Yes I No
6			advisors in writing that grant funds can be u		
			or donor advisor, or for any other purpose c	°,	
Par	impermissible priva		ganization answered "Yes" on Form 990, Pa		
				art IV, line 7.	
1		servation easements held by the organizat	· · · · ·	ria allu rima a ri	ant land area
) of land for public use (e.g., recreation or e f natural habitat	education) Preservation of a histor		
		of open space		ieu mistoric s	Siruciule
2			fied conservation contribution in the form o	f a consonua	tion accoment on the last
2	day of the tax year		ned conservation contribution in the form of		Held at the End of the Tax Year
а				2a	
	-		ructure included in (a)		
			after 8/17/06, and not on a historic structur		
3			leased, extinguished, or terminated by the		during the tax
	year 🕨			0	0
4	Number of states v	where property subject to conservation ea	sement is located		
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easements	it holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ease	ements during the year
	▶				
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easemen	ts during the year
	▶\$				
8			ve satisfy the requirements of section 170(h		
-					
9			ion easements in its revenue and expense		
		· · ·	tion's financial statements that describes the	ne organizat	ion's accounting for
Dar	conservation ease		f Art, Historical Treasures, or Ot	hor Simil	ar Accate
1 41		the organization answered "Yes" on Form			
12			SC 958), not to report in its revenue statem	ont and hala	nce sheet works of art
Ia			hibition, education, or research in furtheran		
		thote to its financial statements that descr			
b			SC 958), to report in its revenue statement a	and balance	sheet works of art historical
~	•		ducation, or research in furtherance of pub		
	relating to these ite				
	-			▶ \$	6
2	.,		asures, or other similar assets for financial		e

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

\$

\$

26

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b Assets included in Form 990, Part X

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) 3 Using the organizations acquisition, accession, and other records, check my of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for Ature generations e Other c Preservation for Ature generations c e No c Descention of the organization sole corecele donalization and explain how they further the organization's exempt purpose in Part XIII. 5 c Descention of mask funds atminization sole corecele donalization and control of an Anutation form 990. Part X, Ine 21. Yes No Part V Eacrow and Custodial Arrangements. Complete the following table: Amount e Amount c Beginning balance 1d 1d e Id e c Editoring the year 1d e Id e Id c Beginning balance 1d 1d e Id e Id e c Edinon generatization	Sche		ANY COMMUN						1-14			ıge 2
clock all that apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, o	r Othe	r Simila	r Asse	ts (contir	nued)	
a Public exhibition definition of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization is collections of art, historical trassures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9.0, or reported an amount on Form 980, Part X, line 21. Ta is the organization and explain or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Ta is the organization and explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Beginning anameunt on Form 980, Part X, line 21, for escrow or custodial account liability? C Prove D In 7'es', "explain the arrangement in Part XIII. Concepter (Part X) Encepter (3		ion, and other record	ls, check a	any of the	following that	are a sig	gnificant us	se of its	collectio	n items	3
b Scholarly research e Other 4 Provide a description of two organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an amount on Form 990, Part X, line 21. In the organization include an a	а		d		an or excl	nange progra	ms					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, do the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or 11 The second and Custodial Arrangements. Completel if the organization answered "Yes" on Form 990, Part IV, line 9, or 12 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? 13 Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 24 Dotine organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 25 Dot the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 26 Tendowment Funds. Complete If the organization nawwed "Yes" on Form 990, Part X, line 20, for years back (e) Four years back (e) Fou			e									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization is collection? Part V esc on Form 990, Part X, line 21. Amount Califordian arrangement in Part XIII and complete the following table: Amount Califordian arrangement in Part XIII and complete the following table: Amount Califordian arrangement in Part XIII and complete the following table: Califordian arrangement in Part XIII and complete the following table: Califordian arrangement in Part XIII. Califordian arrangement in Part XII			-									
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X insue, custodian or other intermediary for contributions or other assets not included on Form 990, Part X insue, custodian or other intermediary for contributions or other assets not included on Form 990, Part X insue, custodian or other intermediary for contributions or other assets not included on Form 990, Part X insue, custodian or other intermediary for contributions or other assets to be software the part of the organization answered 'Yes' on Form 990, Part X insue 1 Annount Is defined an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Annount Te Endowment Eurods. Complete if the organization naswered 'Yes' on Form 990, Part X, line 10. If 'Yes.'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. If a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Twe years back (d) Four years back (e) Four years back (d) Four years back (d) Four year balance Temporating a negative solution is the organization set organization fast were held and administered for the organization proyide the estimated percent		-	ollections and explai	n how the	v further th	ne organizatio	on's exen	not purpos	se in Parl	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IW Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and the year Io Id Id Id Id Id Id Id Id	5											
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Endpoint the arrangement in Part XIII and complete the following table: Ves No If 'Yes,' explain the arrangement in Part XIII and complete the following table: 									🗆	Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "kes," explain the arrangement in Part XIII and complete the following table:	Par	t IV Escrow and Custodial Arran	gements. Comple							ine 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State in the arrangement in Part XIII in the arrangement in Part XIII in the state in the part in the interment earlings, gains, and losses Image: State in the arrangement in Part XIII in the possession of the organization that are held and administered for the organization for the organization in the possession of the organization that are held and administered for the organization by: 0 Order expenditures on lines 2a, 2b, and 2c should equal 100%. 3a(Image) 10 Image: State in the organization sthe organization that are held and administered for th												
b If "Yes," explain the arrangement in Part XII and complete the following table:	1 a			-						1		1
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII Image: Check here if the organization answered "Yes" on Form 990, Part XI, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Check here if the explanation has been provided or Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Check here if the organization here years back if the organization here years back if the organization prove the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Check here if the organization here years back if the organization here years back if the organization is the possession of the organization that are held and administered for the organization by: (i) urrelated organizations Image: Shere Mego: Shere Mego: Shere M									L	Yes		No
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: Contributions f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % till related organizations (i) (ii) unrelated organizations (iii) related organizations (iii) related organizations (iii) related organizations Image: Im	1 41		-						are back	(a) Four	Voare	hack
b Contributions	10	Reginning of year balance	(a) Current year		n year		S DACK (ats Dack	(e) i oui	yearsi	Jack
c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses	e											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation depreciation 1a Land												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent vear end balanc	e (line 1a	column (a)) held as:						
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations % (ii) unrelated organizations % % % (iii) related organizations % % % b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? % % 4 Describe in Part XIII the intended uses of the organization's endowment funds. %												
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(i) 3a(i) (iii) related organizations 3a(ii) 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (other) Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		_										
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipn	nent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	ine 11a. S	ee Form 990	, Part X, I	line 10.				
b Buildings		Description of property	. ,		.,		• •			(d) Bool	< value	;
b Buildings	1a	Land										
c Leasehold improvements 9,707. 9,707. 0. d Equipment 28,262. 21,752. 6,510.												
d Equipment 9,707. 9,707. 0. e Other 28,262. 21,752. 6,510.												
e Other						-						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					2	8,262.		21,75	2.			
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)					5,51	L0.

Schedule D (Form 990) 2016

632052 08-29-16

Dart VII	Invoctmente -	Othor Sa	ouritioe		
Schedule D (Form 990) 2016	NEW	ALBANY	COMMUNITY	FOUNDATION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X,	
	Description		(b) Book value
(1) BENFICIAL INTEREST IN ASS	ETS HELD BY	OTHERS	13,260,938
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶ 13,260,938
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li		Part X, line 25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ORGANIZATION ENDOWMENT FU	NDS HELD		
(3) FOR OTHERS		258,831.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) 🕨	258,831.	
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions unde			

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 NEW ALBANY COMMUNITY FOUNDAT	-			1409264 _P	age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per R	eturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,212,2	50.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) 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	1,106,453.			
е	Add lines 2a through 2d			2e	1,106,4	
3	Subtract line 2e from line 1			3	2,105,7	97.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					2,105,7	97.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,925,7	57.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	-8,415.			
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-8,4	
3	Subtract line 2e from line 1			3	1,934,1	72.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,934,1	72.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

632054 08-29-16

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL

STATEMENTS INCLUDE NO PROVISION FOR INCOME TAXES.

THE FOUNDATION HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) RELATING TO

29

UNCERTAIN TAX PROVISIONS. THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL

STATEMENTS INCLUDE ANY UNCERTAIN TAX PROVISIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE (DECREASE) IN BENEFICIAL INTEREST IN ASSETS HELD

Schedule D (Form 990) 2016

10251108 716836 NEWALBANY 2016.04020 NEW ALBANY COMMUNITY FOUNDA NEWALBA1

Schedule D (Form 990) 2016

BY OTHERS

1,106,453.

632055 08-29-16

10251108 716836 NEWALBANY

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	Grants and Oth vernments, ar lete if the organizatio ion about Schedule I	nd Individual n answered "Yes" Attach to Form	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.	0.	OMB No. 1545-0047 2016 Open to Public Inspection
Name of the organization							Employer identification number
		TY FOUNDATI	ON				31-1409264
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?	toring the use of grant	funda in tha Unita	d Stataa			X Yes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answered "	/es" on Form 990 Par	t IV line 21 for any
recipient that received more than 9	-				anization answered	res on form 990, Far	trv, line 21, lor any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CANINE COMPANIONS FOR INDEPENDENCE 4989 STATE ROUTE 37 EAST DELAWARE, OH 43015	94-2494324	501C3	20,000.	0.			HEALTH
COLUMBUS METROPOLITAN LIBRARY 96 SOUTH GRANT AVENUE COLUMBUS, OH 43215	31-6401170	501C3	2,500.	0.			EDUCATION
DEPAUW UNIVERSITY 101 EAST SEMINARY STREET GREENCASTLE, IN 46135	35-0869045	501C3	2,000.	0.			EDUCATION
EDUCATIONAL SERVICE CENTER 2080 CITYGATE DRIVE COLUMBUS, OH 43219	31-0914093	501C3	40,000.	0.			EDUCATION
EDUCATIONAL SERVICE CENTER 2080 CITYGATE DRIVE COLUMBUS, OH 43219	31-0914093	501C3	15,000.	0.			EDUCATION
HEALTHY NEW ALBANY 7904 COLE PARK LOOP NEW ALBANY, OH 43054	20-3840246		2,855.	0.			HEALTH
2 Enter total number of section 501(c)(3) a	•	•	ne line 1 table				13.
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2016)

NEW ALBANY COMMUNITY FOUNDATION Schedule I (Form 990)

31-1	409264	Page 1
<u> </u>		I aye i

Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IEALTHY NEW ALBANY							
7904 COLE PARK LOOP							
NEW ALBANY, OH 43054	20-3840246	501C3	5,000.	٥.			EDUCATION
JEANNE B. MCCOY COMMUNITY							
P.O. BOX 508							
NEW ALBANY, OH 43054	26-0388623	501C3	20,000.	0.			ARTS
JEANNE B. MCCOY COMMUNITY							
P.O. BOX 508							
NEW ALBANY, OH 43054	26-0388623	501C3	80,000.	0.			ARTS
JEANNE B. MCCOY COMMUNITY							
P.O. BOX 508							
NEW ALBANY, OH 43054	26-0388623	501C3	8,500.	0.			ARTS
JEANNE B. MCCOY COMMUNITY							
P.O. BOX 508							
NEW ALBANY, OH 43054	26-0388623	501C3	80,000.	٥.			ARTS
TENNIE D. MOOON CONNINTERY							
JEANNE B. MCCOY COMMUNITY P.O. BOX 508							
NEW ALBANY, OH 43054	26-0388623	501C3	80,000.	0.			ARTS
JEANNE B. MCCOY COMMUNITY							
P.O. BOX 508							
NEW ALBANY, OH 43054	26-0388623	501C3	80,000.	٥.			ARTS
JEANNE B. MCCOY COMMUNITY							
P.O. BOX 508	26-0388623	501C3	20.000	0.			EDUCATION
NEW ALBANY, OH 43054	20-0300023	501C3	20,000.	0. 			EDOCATION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO							
68 EAST SECOND AVENUE							
COLUMBUS, OH 43201	31-4385042	501C3	1,000.	٥.			EDUCATION

Schedule I (Form 990)

NEW ALBANY COMMUNITY FOUNDATION Schedule I (Form 990)

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<u> </u>		I aye i

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL OHIO							
68 EAST SECOND AVENUE							
COLUMBUS, OH 43201	31-4385042	501C3	2,500.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO							
68 EAST SECOND AVENUE							
COLUMBUS, OH 43201	31-4385042	501C3	500.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF CENTRAL OHIO							
68 EAST SECOND AVENUE							
COLUMBUS, OH 43201	31-4385042	501C3	1,000.	0.			EDUCATION
NAME A NIGH							
MAKE-A-WISH 2545 FARMERS DRIVE, SUITE 300							
COLUMBUS, OH 43235	34-1471131	501C3	8,000.	0.			HEALTH
	54 14/1151	50105	0,000.	0.			
NEW ALBANY PLAIN TOWNSHIP							
P.O. BOX 273							
NEW ALBANY, OH 43054	31-6400867	501C3	3,000.	0.			HISTORICAL PRESERVATION
NEW ALBANY PLAIN TOWNSHIP							
P.O. BOX 273							
NEW ALBANY, OH 43054	31-6400867	501C3	32,500.	0.			HEALTH
NEW ALBANY SYMPHONY ORCHESTRA							
P.O. BOX 332							
NEW ALBANY, OH 43054	51-0657626	501C3	10,000.	0.			ARTS
NEW ALBANY SYMPHONY ORCHESTRA							
P.O. BOX 332							
NEW ALBANY, OH 43054	51-0657626	501C3	10,000.	0.			ARTS
NEW ALBANY SYMPHONY ORCHESTRA							
P.O. BOX 332							
NEW ALBANY, OH 43054	51-0657626	501C3	2,500.	0.			ARTS

Schedule I (Form 990)

NEW ALBANY COMMUNITY FOUNDATION Schedule I (Form 990)

31-1	409264	Page 1
<u> </u>		I aye i

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT – 55 NORTH HIGH STREET – NEW ALBANY, OH 43054	31-6400868	501C3	20,000.	0.			EDUCATION
NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT – 55 NORTH HIGH STREET – NEW ALBANY, OH 43054	31-6400868	501C3	33,500.	0.			EDUCATION
NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT – 55 NORTH HIGH STREET – NEW ALBANY, OH 43054	31-6400868	501C3	13,700.	0.			EDUCATION
NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT – 55 NORTH HIGH STREET – NEW ALBANY, OH 43054	31-6400868	501C3	24,000.	0.			EDUCATION
PHILANTHROPY OHIO 37 W. BROAD ST., SUITE 800 COLUMBUS, OH 43215	31-1111842	501C3	1,938.	0.			GENERAL
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVENUE CINCINNATI, OH 45221	31-6000989	501C3	2,000.	0.			EDUCATION

Schedule I (Form 990)

Schedule I (Form 990) (2016) NEW ALBANY COMMUNITY FOUNDATION

31-1409264

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT APPLICANTS SUBMIT PROPOSALS THAT ARE REVIEWED BY STAFF AND THE GRANTS

COMMITTEE BEFORE VOTE BY THE BOARD AND THEN REPORTS ARE SUBMITTED BY THE

RECIPIENT ORGANIZATION AT THE END OF THE GRANT PERIOD.

THE COLUMBUS FOUNDATION WILL PROVIDE THE APPLICANT WITH OVERSIGHT OF

DISTRIBUTIONS. AN INDEPENDENT AUDIT OF THE APPLICANTS GRANT AND INVESTMENT

ACTIVITIES WILL BE PERFORMED EACH YEAR.

Schedul	e I (Form	990)	1	NEW AI	BANY	COMMU	NITY F	OUNDA	ATION			31-14	109264	Page 2
Part I	V Sup	opleme	ental Inform	nation										
THE (COLUM	IBUS	FOUNDA	TION V	ILL I	PROVIDI	E THE	APPLI	CANTS	5 BOA	ARD OF	' DIRI	ECTORS	WITH
RESE	ARCH	AND	INFORM	ATION	ON CO	OMMUNI	FY NEE	EDS TO) AID	IN S	SELECT	NOI O	OF GRA	NT
RECI	PIENI	ORG	ANIZAT	LONS.	THE	COLUM	BUS FO	DUNDAI	TION V	VILL	VERIE	Y PO	TENTIA	L
GRAN'	TEES	CHAR	ITABLE	STATU	JS, A	S WELL	AS PF	ROVIDE	E THE	APPI	ICANI	S BOZ	ARD OF	
DIRE	CTORS	S WIT	H RESE	ARCH C	ON THE	E POTEN	TIAL	GRANI	TEES C	ORGAN	IIZATI	ONAL	AND	
PROG	RAM A	CTIV	ITIES.	THE	APPL	ICANTS	BOARI	OFI	DIRECT	TORS	THEN	WILL	SELEC	т
APPR	OPRIA	ATE G	RANT RI	ECIPIE	ENT O	RGANIZZ	ATIONS	5.						

Schedule I (Form 990)

632291 04-01-16

SC	CHEDULE J Compensation Information										
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16						
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU)					
Dena	tment of the Treasury	Attach to Form 990.		•	Open to Public						
	ernal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.										
Nam	lame of the organization Employer identifi										
		NEW ALBANY COMMUNITY FOUNDATION	31-1	140926	4						
Ра	rt I Question	s Regarding Compensation				·					
					Yes	No					
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,								
		line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or c	, i i i i i i i i i i i i i i i i i i i									
	Travel for com										
		ation and gross-up payments spending account Health or social club dues or initiation fee									
			ur, chei)								
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or									
D		provision of all of the expenses described above? If "No," complete Part III to explain		1b							
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2							
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's								
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat									
		ation of the CEO/Executive Director, but explain in Part III.									
	Compensation										
	Independent of	compensation consultant I Compensation survey or study									
	X Form 990 of o		committee								
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
	organization or a re	lated organization:									
а		e payment or change-of-control payment?				X					
b		ceive payment from, a supplemental nonqualified retirement plan?				X X					
С	c Participate in, or receive payment from, an equity-based compensation arrangement?										
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	O-h										
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	nc								
-	contingent on the r			Ea		x					
a ⊾	Any related ergeniz	ation?		5a 5b		X					
u		ation? or 5b, describe in Part III.									
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on								
U	contingent on the r										
а	•			6a		x					
b	Any related organiz	ation?		6b		X					
~		or 6b, describe in Part III.									
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S								
		nes 5 and 6? If "Yes," describe in Part III		7		Х					
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t									
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х					
9		id the organization also follow the rebuttable presumption procedure described in									
		n 53.4958-6(c)?	<u></u>	9							
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2016					

632111 09-09-16

31-1409264

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

				SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) J. CRAIG MOHRE	(i)	153,080.	35,000.	50,000.	11,165.	0.	249,245.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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.



OMB No 1545-0047

Internal Revenue Service
Name of the organization

NEW ALBANY COMMUNITY FOUNDATION

Employer identification number 31 - 1409264

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY LEADERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GENERAL

EXPENSES \$ 3,704. INCLUDING GRANTS OF \$ 1,938. REVENUE \$ 0.

HEALTH

EXPENSES \$ 130,694. INCLUDING GRANTS OF \$ 68,355. REVENUE \$ 0.

HISTORICAL PRESERVATION

EXPENSES \$ 5,736. INCLUDING GRANTS OF \$ 3,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

TO FACILITATE THE TIMELY FILING OF THIS FORM 990, THE RETURN WAS NOT

REVIEWED PRIOR TO FILING BY BOARD MEMBERS. THE FORM 990 WILL BE REVIEWED BY

THE ORGANIZATION'S EXECUTIVE COMMITTEE AND/OR FULL BOARD AT THE NEXT

SCHEDULED BOARD MEETING SUBSEQUENT TO THIS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST AND ETHICS POLICY IS MONITORED ANNUALLY. MEMBERS

OF THE BOARD OF TRUSTEES SIGN THE CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED BY THE

INDEPENDENT BOARD. THE PROCESS INCLUDES AN ANALYSIS OF COMPARABLE DATA

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211 08-25-16
 4 ()

10251108 716836 NEWALBANY

40

LBANY 2016.04020 NEW ALBANY COMMUNITY FOUNDA NEWALBA1

mployer identification number 31-1409264
D OHIO
ATION
ION IN ITS
Y CHANGES. THE
AND ADJUSTMENTS
O KEY EMPLOYEES
QUEST. FURTHER,
ITE:

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND

POLICIES AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE (DECREASE) IN BENEFICIAL INTEREST HELD BY OTHERS 1,106,453.

FORM 990, SECTION XII, LINE 2C

THE FINANCE COMMITTEE OF THE NEW ALBANY COMMUNITY FOUNDATION REVIEWS

THE AUDIT EACH YEAR AND SELECTION OF THE INEDEPENDENT ACCOUNTANT. THIS

41

PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

10251108 716836 NEWALBANY 2016.04020 NEW ALBANY COMMUNITY FOUNDA NEWALBA1

2016 DEPRECIATION AND AMORTIZATION REPORT

ORM 9	90 PAGE 10			-				990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
4	OFFICE FURNITURE	04/22/08	3	.000	ну	16	12,013.				12,013.	9,911.		1,201.	11,112.
5	LAMP, BRASS	06/11/08	3	.000	ну	16	899.				899.	719.		89.	808.
6	CREDENZA	06/20/08	3	.000	ну	16	2,050.				2,050.	1,657.		205.	1,862.
7	OFFICE CARPETING	08/14/08	8	.000	нч	16	2,400.				2,400.	1,920.		240.	2,160.
8	MISSION WORD PAINTING	01/25/11	-	.000	нч	16	1,800.				1,800.	1,080.		180.	1,260.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						19,162.				19,162.	15,287.		1,915.	17,202.
	MACHINERY & EQUIPMENT														
1	COMPUTER EQUIPMENT	05/31/02	2	.000	нч	16	4,949.				4,949.	4,949.		٥.	4,949.
2	COMPUTER EQUIPMENT	06/12/07	7	.000	ну	16	1,594.				1,594.	1,594.		0.	1,594.
3	COMPUTER EQUIPMENT	07/19/07	7	.000	нч	16	1,220.				1,220.	1,220.		٥.	1,220.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						7,763.				7,763.	7,763.		٥.	7,763.
	OTHER														
9	COMPUTER, PRINTER	12/16/12	2	.000	ну	16	1,944.				1,944.	1,944.		0.	1,944.
10	OFFIC FURNITURES	06/30/12	2	.000	ну	16	9,100.				9,100.	3,640.		910.	4,550.
	* 990 PAGE 10 TOTAL OTHER						11,044.				11,044.	5,584.		910.	6,494.
	* GRAND TOTAL 990 PAGE 10 DEPR						37,969.				37,969.	28,634.		2,825.	31,459.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone