

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 7/20/2025 4:29 PM EST

Confirmation Number: 15132

Amended Confirmation Number:

Employer Information

Name: The New Albany Community Foundation  
Address: 220 Market Street Suite 205  
City: New Albany  
State: OH  
Zip Code: 43054

Plan Administrator Information

Name: Executive Committee of the Board of Trustees of the NACF  
Address: 220 Market Street Suite 205  
City: New Albany  
State: OH  
Zip Code: 43054  
Phone: 6149398150  
Email: CraigMohre@newalbanyfoundation.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

|      |            |                                 |                           |
|------|------------|---------------------------------|---------------------------|
| ID:1 | Plan Name: | Deferred Compensation Agreement | Number of<br>Employees: 1 |
|------|------------|---------------------------------|---------------------------|

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15132. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.