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# Return of Organization Exempt From Income Tax

**2016**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 2016, and ending 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization NewFormation Inc  
 Doing business as NewFormation Inc  
 Number and street (or P.O. box if mail is not delivered to street address) 4356 E. Chase Run, Liberty Township OH Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code Liberty Township, OH 45011-0000

**D** Employer identification number 81-3267885

**E** Telephone number 513-378-9489

**G** Gross receipts \$ 0

**F** Name and address of principal officer:  
Susan Annford, 1518 Netherland Court Cincinnati OH 45240

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2014 **M** State of legal domicile Ohio

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities:		<u>NewFormation did not conduct any business in 2016</u>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b>	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b>	
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)		<b>5</b>	
<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)			
<b>9</b> Program service revenue (Part VIII, line 2g)			
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11b and 11f–24e)			
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12			
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)			
<b>21</b> Total liabilities (Part X, line 26)			
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20			

**Part II Signature Block**

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

**Sign Here** Signature of officer: Susan Annford Date: 4/3/17  
 Type or print name and title: Susan Annford (Vice President)

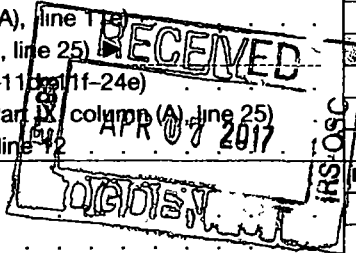
**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED APR 28 2017

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2017

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

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**4b** (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

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**4c** (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

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**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**4e** Total program service expenses ▶