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Form, **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

2016

Open to Public Inspection

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For c	alen	dar year 2016 or tax year beginning AUG	29, 2016	, and e	nding	DEC	31, 2016		
		foundation BRUCE AND NANCY BROWN				A Emplo	yer identification	number	
F	AM:	LLY CHARITABLE FOUNDATION	ОИ			81	-3694480		
		nd street (or PO box number if mail is not delivered to street a	ddress)		Room/suite		none number		
		REMINGTON RD				51	3-885-06	68	
_		own, state or province, country, and ZIP or foreign p CINNATI, OH 45242	ostal code			C If exem	ption application is p	ending, check he	re -
G C	heck	all that apply X Initial return	Initial return of a f	ormer public o	charity	D 1 For	eign organizations	s, check here	
		Final return	Amended return			2. For	eign organizations me	eting the 85% tes	st . \Box
		Address change	Name change			che	eign organizations me ck here and attach co	mputation	" ▶ ∐_
H C	-	type of organization: X Section 501(c)(3) ex					ate foundation sta		
<u> </u>			Other taxable private found			under	section 507(b)(1)	(A), check her	re ▶[]
		rket value of all assets at end of year J Account	=	Accr	uai		foundation is in a		. —
(fre		Part II, col. (c), line 16)	ther (specify)	naeie J	·	unaer	section 507(b)(1)	(B), cneck ner	e ▶ ∟
_	<u>Ψ</u> rt∷i.				wactmant	(0)	Adjusted not	(d) Disbi	ursements
ه د		(The total of amounts in columns (b), (c) and (d) may not necessarify equal the amounts in column (a))	(a) Revenue and expenses per books		ome	(C)	Adjusted net income	for charitab	ile purposes asis only)
	1	Contributions, gifts, grants, etc., received	404,528.			18 0 (100) 1865. ANNO	N/A		
		Check If the foundation is not required to attach Sch. B			A CHANGE AND A			100 May 100 Ma	
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	408.		408.			STATEM	IENT 2
	5a	Gross rents						11.00	
	b	Net rental income or (loss)			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			45%.	
a)	6a	Net gain or (loss) from sale of assets not on line 10	1,576.					STATEM	IENT 1
ž	b	Gross sales price for ell assets on line 6a 102,603.			**************************************			- 42 / 3642 V	
Revenue	7	Capital gain net income (from Part IV, line 2)	200 C		4,384.		38	~ a.x, '91	20 . 20 . 20
	8	Net short-term capital gain		Na wang	<u> </u>			1,2%	- 18 10 10 10 10 10 10 10 10 10 10 10 10 10
	9	Income modifications Gross sales less returns	77 (1988 - 1888 - 1974		Market Sadi Orrani ing	رود دوگروي	9586656 (1980)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-66.43.63.63.64.69.9
		and allowances	1989/99888 (1989/9989)				<u>Verna de la compaño de la</u> La compaño de la compaño d	2-0900 WEST \$50	600 400 400 400 400 400 400 400 400 400
<u>}</u>		Gross profit or (loss)				1. 20. 3. J. 8.	29520 3 405 (# 12 18	. 4.20 m 4.20 m	
-		Other income		NO76 to 13	*** , */·			, 150 (X2000000)	
		Total Add lines 1 through 11	406,512.	9	4,792.	F	RECE	VED	/X (4 %X)
	13	Compensation of officers, directors, trustees, etc	0.		0.	T			اکار و
,	14	Other employee salaries and wages				lo		2 0043	اۃا
	15	Pension plans, employee benefits				إ	MAR Z	2011	16
ses	16a	Legal fees				Į,	1	ļ 	الإل
_	b	Accounting fees STMT 3	675.		675.		OGDE	M. UT	<u> </u>
Exper	ε	Other professional fees STMT 4	177.	ļ . <u></u>	177.				<u> </u>
strative	17	Interest	16		16.		·	 	0.
tra	18	Taxes STMT 5	16.		10.			.37	* 3423,33
	19 20	Depreciation and depletion Occupancy						7837	2.388.4.288.644
Admın	21	Travel, conferences, and meetings							
and /	22	Printing and publications							
g ar	23	Other expenses							
		Total operating and administrative					-		
perati		expenses. Add lines 13 through 23	868.		868.				0.
Ö		Contributions, gifts, grants paid	0.	> <u>}_</u>	\$6. \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1. 18.	5000 y .		0.
	26	Total expenses and disbursements.							_
		Add lines 24 and 25	868.	XXXXXXX	868.	11.78.(1.78.5.	2 2 4 4 m 3 m 2 2 2 2 2 m		0.
		Subtract line 26 from line 12	ADE CAA						
		Excess of revenue over expenses and disbursements	405,644.	186 - C	3,924.	**************************************	कश्च (किंग्ड) _ह िंदः <u>। । ।</u> रेतको (किंग्ड) हिंदे को स्टेक्ट	15 A S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
		Net investment income (if negative, enter -0-)			3,944. ***********************************	25387.36 °2'	N/A	Some in with the	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

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Р	àrt:	Balance Sheets Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		, , ,	
	,	Savings and temporary cash investments		36,389.	36,389.
		Accounts receivable			
		Less; allowance for doubtful accounts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	4	Pledges receivable			
	ľ	Less; allowance for doubtful accounts ▶	. 1750,000,000	income and the control of the contro	Table 30 Contraction /
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable	0492/2002/02/02		
	ļ '	Less allowance for doubtful accounts	4.7. monaccompanies (a. 1000 m. 17. 3.	5 x 500m 040000000000 3 (AKII) 4000000000 AC	- processoring commencers remains resonance and a
,,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	0.	369,298.	369,298.
		Investments - corporate bonds			
		Investments - land buildings, and equipment basis			
	''	Less accumulated depreciation	THE CONTROL OF THE CO	\$40000	\$ \$4
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis			
	'*	Less accumulated depreciation			\$500. 4.444861746484 425 \$2020.A
	15	Other assets (describe			· · · · · ·
		Total assets (to be completed by all filers - see the			-
	'`	instructions. Also, see page 1, item I)	0.	405,687.	405,687.
_	17	Accounts payable and accrued expenses	<u></u>		2 32 77536
	18	Grants payable			
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable		· -	
Ë		Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
alances		Temporarily restricted			
3ak		Permanently restricted			
or Fund B		Foundations that do not follow SFAS 117, check here			
Ξ̈́		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	405,687.	
Net	30	Total net assets or fund balances	0.	405,687.]
2					
	31	Total liabilities and net assets/fund balances	0.	405,687.	
<u></u>	árt		alances	•	•
드	art			<u>,</u>	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	405,644.
3	Othe	r increases not included in line 2 (itemize) UNREALIZED	GAINS	3	1,426.
		lines 1, 2, and 3		4	407,070.
5	Decr	eases not included in line 2 (itemize) \blacktriangleright APPRECIATION \Box	N DONATED SECT	URITIES 5	1,383.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	405,687.

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Part IV Capital Ga	ains and Lo	osses for Tax on In	vestment	Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) 1 - 0						How acq - Purcha - Donat	uired ase ion	(c) Date a		(d) Date sold (mo., day, yr)
1a PROCTER & GAMBLE										
b CAPITAL GAIL	NS DIVI	DENDS						_		
С										
<u>e</u>					<u> </u>		1			
(e) Gross sales price	(f)	Depreciation allowed (or allowable)	, ,,,	st or other basis expense of sale					ain or (loss (f) minus (
a 102,4	11.			8,21	9.					94,192.
<u>b</u> 1	92.									192.
_ c										
<u>d</u>										
е	l		<u> </u>							
Complete only for assets	showing gain ir	column (h) and owned by t	the foundation	1 on 12/31/69					ol. (h) gain	
(i) F.M.V as of 12/31/69	,	(j) Adjusted basis		xcess of col. (I)			co		iot less thai (from col. (
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		as of 12/31/69	ove	r col. (j), if any						**
<u>a</u>										94,192.
<u>b</u>										192.
<u> </u>										
			<u></u>							
<u>e</u>		<u> </u>	L		_					
2 Capital gain net income or	(net capital loss	ff gain, also enter If (loss), enter -0			}	2				94,384.
3 Net short-term capital gain	or (loss) as de	fined in sections 1222(5) an	d (6) ⁻		١,					
If gain, also enter in Part I,	line 8, column	(c).								
If (loss), enter -0- in Part I		Na ation 4040/a\ 6an	Dadinasi	Tau an Nati	ال	3			N/A	
		Section 4940(e) for					nt inc	ome		
(For optional use by domestic	private foundat	ions subject to the section 4	1940(a) tax on	i net investment ind	come.	.)				N/A
If section 4940(d)(2) applies,	leave this part b	lank.								
Was the foundation liable for t				•	003					Yes No
If "Yes," the foundation does n 1 Enter the appropriate amo		section 4940(e). Do not col imn for each year, see the in			triac					
		1	1311 UCITOTIS DE	T Tracking any er					_	(d)
(a) Base period year Calendar year (or tax year b	S	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchar	ritable-us	se assets	; ,	Distrib	(d) oution ratio ided by col. (c))
2015	egitiming in y	, , , , , , , , , , , , , , , , , , , ,						<u> </u>	(col. (b) div	ided by coi. (c))
2013										<u>.</u>
2013								-		
2012										
2011				1						
		<u> </u>						\top		
2 Total of line 1, column (d)								2		
	or the 5-vear ba	ase period - divide the total o	on line 2 by 5.	or by the number	of ve	ars				
the foundation has been in		•	,	or by the named	o. yo.	u. 0		3		
		- ,								
4 Enter the net value of nonc	haritable-use as	ssets for 2016 from Part X, i	ine 5					4		
5 Multiply line 4 by line 3								5		
	tuncomo (19/ =	F Part I line 27h\								
6 Enter 1% of net investmen	i income (1760)	r ait i, iiile 210)						6		 · · ·
7 Add lines 5 and 6								7		
8 Enter qualifying distributio								8		
If line 8 is equal to or great See the Part VI instruction		theck the box in Part VI, line	1b, and com	plete that part usin	g a 1°	% tax rat	te.			
										AAA BE

THE BRUCE AND NANCY BROWN

Form 990-PF (2016) FAMILY CHARITABLE FOUNDATION Part-VI Excise Tax Based on Investment Income (Section 4)	940(a), 4940(b), 4940(e), or 4	81-36 9 48 - se e	94480 Page 4 e instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter: (attach copy of letter if b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	f necessary-see instructions)	1	1,878.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter		(45 * s)	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y. Others enter -0-)	2	1 070
3 Add lines 1 and 2		3	1,878.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ly. Others enter -0-)	4	$\frac{0.}{1,878.}$
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,0/0.
6 Credits/Payments:	ا دء ا	58. ° 's	
 a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheld at source 	6a 6b		and the second second
c Tax paid with application for extension of time to file (Form 8868)	6c	† ·	
d Backup withholding erroneously withheld	6d	1384 60	
7 Total credits and payments. Add lines 6a through 6d	00	`	0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is	attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9	1,878.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	ıd 🕨	10	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded ▶	11	
PartiVII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or intervene	e in	<u>.</u> ∴ Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political po	urposes (see instructions for the definition	1)?	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	es and copies of any materials publish	ned or	
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during			
(1) On the foundation. \$\bigsec\ 0 \cdot (2) On foundation mana		-	
e Enter the reimbursement (if any) paid by the foundation during the year for political exp managers. ► \$ 0 •	enditure tax imposed on foundation		
managers. > \$	ha IRS2		2 X
If "Yes," attach a detailed description of the activities	ile ino		2 22
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ing instrument, articles of incorporation (or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	• • • • • • • • • • • • • • • • • • • •		3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	-		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	ear?		5 X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	ed either:		
 By language in the governing instrument, or 			
 By state legislation that effectively amends the governing instrument so that no mand 	atory directions that conflict with the stat	e law	
remain in the governing instrument?			6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	complete Part II, col (c), and Part X\	/	7 X
8a Enter the states to which the foundation reports or with which it is registered (see instri	uctions) -		
OH If the appropriate line 7, has the foundation furnished a copy of Form 000 PE to the	he Atterney Coneral (or decimate)		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to t	ne Aπorney General (or designate) SEE STATEI	MENT 7	
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of			80 A
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Ye		maai	9 X
10 Did any persons become substantial contributors during the tax year? If "Yes" attach a sc	•	STMT 8	
		· · · · · · · · · · · · · · · ·	Form 990-PF (2016)

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THE BRUCE AND NANCY BROWN 81-3694480 FAMILY CHARITABLE FOUNDATION Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no. > 513 - 885 - 066814 The books are in care of ▶ BRUCE BROWN Located at ▶8015 REMINGTON RD, CINCINNATI, OH ZIP+4 >45242 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, X 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII.B Statements Regarding Activities for Which Form 4720 May Be Required No Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly). Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2016)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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Yes X No

N/A

defined in section 4942(j)(3) or 4942(j)(5)):

before 2016?

Form 990-PF (2016) FAMILY CHARITABLE FOUNDAT			81-36944	80 Page 6
Rart;VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:	-			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	y kak.
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire		194	
any voter registration drive?		Ye	s 🗶 No 💈	
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	Ye	s 🗶 No 💈	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		\$	
4945(d)(4)(A)? (see instructions)		Ye	s 🗶 No 🛭	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		l j	
the prevention of cruelty to children or animals?		Ye	s 🗓 No 🖁	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations	1.00	
section 53.4945 or in a current notice regarding disaster assistance (see instruc	tions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check he	re		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maintai	ned	8	
expenditure responsibility for the grant?			ıs 🔲 No 🛭	
If "Yes," attach the statement required by Regulations section 53 4945-	-5(d)		Š	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •		Š	
a personal benefit contract?		☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870			[š	
7a At any time during the tax year, was the foundation a party to a prohibited tax si	nelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7b
Part VIII. Information About Officers, Directors, Truste Paid Employees, and Contractors		nagers, Highly	•	
1 List all officers, directors, trustees, foundation managers and their c	ompensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	to position		O III POLICE III III III III III III III III III	
SEE STATEMENT 9		0.	0.	0.
		 		1
···-·		-		
				
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none.	enter "NONE."		1
	(b) Title, and average	I	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE	devoted to position		compensation	anowanecs
2101111				
	 -		·	
		 		
		 		
Total number of other employees paid over \$50,000		L		
LOTAL CUCINER OF OTHER EMPLOYEES DAID OVER \$50 (100)			-	1.1

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		• 0
Total number of others receiving over \$50,000 for professional services Part-IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers product 1 THE PRIMARY CHARITABLE ACTIVITY WILL BE TO DI	ced, etc.	Expenses
CHARITABLE GRANTS TO OTHER SECTION 501(C)(3) THAT QUALIFY AS PUBLIC CHARITIES.	ORGANIZATIONS	0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on i	ines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	>	0.

Form 990-PF (2016)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	3 200	
·	Average monthly fair market value of securities	1a	36,930.
b	Average of monthly cash balances	1b	36,930. 3,639.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	40,569.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	40,569.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	609.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	39,960.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	684.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	684.
2a	Tax on investment income for 2016 from Part VI, line 5	\$ 1. 3	
b	Income tax for 2016 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,878.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ž.	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Res 24	
a	Suitability test (prior IRS approval required)	"3a"	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Corpus	rears prior to 2013		2010
line 7	200 200 200 200 200 200 200 200 200 200	72.00.000 (10.	2000 200 000 000 000 000 000 000 000 00	<u>U.</u>
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only	\$200 \$300 \$400 \$400 \$400 \$400 \$400 \$400 \$4	Secretary and the second	0.	
b Total for prior years.		_		
Evenes distributions corrupter if any to 2016:		0.	524 3440 4524 453	
3 Excess distributions carryover, if any, to 2016:				
a From 2011 b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from			\$7 .00	
Part XII, line 4: > \$0.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		The second second		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	THE DIESE THE PROPERTY OF THE	2 '2 25 '4 '42'		Y
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount			AND THE PARTY OF T	0.
e Remaining amount distributed out of corpus	0.		A 18 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 Excess distributions carryover applied to 2016	0.		CONTRACTOR OF SAME	0.
(If an amount appears in column (d), the same amount must be shown in column (a))		1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
6 Enter the net total of each column as indicated below.	A 35 10 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b	7. X. W. S. W. S. H. S.	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions	Automatic State of Commission Com	0.	To The Man Street	Section of the sectio
e Undistributed income for 2015 Subtract line				
4a from line 2a. Taxable amount - see instr.			asserbasi regia di	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				1
be distributed in 2017 7 Amounts treated as distributions out of	2465-45	200 V. A.	*** ** ** ** **	FACINAMO DE MARIO
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011		\$ 7.78 / W. 1877		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.		7. CXAX 1980	2000 (100 to 100)	A 440 (400)
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				23 304 3
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

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Part XIV Private Operating For	UINDATIONS (See In		A guestion 9)	N/A	1-3034400 Tage 10
1 a If the foundation has received a ruling or			7, question 5)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found	•	•	section	4942(j)(3) or	4942(j)(5)
:	Tax year	ig toutidation described in	Prior 3 years		1 4542())(3)
2 a Enter the lesser of the adjusted net	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4) 2010	(8) 2310	(6) 2011	(4) 20 10	(0) 10121
investment return from Part X for					
each year listed					
b 85% of line 2a				·	
c Qualifying distributions from Part XII,					
line 4 for each year listed	<u>. </u>				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	<u> </u>			+	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		<u> </u>		_	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				+	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	_				
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in			ļ		
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 c	or more in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			ibutions received by th	e foundation before	the close of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(a)(2).)			
NONE	-				
 List any managers of the foundation who other entity) of which the foundation has 			or an equally large port	ion of the ownershi	ρ of a partnership or
NONE					
2 Information Regarding Contribution	on, Grant. Gift. Loan.	Scholarship, etc., Pro	ograms:		
Check here ► X if the foundation o				not accept upsolicit	ted requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone numb	per or e-mail address of t	he person to whom applic	ations should be addre	essed;	
	-				
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s such as hy geographic	al areas charitable fields	kinds of institutions of	other factors	
a , my recented on minutions of awards	, saon as by goograpmo	ar ar ous, on ar habis highes,		Cirior lactors.	

3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
- Tala daling the year				
NONE				
NONE				
Total			▶ 3a	(
b Approved for future payment				
NONE				
]			
				
Total			▶ 3b	orm 990-PF (201

Page 12

THE BRUCE AND NANCY BROWN FAMILY CHARITABLE FOUNDATION

Part XVI Analysis of Income-Producing Activities

	1 111-4	d h	T =		
Enter gross amounts unless otherwise indicated.		business income	(C) Exclude	ed by section 512 513, or 514	(e)
	(a) Business	(b) Amount	sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a					
b			\bot		
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	408.	
5 Net rental income or (loss) from real estate:	300000 0000000000000000000000000000000				
• •		'Yare's 1 247 3	4: 3	1. (82288.494265.13 434.4694.6.) 1880 ° "330.465	Tis. x 278 235 346 05 charitates
a Debt-financed property		·	+		
b Not debt-financed property	-		- - -		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1		j		
than inventory			18	1,576.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a			}		
b				-	
c					
_					
de			+ +		
12 Subtotal. Add columns (b), (d), and (e)	3.2) . 🐉 😘	1,984.	0.
	437046464447864 (88.1)		• 355-70	13	1,984
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation	-)			19	1,504
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which					plishment of
the foundation's exempt purposes (other					
		-			
					•
		•		•	 .

				•	
	<u> </u>			<u> </u>	
					_

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Form 990-PF (2	016) FAMIL	Y CHARITZ	ABLE FO	UNDATION		81-36		Page 13
[®] Part∛XVII.			nsfers To a	ınd Transactions aı	nd Relations	nips With Noncha	aritable	
	Exempt Organ	izations						
1 Did the or	ganization directly or indi	rectly engage in an	y of the followin	ng with any other organizatio	n described in sect	ion 501(c) of		Yes No
the Code ((other than section 501(c)(3) organizations)	or in section 52	7, relating to political organi	zations?			
a Transfers	from the reporting found	ation to a noncharit	able exempt org	ganization of:				
(1) Cash							1a(1)	X
(2) Other	assets						1a(2)	X
b Other tran	isactions:							
(1) Sales	of assets to a noncharita	ıble exempt organız	ation				1b(1)	X
(2) Purch	hases of assets from a no	ncharitable exempt	organization				1b(2)	X
(3) Renta	al of facilities, equipment,	or other assets					1b(3)	X
(4) Reim	bursement arrangements	i					1b(4)	X
(5) Loans	s or loan guarantees						1b(5)	X
(6) Perfo	rmance of services or me	embership or fundra	aising solicitatio	ins			1b(6)	X
c Sharing of	f facilities, equipment, ma	uling lists, other as:	sets, or paid em	ployees			1c	X
d If the ansv	wer to any of the above is	"Yes," complete the	e following sche	edule. Column (b) should alv	vays show the fair	market value of the good	s, other ass	ets,
				ed less than fair market valu				
column (d	i) the value of the goods,	other assets, or ser	rvices received.					
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt organization	(d) Descriptio	n of transfers transactions, ar	nd sharing arr	angements
			N/A					
	-							
					i i			
	·							
-								
ın section	501(c) of the Code (other	r than section 501(-	e or more tax-exempt organi tion 527?	zations described		Yes	X No
<u>u</u> ii 165, 00	omplete the following sch (a) Name of or			(b) Type of organization		(c) Description of relation	onship	
	N/A	gamzation		(a) type of digamentation		(0)		
	11/11		 -					
Under	penalties of perjury, I declare	that I have examined the	nis return, including	J accompanying schedules and st	atements, and to the be	est of my knowledge	11 11 150	
Here	1-2/	au	reparer (other than	taxpayer) is based on all informations.	PRESI	nas any knowledge	May the IRS return with the shown below	e preparer (see instr)?
Sigi	nature of officer of truster		Brown		Title	<u>.</u>		
	Print/Type preparer's n	ame	Preparer's s	signature	Date	Check If PT	IN	
Date			1			self- employed	00011	0.4.0
Paid	JANE E. PF		JANE E		03/07/17		00014	
Preparer	Firm's name ► CLA	ARK, SCHA	EFER, H	ACKETT & CO.		Firm's EIN ► 31-	08000	53

Phone no 513-241-3111 Form **990-PF** (2016)

Use Only

Firm's address ▶ 1 EAST 4TH STREET

CINCINNATI, OH 45202

Schedule B

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

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of

Organization type (check one)

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

Name of the organization
THE BRUCE AND NANCY BROWN

Section:

501(c)(

FAMILY CHARITABLE FOUNDATION

) (enter number) organization

Employer identification number

81-3694480

4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** X 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 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 J 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 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 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)

Name of organization THE BRUCE AND NANCY BROWN FAMILY CHARITABLE FOUNDATION Employer identification number

81-3694480

Part	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	BRUCE AND NANCY BROWN 8015 REMINGTON RD CINCINNATI, OH 45242	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash (Complete Part II for noncash contributions)
623452 10-18	- 16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Name of organization THE BRUCE AND NANCY BROWN FAMILY CHARITABLE FOUNDATION Employer identification number

81-3694480

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 4,825	5 SHARES OF PROCTER & GAMBLE CO STOCK	\$\$	12/08/16
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. From	(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. 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization THE BRUCE AND NANCY BROWN 81-3694480 FAMILY CHARITABLE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once.) Use duplicate copies of Part III if additional space is needed (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	GAIN	OR	(LOSS)	FROM	SALE	OF	ASSET	rs 		ST	ATEMENT 1
(A) DESCRIPTION OF PRO	PERTY					1	MANNI ACQUII		DAT ACQUI		DATE SOLD
PROCTER & GAMBLE											
(B) GROSS SALES PRI		COS	C) F OR BASIS	EX	(D) KPENSE SALE	OF	DI	(E) EPRE	с.	GAII	(F) N OR LOSS
102	,411.		101,027	•	_	0	•	_	0.		1,384.
CAPITAL GAINS DIVI									=		192. 1,576.
FORM 990-PF	DIVID	END	S AND I	NTERE	EST FR	OM S	SECUR	TIE:	S	ST	ATEMENT 2
SOURCE	GROS AMOU		GA	ITAL INS DENDS		(A) EVEI R B((B) INVES T INCO		(C) ADJUSTED NET INCOME
MERRILL LYNCH		600	•	192	2.		408.		40	8.	
TO PART I, LINE 4		600	•	192	2.		408.		40	8.	
FORM 990-PF			ACCO	UNTI	IG FEE	S				ST.	ATEMENT 3
DESCRIPTION			(A) EXPENS PER BO	ES	() NET I MENT		ST-	AD	(C) JUSTED INCOM		(D) CHARITABLE PURPOSES
ACCOUNTING FEES				675.		(675.				0.
		_									

FORM 990-PF O	THER PROFES	SIONAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
MANAGEMENT FEES	177.	177.		0.	
TO FORM 990-PF, PG 1, LN 16C	177.	177.		0.	
FORM 990-PF	TAX	ES	S'	ratement 5	
	(A) EXPENSES	(B) NET INVEST-		(D) CHARITABLE	
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES	
DESCRIPTION — FOREIGN TAX	PER BOOKS		NET INCOME		

FORM 990-PF CORPORATE STOC	CK	STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PROCTER & GAMBLE CO. MUTUAL FUNDS	304,369. 64,929.	304,369. 64,929.
TOTAL TO FORM 990-PF, PART II, LINE 10B	369,298.	369,298.

				
FORM 990-PF	EXPLANATION CONC	CERNING PART VII-	A, LINE 8B	STATEMENT 7

EXPLANATION

THE ORGANIZATION FILES AN ANNUAL REPORT EACH YEAR WITH THE OHIO ATTORNEY GENERAL. THE OHIO ATTORNEY GENERAL DOES NOT ACCEPT FORM 990PF FILINGS.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 8

NAME OF CONTRIBUTOR

ADDRESS

BRUCE AND NANCY BROWN

8015 REMINGTON RD CINCINNATI, OH 45242

	ART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS					
NAME AND ADDRESS		COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB			
BRUCE BROWN 8015 REMINGTON RD CINCINNATI, OH 45242	PRESIDENT 1.00	0.	0.	0.		
NANCY BROWN 8015 REMINGTON RD CINCINNATI, OH 45242	FIRST VICE-PRESI 1.00	DENT 0.	0.	0.		
STEPHANIE WATSON 3904 LOST WILLOW DR MASON, OH 45040	SECOND VICE-PRES	SIDENT 0.	0.	0.		
MATTHEW WATSON 3904 LOST WILLOW DR MASON, OH 45040	SECOND VICE-PRES	SIDENT 0.	0.	0.		
MARGARET SCHEAR 3393 CUSTER AVE CINCINNATI, OH 45208	SECOND VICE-PRES	SIDENT 0.	0.	0.		
DANIEL SCHEAR 3393 CUSTER AVE CINCINNATI, OH 45208	SECOND VICE-PRES	SIDENT 0.	0.	0.		
JEFFREY BROWN 8015 REMINGTON RD CINCINNATI, OH 45242	SECOND VICE-PRES	SIDENT 0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.		