Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

| Α | For the | 2023 cal | endar year, or tax year beginning | , and e | nding | | | |
|-------------------------|--------------|--------------|--|---------------------------------------|---------------------------|------------------|------------------------|-------------|
| В | Check if a | applicable: | C Name of organization ESTATE OF O.W. BROWN | | D Emplo | yer identifi | cation number | |
| | Address | change | Doing business as | | | | | |
| | | · · | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | 31-6077 | 821 | | |
| | Name ch | ange | P.O. BOX 59 | | E Teleph | none number | r | |
| | Initial retu | ırn | City or town State | ZIP code | | | | |
| \equiv | | | LEBANON OH | 45036 | <u>513-932</u> | -1414 | | |
| | Final return | /terminated | Foreign country name Foreign province/state/county | Foreign posta | l code | | | |
| П. | Amended | l return | | g p | G Gross | receipts \$ | 5 | 94,885 |
| | | ı | | | | | | |
| | Application | on pending | F Name and address of principal officer: | | H(a) Is this a group retu | ırn for subordin | ates? Yes | X No |
| | | | LCNB NATIONAL BANK P.O. BOX 59, LEBANON, OH 45 | 5036 | H(b) Are all subord | nates includ | led? Yes | No |
| | Tax-exer | mpt status: | X 501(c)(3) 501(c) ((insert no.) 4947(a)(|) or 527 | If "No," attach | a list. See ir | nstructions | |
| | | · | 7. 00 1(0)(0) | ., 0 02, | | | | |
| <u>J</u> | Website | : | | | H(c) Group exempt | ion number | | |
| K | Form of | organizatior | : Corporation X Trust Association Other | L Ye | ar of formation: 19 | 87 M St | tate of legal domicile | : OH |
| | Part I | Sur | mmary | · · · · · · · · · · · · · · · · · · · | | · . | | |
| | 1 | | escribe the organization's mission or most significant activi | tion: SLIE | PORT OF BETH | | ITED CHI IDCH | OE CH |
| ø | ' | Differily u | escribe the organization's mission of most significant activi | iles. <u>30F</u> | FORT OF BETT | IAINT OIN | ITED CHORCH | OF CIT |
| Ĕ | | | | | | | | |
| Ĕ | | | <u></u> | | | | | |
| Š | 2 | Check th | nis box if the organization discontinued its operation | s or dispose | d of more than 2 | 25% of its | net assets. | |
| တိ | 3 | Number | of voting members of the governing body (Part VI, line 1a) | | | | | 3 |
| ⋖ర | 4 | | of independent voting members of the governing body (Pa | |) | | | 3 |
| ies | 5 | | mber of individuals employed in calendar year 2023 (Part \ | | | 5 | | 0 |
| ΖĦ | 6 | | mber of volunteers (estimate if necessary) | | | 6 | | |
| Activities & Governance | | | | | | | | |
| ⋖ | 7a | | related business revenue from Part VIII, column (C), line 1 | | | 7a | | 0 |
| | b | Net unre | elated business taxable income from Form 990-T, Part I, lin | <u>e 11</u> | | 7b | | |
| | | | | | Prior Yea | r | Current Yea | ır |
| ē | 8 | | tions and grants (Part VIII, line 1h) | | | 0 | | 0 |
| ĭ | 9 | Program | service revenue (Part VIII, line 2g) | | | 0 | | 0 |
| Revenue | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | | 104,513 | | 49,976 |
| Ř | 11 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 | | | 0 | | 0 |
| | 12 | | enue—add lines 8 through 11 (must equal Part VIII, column (A), I | | | 104,513 | | 49,976 |
| | 13 | | and similar amounts paid (Part IX, column (A), lines 1–3). | | | 98,632 | | 43,115 |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | | | 0 | <u> </u> | 70,110 0 |
| | 4- | | | | | | | 40.705 |
| Expenses | 15 | | other compensation, employee benefits (Part IX, column (A), line | | | 13,764 | | 12,785 |
| en S | 16a | | onal fundraising fees (Part IX, column (A), line 11e) | | | 0 | | 0 |
| Š | b | | ndraising expenses (Part IX, column (D), line 25) | 0 | | | | |
| Ш | 17 | Other ex | penses (Part IX, column (A), lines 11a–11d, 11f–24e) | | | 14,883 | | 14,638 |
| | 18 | Total ex | penses. Add lines 13–17 (must equal Part IX, column (A), I | ine 25) . . | | 127,279 | 1 | 70,538 |
| | 19 | Revenue | e less expenses. Subtract line 18 from line 12 | | | -22,766 | -1 | 20,562 |
| Net Assets or | ĝ. | | | | Beginning of Cur | rent Year | End of Year | r |
| ets | 20 | Total as | sets (Part X, line 16) | | | 012,104 | 1.8 | 91,542 |
| Ass | 21 | | pilities (Part X, line 26) | | | 0 | .,,- | 0 |
| Set | 22 | | ets or fund balances. Subtract line 21 from line 20 | | 2 | 012,104 | 1.8 | 91,542 |
| D. | . 22 | | | <u> </u> | Σ, | 012,104 | 1,0 | 31,072 |
| | art II | | nature Block / I declare that I have examined this return, including accompanying schedu | | | - f 1 1 | - d | |
| | | | y, i declare that rhave examined this return, including accompanying scried act, and complete. Declaration of preparer (other than officer) is based on all | | | • | • | |
| ana | belief, it i | 1 ' | are analy | inionnation of w | | y Kilowicage | | |
| Sig | gn | 11 1 | U U | | | | 4/9/2024 | |
| He | | | sture of officer | | Dat | е | | |
| | | JAC | QUELINE A MANLEY | SVP |) | | | |
| | | Туре | or print name and title | | | | <u> </u> | |
| | | Print | /Type preparer's name Preparer's signature | | Date | | PTIN | |
| Pa | id | | | | | Check | if | |
| | eparer | . JAC | QUELINE A MANLEY | | 4/9/2024 | self-emple | oyed P0231128 | 32 |
| | e Only | | s name LCNB NATIONAL BANK | | Firm's EIN | <u>31</u> -03 | 52330 | |
| J | o Onny | , | s address PO BOX 59, LEBANON, OH 45036 | · | Phone no. | | 321414 | |
| | | | s this return with the preparer shown above? See instruction | | T HOLE HO. | 2.000 | . X Yes | No |
| 11- | \/ th ^ !「 | | | | | | | |

| Form 9 | 90 (2023) | ESTATE OF O.W. BROWN | 31-6077821 | Page 2 |
|--------|-------------|---|------------------------|---|
| Pa | rt III | Statement of Program Service Accomplishments | | |
| | | Check if Schedule O contains a response or note to any line in this Part III | | . 🔲 |
| 1 | Briefly d | escribe the organization's mission: | | |
| | | RT OF BETHANY UNITED CHURCH OF CHRIST | | |
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| | | | | |
| | | | | |
| 2 | Did the | organization undertake any significant program services during the year which were not listed o | n | |
| | | Form 990 or 990-EZ? | · · · Yes | X No |
| | | describe these new services on Schedule O. | | 1 |
| 3 | | organization cease conducting, or make significant changes in how it conducts, any program | | |
| Ū | services | | Yes | X No |
| | | describe these changes on Schedule O. | 103 | <u> / </u> |
| 4 | | e the organization's program service accomplishments for each of its three largest program serv | vices as measured ' | hv |
| - | | s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an | | |
| | | expenses, and revenue, if any, for each program service reported. | id allocations to othe | 13, |
| | li le lotai | expenses, and revenue, if any, for each program service reported. | | |
| | (Codo: |) (Evnences © including grants of © 142.115.) (Pava | nuo ¢ | |
| 4a | (Code. |) (Expenses \$ including grants of \$ 143,115) (Reve | nue a |) |
| | | IY UNITED CHURCH OF CHRIST | | |
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| 4b | (Code: |) (Expenses \$ including grants of \$) (Reve | nue \$ |) |
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| 4c | (Code: |) (Expenses \$ including grants of \$) (Reve | nue \$ |) |
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| 4d | Other pr | ogram services (Describe on Schedule O.) | | |
| - | (Expens | - | 0) | |
| 4e | | gram service expenses 0 | | |

Part IV Checklist of Required Schedules

| | | | Yes | NO |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> ? See instructions | 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? <i>If</i> "Yes," complete Schedule C, Part I | 3 | | X |
| | | 3 | | ^ |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | Χ |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Χ |
| 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 | | Χ |
| 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 | | Х |
| 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 | | Χ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | ., |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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 | 44- | | V |
| h | Schedule D, Part VI | 11a | | Х |
| D | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 110 | | |
| C | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Χ |
| Ч | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | Χ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> . | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Χ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Χ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ |
| 14a | 3 | 14a | | Χ |
| b | 3 3 3 | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 40 | | V |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 47 | | ~ |
| 10 | on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | | Х |
| 18 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Y |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | X |
| 13 | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20ລ | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | |
| | | | | |

Part IV

Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|--|-----|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | - | | · · |
| 22 | 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 | 20 | | _^_ |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i> | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Х |
| 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 | | Χ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Χ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 254 | | |
| ~ | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 1 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | 1 |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | 1 |
| | member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule | | | |
| • | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Χ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. | 31 | | Χ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," | | | ., |
| 00 | complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | v |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | 33 | | Х |
| | 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 | | X |
| | 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 | | Χ |
| 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Χ | 1 |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|--------|--|-----|-----|-----|
| 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 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 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 Accounts (FBAR). | _ | | \ \ |
| 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 transaction? | 5b | | Х |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | Va | | _^ |
| D | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| - | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7с | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 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: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| ''a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| - | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| _b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | V |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | X |
| | If "Ves " complete Form 6060 | | | |

Part VI

| Sect | ion A. Governing Body and Management | | | |
|------|--|--------|------------|----|
| | ion / ii oo rommig Dou'y unu munugomone | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 3 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| Ū | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| | | 6 | | X |
| 6 | Did the organization have members or stockholders? | 0 | | ^ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | V |
| | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Χ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | ., |
| | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Χ |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | ode.) | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Χ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. | 12b | | Χ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | | Х |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Χ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| b | Other officers or key employees of the organization | 15b | | Χ |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed OH | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990-T (section 6104 or 1024-A, i | n 501 | (c) | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website X Another's website Upon request Other (explain on Schedule O | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | policy | ′ , | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | LCNB NATIONAL BANK (513) 932-1414 | | | |
| | 2 NORTH BROADWAY, LEBANON, OH 45036 | | | |

| Form 990 (2023) | ESTATE OF O.W. BROWN | 31-6077821 | Page 7 |
|-----------------|----------------------|------------|---------------|
| | | | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

| Check this box if neither the organization nor ar | • | izatio | n co | omp | ens | ated | any | current officer, | director, or trust | tee. |
|---|---|--------|----------------|---------------|--------------------------------|---|-----------|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | òοx, | unles er an | neck ss pe | ition more rson irect | n of the state of | an ee) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) LCNB NATIONAL BANK TRUSTEE | 2.00 | | Х | | | | | 12,785 | | |
| (2) | 2.00 | | ^ | | | | | 12,765 | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | / | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| | 81-607 es (co | | | age 8 |
|--|-----------------------------------|---------------|--|--|
| icyc | 00 (00 | 770770 | <i>-</i> | |
| (E) eporta mpens om rela ization 099-Mi | ation ated is (W-2/ ISC/ | cor | (F) nated am of other mpensat from the anization d organiz | ion and |
| } | | | | |
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| | 0 | | | 0 |
| | 0 | | | 0 |
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| 00 of | f | | | 0 |
| | 1 | | Yes | No |
| | | 3 | | X |
| | | | | |
| ual | | 4 | | X |
| <u>.</u> . | | 5 | | Х |
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| | 00 of | | | |
| rgan | ization | n's tax (C | | <u>. </u> |
| | C | Comper | | |
| | | | | 0 |

| P | Section A. Officers, Directors, Ir | ustees, key Er | npio | yee | s, a | na | High | est | Compensated | Employees (| ontini | uea) | |
|--------------|---|---|--------------------------------|-----------------------|-------------------------------|---------------|------------------------------|-------------|---|--|----------|--|----|
| | (A) Name and title | (B) Average hours per week | box, office | unles er and | Pos ieck is pe d a d | rson irect | e than of is both or/trust | n an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) timated amou of other compensation | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W- 1099-MISC/ 1099-NEC) | or | from the ganization an ed organizati | |
| (15) | | | | | | | ed. | | | 1 | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | 2 | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | * | | | | | | | | | |
| (22) | | | • | | | | * | | | | | | |
| | | | | | | | | | | | | | |
| | | | | , | | | | | | | | | |
| (25) | | * | | | | | | | | | | | |
| 1b c d | Subtotal | Section A | | | | | | | 12,785 0 12,785 | | 0 | | 0 |
| 2 | Total (add lines 1b and 1c) | imited to those I | | | | | | | • | | <u>υ</u> | | 0 |
| 3 | Did the organization list any former officer, din | | ev er | mnla | N/e | ۵ ۵ | r hiah | est | compensated | | | Yes N | No |
| | employee on line 1a? If "Yes," complete Sche | dule J for such i | ndivi | dua | ١. | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum the organization and related organizations gre | ater than \$150,0 | 000? | If " | Yes | ," C | omple | ete | Schedule J for s | | | | V |
| 5 | individual | | on fro | om a | any | unr | elate | d oı | rganization or in | | 4 | | X |
| 500 | for services rendered to the organization? If "tion B. Independent Contractors | Yes," complete S | Sche | dule | J fo | or s | uch p | ers | on | | 5 | | X |
| 1 | Complete this table for your five highest comp compensation from the organization. Report of | • | | | | | | | | | | ıx vear | |
| | (A) Name and business add | | | | | y c | <u> </u> | | (B) Description of ser | | (| C) ensation | |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | 0 |
| - | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (inclumore than \$100,000 of compensation from the | • | ited t | to th | iose | e list | ted al | voc | e) who received | | | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | or note to any line | 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 |
| S | 1a | Federated campaigns 1a | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 0 | | | | |
| | С | Fundraising events 1c | 0 | | | | |
| ts, An | Ч | Related organizations | | | | | |
| Gif Iar | a | Government grants (contributions) 1e | | | | | |
| is, mil | e | | U | | | | |
| io | T | All other contributions, gifts, grants, and | | | | | |
| out | | similar amounts not included above 1f | 0 | | | | |
| trik Ot | g | Noncash contributions included in | | | | | |
| on | | lines 1a–1f | \$ 0 | | | | |
| O e | h | Total. Add lines 1a–1f | | 0 | | | |
| | | | Business Code | | | | |
| ce | 2a | | | 0 | | | |
| ωŠ | b | | | 0 | | | |
| Sel | С | | | 0 | | | |
| m Ve | d | | | 0 | | | |
| yram Serv Revenue | и 0 | | | 0 | | | |
| Program Service Revenue | e | All other programs comics revenue | | | | | |
| P | T | All other program service revenue | | 0 | | | |
| | g | Total. Add lines 2a–2f | | 0 | , | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | | other similar amounts) | | 69,176 | | | 69,176 |
| | 4 | Income from investment of tax-exempt bond p | roceeds | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses . 6b | | | | | |
| | С | - | 0 | | | | |
| | d | Net rental income or (loss) | | 0 | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | J | | | |
| | , u | sales of assets | | | | | |
| | | | | | | | |
| d) | | | 0 | | | | |
| Revenue | b | Less: cost or other basis | | | | | |
| Ve | | and sales expenses 7b 544,909 | | | | | |
| Re | С | Gain or (loss) | 0 | | | | |
| er | d | Net gain or (loss) | <u> </u> | -19,200 | | | -19,200 |
| Oth | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$0 | | | | | |
| | | of contributions reported on line 1c). | | | | | |
| | | See Part IV, line 18 | 0 | | | | |
| | b | See Part IV, line 18 | 0 | | | | |
| | | Net income or (loss) from fundraising events . | | 0 | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 9a | 0 | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities . | | 0 | | | |
| | | , , , , | | 0 | | | |
| | Tua | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | | Less: cost of goods sold <u>10k</u> | • | | | | |
| | С | Net income or (loss) from sales of inventory . | | 0 | | | |
| S | | | Business Code | | | | |
|) le | 11a | | | 0 | | | |
| ane inu | b | | | 0 | | | |
| Miscellaneous Revenue | С | | | 0 | | | |
| SC | d | All other revenue | | 0 | | | |
| Ξ | | Total. Add lines 11a–11d | | 0 | | | |
| | 12 | Total revenue. See instructions | | 49,976 | 0 | 0 | 49,976 |
| | | | | 10,010 | | , | |

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) .

| Par | t IX Statement of Functional Expenses | | | | |
|----------|--|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must complete a | ll columns. All other | organizations mus | t complete column (| (A). |
| | Check if Schedule O contains a response or note | | | | |
| | Check if Schedule O contains a response of hote | | | | |
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | , | , | |
| - | and domestic governments. See Part IV, line 21 | 143,115 | 143,115 | | |
| 2 | Grants and other assistance to domestic | 140,110 | 170,110 | | |
| _ | individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign | 0 | | | |
| 3 | organizations, foreign governments, and foreign | | | | |
| | | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | | | 40 | |
| _ | trustees, and key employees | 12,785 | | 12,785 | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions). | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (nonemployees): | A 4 | | | |
| а | Management | 0 | | | |
| b | Legal | 1,062 | | 1,062 | |
| С | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 12,785 | | 12,785 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| ŭ | (A), amount, list line 11g expenses on Schedule O.) | 0 | | 0 | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| 23 | | 0 | U | U | <u> </u> |
| 23 24 | Insurance | U | | | |
| 24 | above. (List miscellaneous expenses on line 24e. If | | | | |
| | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | 000 | 000 | | |
| a | OHIO CHARITABLE REGISTRATION FEE | 200 | 200 | | |
| b | FOREIGN TAX WITHHELD | 161 | | 161 | |
| C | AMORTIZATION OF INTEREST | 408 | | 408 | |
| d | COURT COSTS | 22 | | 22 | |
| | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 170,538 | 143,315 | 27,223 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | [| | | |

31-6077821

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X . | | | |
|-----------------------------|-----|--|--------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | 173,322 | 2 | 119,673 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 0 | 4 | 0 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | 4.5 | | |
| | | controlled entity or family member of any of these persons | 0 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | |
| ţ | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | 0 | 8 | 0 |
| ğ | 9 | Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | IVa | other basis. Complete Part VI of Schedule D 10a 0 | | | |
| | b | Less: accumulated depreciation | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | 1,838,782 | 11 | 1,771,869 |
| | 12 | Investments—other securities. See Part IV, line 11. | 1,030,702 | 12 | 1,771,009 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | | 2,012,104 | 16 | |
| | 17 | Total assets. Add lines 1 through 15 (must equal line 33) | 2,012,104 | 17 | 1,891,542 0 |
| | | | 0 | | U |
| | 18 | Grants payable | 0 | 18 | |
| | 19 | Deferred revenue | - | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | |
| . | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ę | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| <u>a</u> | | controlled entity or family member of any of these persons | 0 | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17–24). Complete | | | |
| | | Part X of Schedule D | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| es | | Organizations that follow FASB ASC 958, check here | | | |
| ũ | | and complete lines 27, 28, 32, and 33. | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | 0 | 27 | |
| Ω | 28 | Net assets with donor restrictions | 0 | 28 | |
| Ę | | Organizations that do not follow FASB ASC 958, check here | | | |
| Ē | | and complete lines 29 through 33. | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | 2,012,104 | 29 | 1,891,542 |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 30 | |
| 188 | 31 | Retained earnings, endowment, accumulated income, or other funds . | 0 | 31 | |
| € † | 32 | Total net assets or fund balances | 2,012,104 | 32 | 1,891,542 |
| ž | 33 | Total liabilities and net assets/fund balances | 2,012,104 | 33 | 1,891,542 |

| Part | Reconciliation of Net Assets | | | | | |
|------|---|-----|-----|-------|-------|-------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . [| |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 49 | ,976 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 170 | ,538 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | -120 | ,562 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 2 | 2,012 | ,104 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| Dowl | column (B)) | 10 | | 1 | ,891 | ,542 |
| Part | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | | | | Г | |
| | Check it Schedule O contains a response of note to any line in this Fart XII | | | • | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | Yes | No |
| ' | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | - 1 | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Χ |
| | 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? | | | 2b | | Χ |
| D | 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 Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | of. | | | | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accountant?. | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | e | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | . | 3a | | Χ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| _ | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | orm (| 990 (| 2023) |

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

| EST | ATE | OF O.W. BROWN | | | | | 31-60 | 77821 | |
|---------|--|---|---|---|---------------|---------------------------------------|---|---|--|
| | rt I | Reason for Public Char | | | | | | | |
| | orga | anization is not a private founda | | | | • | , | | |
| 1 | \blacksquare | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | Щ | A school described in section | | , | | | | | |
| 3 | Щ | A hospital or a cooperative hos | spital service organ | nization described in s | ection 17 | '0(b)(1)(A |)(iii). | | |
| 4 | | A medical research organization hospital's name, city, and state | • | unction with a hospital | describe | d in sect i | ion 170(b)(1)(A)(iii). | . Enter the | |
| 5 | | An organization operated for the section 170(b)(1)(A)(iv). (Cor | | ege or university owne | d or opera | ated by a | governmental unit de | escribed in | |
| 6 | | A federal, state, or local gover | nment or governme | ental unit described in | section 1 | 1 70 (b)(1)(| A)(v). | | |
| 7 | | An organization that normally described in section 170(b)(1 | | | rom a gov | ernmenta | al unit or from the ge | neral public | |
| 8 | | A community trust described in | n section 170(b)(1) |)(A)(vi). (Complete Pa | rt II.) | | | | |
| 9 | | An agricultural research organ or university or a non-land-gra university: | | | | | | | |
| 10 | | An organization that normally receipts from activities related support from gross investment acquired by the organization a | to its exempt functi t income and unrela | ions, subject to certain ated business taxable | exception | ns; and (2 ess sectio | e) no more than 33 1 n 511 tax) from busi | /3% of its | |
| 11 | | An organization organized and | d operated exclusive | ely to test for public sa | fety. See | section | 509(a)(4). | | |
| 12 | X | An organization organized and one or more publicly supported Check the box on lines 12a thi | d organizations des | scribed in section 509 | (a)(1) or s | section 5 | 09(a)(2). See section | on 509(a)(3). | |
| а | a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. | | | | | | | | |
| b |) [| Type II. A supporting organ control or management of the organization(s). You must | he supporting orgai | nization vested in the | | | | | |
| С | | Type III functionally integ | | | | | | tegrated with, | |
| d | [| its supported organization(s X Type III non-functionally i that is not functionally integ | ntegrated. A suppo | orting organization ope | erated in c | connection | n with its supported o | | |
| | Г | requirement (see instruction | ns). You must con | nplete Part IV, Sectio | ns Á and | D, and P | art V. | | |
| е | | Check this box if the organi | | | | | s a Type I, Type II, T | ype III | |
| f | | functionally integrated, or T Enter the number of supported | | ially integrated suppor | ting organ | lization. | | 1 | |
| ı ı | | Provide the following information | | rted organization(s) | | | | | |
| | | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | | Yes | No | | | |
| A) | | | | | 163 | 140 | | | |
| | HAN | NY UNITED CHURCH OF CHR | 31-6039259 | 1 | Х | | 143,115 | | |
| B) | | | | | | | , | | |
| | | ▼ | | | | | | | |
| C) | | | | | | | | | |
| D) | | | | | | | | | |
| <u></u> | | | | | | | | | |
| E) | | | | | | | | | |
| Γota | ıl | | | | | | 143,115 | 0 | |

Schedule A (Form 990) 2023 ESTATE OF O.W. BROWN 31-6077821 Page 2 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.) Section A. Public Support (a) 2019 (e) 2023 Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 4 Total. Add lines 1 through 3 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2019 (b) 2020 **(a)** (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) 0 Amounts from line 4 0 0 0 0 0 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 **11** Total support. Add lines 7 through 10... 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **Section C. Computation of Public Support Percentage** 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 0.00% 16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and**stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2023 ESTATE OF O.W. BROWN 31-6077821 Page **3**

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|--------------------|------------------|-------------------|---------------------|-----------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | C |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | r |
| 3 | Gross receipts from activities that are not an | | | | | | |
| · | unrelated trade or business under section 513 | | | | | | C |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | C |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | | 0 | 0 | 0 | 0 | 0 | |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 0 | U | U | |
| /a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | _ |
| | | | | | | | |
| D | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | • | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | 4 | | | | |
| | • | | | | | | |
| _ | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| 800 | line 6.) | | | | | | |
| | ction B. Total Support | (a) 2019 | (b) 2020 | (c) 2021 | (4) 2022 | (a) 2022 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2019 0 | (b) 2020 | (6) 2021 | (d) 2022 | (e) 2023 | (I) Total |
| 9 | Amounts from line 6 | 0 | 0 | U | 0 | U | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | | | |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| - | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on . | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets |) | | | | | _ |
| | (Explain in Part VI.) | | | | | | C |
| 13 | Total support. (Add lines 9, 10c, 11, | | | • | | | |
| | and 12.) | 0 | - | 0 | | 0 | C |
| 14 | First 5 years. If the Form 990 is for the org | | | • | , | , , , | |
| _ | organization, check this box and stop here | | | | | | |
| | ction C. Computation of Public Sup | | _ | | | I .= I | 2 2 2 2 2 |
| 15 | Public support percentage for 2023 (line 8, c | • • | • | . , , | | 15 | 0.00% |
| 16 | Public support percentage from 2022 Sched | | | <u> </u> | | 16 | 0.00% |
| | ction D. Computation of Investmen | | | 1 (5) | | 4= | |
| 17 | Investment income percentage for 2023 (lin | | = | | | 17 | 0.00% |
| 18 | Investment income percentage from 2022 S | | | | | 18 | 0.00% |
| 19a | 33 1/3% support tests—2023. If the organiz | | | | | | Γ |
| | not more than 33 1/3%, check this box and s | - | | | - | | |
| b | 33 1/3% support tests—2022. If the organization 19 is not more than 23 1/3%, should this | | | | | | Г |
| 00 | line 18 is not more than 33 1/3%, check this | | = | | | | |
| 20 | Private foundation If the organization did r | TOT CHECK 2 hov on | une 14 142 ∩r 10 | n check this hove | and see instruction | c | l l |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

| | | Yes | No |
|---|-----|-----|----|
| | | | |
| | 1 | Χ | |
| d | | | |
| | 2 | | Χ |
| r | | | |
| | 3a | | Χ |
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| | 9b | | Х |
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| | 10a | | Χ |
| | | | |
| | 10b | | Х |
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| Schedu | ale A (Form 990) 2023 ESTATE OF O.W. BROWN | 31-6077821 | F | age 5 |
|--------|--|---------------------------|-----------|--------------|
| Part | V Supporting Organizations (continued) | | 1 | 1 |
| | | _ | 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 on lines | | | |
| | 11c below, the governing body of a supported organization? | 11a | | X |
| b | A family member of a person described on line 11a above? | 11b |) | Х |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, o | | | \ \ |
| Sooti | detail in Part VI. | 11c | ; | Х |
| Secu | ion B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership | of one or | 162 | NO |
| • | more supported organizations have the power to regularly appoint or elect at least a majority of the organization | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than on | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 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? <i>If</i> "Yes," <i>explicit</i> | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operat | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion 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 ho | ow control | | |
| | or management of the supporting organization was vested in the same persons that controlled or m | nanaged | | |
| | the supported organization(s). | 1 | | |
| Secti | ion 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 | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously | | X | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the s | | | |
| | organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain | | | \ \ |
| • | the organization maintained a close and continuous working relationship with the supported organization | | | Х |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organization and in the organization of the organization of the organization. | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organizati income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization | | | |
| | supported organizations played in this regard. | 3 | | Х |
| Secti | ion 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 year (see instru | etions | 1 |
| | The organization satisfied the Activities Test. Complete line 2 below. | ine year (See msirut | Juons |). |
| а | | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a gov | rernmental entity (see in | nstructio | ons). |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt put | rposes of | 1.00 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI | | | |
| | those supported organizations and explain how these activities directly furthered their exempt p | - | | |
| | how the organization was responsive to those supported organizations, and how the organization d | · | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's investigation of the activities described on line 2a, above, constitute activities that, but for the organization of the activities described on line 2a, above, constitute activities that, but for the organization of the activities described on line 2a, above, constitute activities that, but for the organization of the activities described on line 2a, above, constitute activities that, but for the organization of the activities described on line 2a, above, constitute activities that, but for the organization of the activities act | olvement, | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have en | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activate the policies of the | | | |
| | of its supported organizations? If "Yes " describe in Part VI the role played by the organization in | this regard 3h | 1 | Ì |

| Schedule A (Form 990) 2023 ESTATE OF O.W. BROWN | | 31-6 | 6077821 | Page 6 |
|--|------|----------------|------------------------|---------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgar | nizations | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualify | | | ain in Part V i | I). See |
| instructions. All other Type III non-functionally integrated supporting org | | | | |
| Ocation A. Adinated Nationana | | (A) D.: | (B) Currer | nt Year |
| Section A - Adjusted Net Income | | (A) Prior Year | (option | |
| 1 Net short-term capital gain | 1 | 0 | | 4,107 |
| 2 Recoveries of prior-year distributions | 2 | , | | |
| 3 Other gross income (see instructions) | 3 | 63,486 | | 69,176 |
| 4 Add lines 1 through 3. | 4 | 63,486 | | 73,283 |
| 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 | 28,647 | | 25,570 |
| 7 Other expenses (see instructions) | 7 | | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | 34,839 | | 47,713 |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Currer | nt Year |
| Section B - Willimum Asset Amount | | (A) Piloi Teal | (option | nal) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | | |
| instructions for short tax year or assets held for part of year): | | | | |
| a Average monthly value of securities | 1a | 2,227,009 | 2 | ,106,123 |
| b Average monthly cash balances | 1b | 90,751 | | 87,615 |
| c Fair market value of other non-exempt-use assets | 1c | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | 2,317,760 | 2 | ,193,738 |
| e 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 | 2,317,760 | 2 | ,193,738 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| see instructions). | 4 | 34,766 | | 32,906 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 2,282,994 | 2 | ,160,832 |
| 6 Multiply line 5 by 0.035. | 6 | 79,905 | | 75,629 |
| 7 Recoveries of prior-year distributions | 7 | 0 | | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 79,905 | | 75,629 |
| Section C - Distributable Amount | | | Current | Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | 34,839 |
| 2 Enter 0.85 of line 1. | 2 | | | 29,613 |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | 79,905 |
| 4 Enter greater of line 2 or line 3. | 4 | | · | 79,905 |
| 5 Income tax imposed in prior year | 5 | | | |

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

| Schedul | e A (Form 990) 2023 ESTATE OF O.W. BROWN | | | 31 | -6077821 Page 7 |
|----------|---|-----------------------------|-------------------|----|-------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organiza | tions (continued) | | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | 1 | 143,115 | | |
| 2 | Amounts paid to perform activity that directly furthers exen | npt purposes of supporte | ed | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organi | zations | 3 | 12,985 |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required— | provide details in Part | VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | 156,100 |
| 8 | Distributions to attentive supported organizations to which (provide details in Part VI). See instructions. | the organization is resp | onsive | 8 | |
| | • | | | 9 | 79,905 |
| 40 | Distributable amount for 2023 from Section C, line 6 | | | 10 | |
| 10 | Line 8 amount divided by line 9 amount | | (ii) | 10 | 0.000 (iii) |
| s | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributio | ns | Distributable Amount for 2023 |
| 4 | Distributable amount for 2023 from Section C, line 6 | | F18-2023 | | 79,905 |
| | Underdistributions, if any, for years prior to 2023 | | | | 79,905 |
| 2 | (reasonable cause required—explain in Part VI). See | | | I | |
| | instructions. | | | I | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| a | From 2018 | | | | |
| <u>a</u> | From 2019 | | | | |
| C | From 2020 | | | | |
| d | From 2021 | | | | |
| | From 2022 | | | | |
| | Total of lines 3a through 3e | 82,716 | | | |
| | Applied to underdistributions of prior years | 02,710 | | 0 | |
| | | | | ď | 79,905 |
| | Carryover from 2018 not applied (see instructions) | | | | 70,000 |
| — i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | 2,811 | | | |
| 4 | Distributions for 2023 from | _, | | | |
| | Section D, line 7: \$ 156,100 | | | | |
| | Applied to underdistributions of prior years | | | 0 | |
| | Applied to 2023 distributable amount | | | | 0 |
| c | Remainder. Subtract lines 4a and 4b from line 4. | 156,100 | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | I | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | I | |
| | greater than zero, explain in Part VI . See instructions. | | | 0 | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain | | | | |
| | in Part VI. See instructions. | | | | 0 |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | 158,911 | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2019 0 | | | | |
| b | Excess from 2020 | | | | |
| <u>c</u> | Excess from 2021 | | | | |
| d | Excess from 2022 2,811 | | | | |
| е | Excess from 2023 | | | | |

| chedule A (Form 990) 2023 | ESTATE OF O.W. BROWN | 31-6077821 Page 8 |
|---------------------------|----------------------|--------------------------|
|---------------------------|----------------------|--------------------------|

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|-------------|---|
| Part IV Sec | tion D Line 2 SUPPORTED ORGANIZATION RECEIVES REGULAR ACCOUNT INVESTMENT |
| STATEMEN | ITS AND MEETS AT LEAST ANNUALLY WITH TRUST OFFICER |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

| ESTATE OF O.W. BROWN | | | | | | 31 | -6077821 |
|--|----------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Informatio | | | | | | | |
| Does the organization maintainthe selection criteria used to Describe in Part IV the organization | award the gran | ts or assistance?. | | | | ts or assistance, and | X Yes No |
| | | • | | | c. Complete if the organicated if additional spa | | es" on Form |
| 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 |
| (1) BETHANY UNITED CHURCH OF PO BOX 291 LEBANON, OH 45036 | 31-6039259 | 501(c)(3) | 143,115 | | V) | | GENERAL SUPPORT |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | 740 | | | | | |
| (8) | | | | | | | |
| (9) | (8) | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section3 Enter total number of other of | | | | | | | 1 |

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| മം | $\alpha \alpha$ | |

| 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | |
| 1 | | | | | | 4 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | () \ | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| Part IV | Supplemental Information. Provide | the information re | quired in Part I, line | 2; Part III, column (b |); and any other addition | nal information. | |
| Part I Line | 2 ALL INCOME GRANTS PAID TO BETH | ANY CHURCH TRI | USTEES | | | | |
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SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number

| ESTATE OF O.W. BROWN 31-607/821 | |
|---|--|
| Form 990, Part VI, Line 11: TRUST OFFICER REVIEWS RETURN PRIOR TO FILING WITH IRS. | |
| Form 990, Part VI, Line 19: TRUST'S GOVERNING DOCUMENT AND FINANCIAL STATEMENTS ARE AVAILABLE | |
| UPON REQUEST | |
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| Schedule O (Form 990) 2023 | Page 2 |
|----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| ESTATE OF O.W. BROWN | 31-6077821 |
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Statement of Assets As Of April 9, 2024

| Symbol | Asset Description | Maturity Date | Units/Shares or Face Value | Total Cost | Market Price | Market Value |
|----------------|---|------------------|-------------------------------|--------------|-----------------|--------------|
| 010 | Common Stock | | | | | |
| ABT | Abbott Laboratories | | 200.0000 | \$4,600.80 | \$110.52 | \$22,104.00 |
| AMGN | Amgen Inc. | | 100.0000 | \$15,671.67 | \$269.20 | \$26,920.00 |
| BAX | Baxter International Inc. | | 325.0000 | \$12,772.47 | \$42.25 | \$13,731.25 |
| вх | Blackstone Inc. Class A | | 171.0000 | \$16,268.26 | \$129.32 | \$22,113.72 |
| CFG | Citizens Financial Group Inc. | | 300.0000 | \$13,064.31 | \$34.94 | \$10,482.00 |
| CHRW | C H Robinson Worldwide Inc. | | 300.0000 | \$18,178.20 | \$72.06 | \$21,618.00 |
| csco | Cisco Systems Inc. | | 500.0000 | \$8,610.55 | \$48.24 | \$24,120.00 |
| GPK | Graphic Packaging Holding Company | | 1,331.0000 | \$29,580.54 | \$28.80 | \$38,332.80 |
| IBM | International Business Machines Corp. | | 75.0000 | \$6,638.86 | \$189.82 | \$14,236.50 |
| INTC | Intel Corp. | | 500.0000 | \$9,667.22 | \$37.98 | \$18,990.00 |
| KO | Coca-Cola Company | | 300.0000 | \$13,451.97 | \$59.27 | \$17,781.00 |
| LMT | Lockheed Martin Corp. | | 50.0000 | \$2,206.50 | \$452.38 | \$22,619.00 |
| MSFT | Microsoft Corp. | | 150.0000 | \$4,084.50 | \$424.59 | \$63,688.50 |
| NKE | Nike Inc. | | 235.0000 | \$2,729.57 | \$90.00 | \$21,150.00 |
| PEP | Pepsico Inc. | | 150.0000 | \$6,726.00 | \$169.58 | \$25,437.00 |
| PFE | Pfizer Inc. | | 400.0000 | \$7,640.51 | \$26.58 | \$10,632.00 |
| PG | Procter & Gamble Co. | | 200.0000 | \$10,363.75 | \$156.04 | \$31,208.00 |
| SO | Southern Co. | | 300.0000 | \$8,572.80 | \$70.06 | \$21,018.00 |
| UPS | United Parcel Service Inc Class B | | 105.0000 | \$11,126.83 | \$150.11 | \$15,761.55 |
| USB | U.S. Bancorp | | 300.0000 | \$7,848.00 | \$43.72 | \$13,116.00 |
| Ţ | Total | | | \$209,803.31 | _ | \$455,059.32 |
| 030 F | Foreign Stock | | | | | |
| ETN | Eaton Corp. | | 150.0000 | \$8,935.50 | \$325.82 | \$48,873.00 |
| Ţ | Total | | | \$8,935.50 | | \$48,873.00 |
| 040 E | Equity Mutual Funds | | | | | |
| NSBRX | Nuveen Dividend Growth Fund Class I | | 1,359.6190 | \$60,000.00 | \$57.81 | \$78,599.57 |
| Ţ | Total | | | \$60,000.00 | | \$78,599.57 |
| 041 [| Domestic Small-Mid Cap Eq Fds | | | | | |
| NDVIX | MFS New Discovery Value Fund Class | 1 | 878.8460 | \$12,706.26 | \$18.08 | \$15,889.53 |
| VIMAX | Vanguard Mid Cap Index Fund Admiral | | 19.3670 | \$4,978.18 | \$305.71 | \$5,920.69 |
| 7 | Shares Fotal | | _ | \$17,684.44 | _ | \$21,810.22 |
| 042 [| Domostia I a Con Vol Edo | | | | | |
| 043 E PMVYX | Domestic Lg Cap Val Fds Putnam Sustainable Future | | 2,866.9720 | \$50,000.00 | \$21.70 | \$62,213.29 |
| 7 | Total . | | _ | \$50,000.00 | | \$62,213.29 |
| 050 E | Equity Closed End Funds | | | | | |
| RSP E | Invesco S&P 500 Equal Weight ETF | | 105.0000 | \$11,454.60 | \$166.90 | \$17,524.50 |

Statement of Assets As Of April 9, 2024

| Symbol | | Asset Description | Maturity Date | Units/Shares or Face Value | Total Cost | Market Price | Market Value |
|--------|--------|---|------------------|-------------------------------|--------------|-----------------|--------------|
| | Total | | | | \$11,454.60 | | \$17,524.50 |
| 052 | Dome | stic Lg Cap Growth ETF | | | | | |
| SCHG | | Schwab US Large Cap Growth ETF | | 736.0000 | \$47,130.01 | \$92.39 | \$67,999.04 |
| | Total | | | | \$47,130.01 | _ | \$67,999.04 |
| 053 | Dome | stic LG Cap Value ETF | | | | | |
| DTD | | . WisdomTree US Total Dividend Fund | | 1,200.0000 | \$28,417.47 | \$69.67 | \$83,603.04 |
| SCHV | | Schwab US Large Cap Value ETF | | 891.0000 | \$45,590.85 | \$74.80 | \$66,646.80 |
| | Total | | | | \$74,008.32 | | \$150,249.84 |
| 100 | Intern | ational Equity Mutual Funds | | | | | |
| CVMIX | | Calvert Emerging Markets Equity | | 1,912.0460 | \$30,000.00 | \$16.94 | \$32,390.06 |
| | Total | | | | \$30,000.00 | _ | \$32,390.06 |
| 101 | Intern | ational Equity ETF | | | | | |
| IEFA | | IShares Inc. TR Core MSCI EAFE ETF | | 1,946.0000 | \$114,287.94 | \$73.83 | \$143,673.18 |
| IEMG | | IShares Inc. Core MSCI Emerging Markets | | 762.0000 | \$37,291.73 | \$52.20 | \$39,776.40 |
| INDA | | ETF IShares MSCI India ETF | | 257.0000 | \$11,472.36 | \$52.38 | \$13,461.66 |
| | Total | | | | \$163,052.03 | | \$196,911.24 |
| 200 | Corpo | orate Bonds | | | | | |
| 025816 | DB2 | American Express 5.85% Due 11/5/2027 | 11/5/2027 | 25,000.0000 | \$25,810.63 | \$103.05 | \$25,762.63 |
| 26441C | CBS3 | Duke Energy 4.3% Due 3/15/2028 | 3/15/2028 | 25,000.0000 | \$24,187.50 | \$97.72 | \$24,431.19 |
| 832696 | AK4 | Smucker J M Co 3.5% Due 03/15/2025 | 3/15/2025 | 25,000.0000 | \$24,800.00 | \$98.03 | \$24,508.34 |
| | Total | | | | \$74,798.13 | | \$74,702.16 |
| 301 | Altern | ative Funds | | | | | |
| AAAZX | | DWS RREEF Real Assets Fund Institutional Class | | 2,040.8170 | \$20,000.00 | \$11.48 | \$23,428.58 |
| | Total | | | | \$20,000.00 | | \$23,428.58 |
| 302 | Altern | ative ETF | | | | | |
| FTLS | | First Trust Long/Short Equity ETF | | 1,257.0000 | \$67,552.74 | \$61.34 | \$77,104.38 |
| GLD | | SPDR Gold TR | | 100.0000 | \$17,604.84 | \$216.48 | \$21,648.00 |
| | Total | | | | \$85,157.58 | | \$98,752.38 |
| 305 | Fixed | Income Mutual Funds | | | | | |
| ANGIX | | Angel Oak Multi-Strategy Income Fund | | 11,264.0081 | \$116,010.91 | \$8.46 | \$95,293.52 |
| DODIX | | Dodge & Cox Income Fund | | 10,748.6500 | \$148,915.97 | \$12.32 | \$132,423.38 |
| FGCIX | | Federated Hermes Sht-Interm Total Return Bond Fund Institutional Class | | 4,129.5270 | \$43,442.63 | \$9.94 | \$41,047.50 |
| NCRLX | (| Neuberger Berman Core Bond Fund | | 15,514.1040 | \$152,355.00 | \$8.73 | \$135,438.13 |
| PTIAX | | Performance Trust Strategic Bond Fund | | 2,213.5980 | \$50,000.00 | \$19.47 | \$43,098.75 |

Statement of Assets As Of April 9, 2024

| Symbo | ol | Asset Description | Maturity Date | Units/Shares or Face Value | Total Cost | Market Price | Market Value |
|--------|---------|--|------------------|-------------------------------|------------------|-----------------|----------------|
| VBILX | | Vanguard Intermediate Term Bond Index Fund Admiral Shares | | 30,882.8130 | \$319,122.87 | \$10.07 | \$310,989.91 |
| | Total | | | | \$829,847.38 | | \$758,291.19 |
| 307 | Intern | ational Fixed Income ETF | | | | | |
| EMB | | IShares JP Morgan Emerging Markets Bond ETF | | 288.0000 | \$26,595.93 | \$89.28 | \$25,712.64 |
| | Total | | | | \$26,595.93 | | \$25,712.64 |
| 308 | Fixed | Income ETF | | | | | |
| TLT | | IShares 20+ Year Treasury Bond ETF | | 699.0000 | \$61,498.02 | \$91.38 | \$63,874.62 |
| | Total | | | | \$61,498.02 | | \$63,874.62 |
| 500 | Money | / Market Funds | | | | | |
| GOFX | X | Federated Hermes Government Obligations Fund | | 74,963.5000 | \$74,963.50 | \$1.00 | \$74,963.50 |
| | Total | | | _ | \$74,963.50 | | \$74,963.50 |
| 530 | Certifi | cates of Deposit-Own Inst. | | | | | |
| LCNB1 | 18MCD | LCNB National Bank CD 5.25% APY Due 8/6/2025 | 8/6/2025 | 25,210.7000 | \$25,210.70 | \$1.00 | \$25,210.70 |
| | Total | | | | \$25,210.70 | | \$25,210.70 |
| 840 | Option | ns (Liabilities) | | | | | |
| 458140 | • | Call INTC 55.00 04/19/2024 | | 5.0000 | \$0.00 * | | \$0.00 |
| | Total | | | _ | \$0.00 * | _ | \$0.00 |
| Grand | l Total | | | | \$1,870,139.45 * | | \$2,276,565.85 |

Statement of Assets As Of April 9, 2024

| Symbol | Asset Description | Maturity | Units/Shares | Total Cost | Market | Market Value |
|--------|-------------------|----------|---------------|------------|--------|--------------|
| | | Date | or Face Value | | Price | |

Market Value by Portfolio Report Category

