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Form **990-PF**

EXTENSION GRANTED TO 11/15/2013 Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For ca	len	dar year 2012 or tax year beginning				, and er	nding		
Name	e of	foundation						A Employer identification	n number
BR	O	WNELL FAMILY FOUN	DATION	•					
ક્ર	F	RANK BROWNELL, II	I					42-127613	4
Numb	er a	nd street (or P O box number if mail is not de	elivered to street	addres	s)		Room/suite	B Telephone number	
20	0	S FRONT STREET						641-623-5	401
City	or to	own, state, and ZIP code				•		C If exemption application is	
		rezuma, ia 50171						- · · · · · · · · · · · · · · · · · · ·	,
		all that apply: Initial retur			Initial return of a fo	ormer oublic c	harity	D 1. Foreign organization	ns, check here
		Final return			Amended return	p =	,		,
		Address ch			Name change			Foreign organizations n check here and attach of	neeting the 85% test,
H Ch	eck	··· ······················ -		emot r	private foundation	-		1	
<u>"</u>		ction 4947(a)(1) nonexempt charitable	· · · · · · · · · · · · · · · · · · ·		axable private founda	ition		E If private foundation st under section 507(b)(
L Ear		rket value of all assets at end of year	J Accounti			Accr	ual	1 ' ' '	,,
				•		L ACCIT	uai	F If the foundation is in a	
(<i>iroi</i>		Part II, col. (c), line 16)		her (sp) must be on cash i	hacre 1		under section 507(b)(1)(B), check here
Par		Analysis of Revenue and Expenses							(d) Disbursements
Par	<u></u>	(The total of amounts in columns (b), (c), ar	id (d) may not		a) Revenue and penses per books	(b) Net int		(c) Adjusted net income	for charitable purposes
**		necessarily equal the amounts in column (a			·	11100		bookersk kendenfile	(cash basis only)
203	1	Contributions, gifts, grants, etc., rece			425,000.				
0	2	Check from the foundation is not required to	o attach Sch B					n 1	
7	3	Interest on savings and temporary cash investments			6,055.		<u>6,055.</u>	-	.STATEMENT 1
	4	Dividends and interest from securities	S	<u> </u>	12.		7.	12	.STATEMENT 2
JEC	5a	Gross rents					. 8	1 4 1 1 1 1 M	
	þ	Net rental income or (loss)		ļ				A SECTION AND A	
ا و 🚉	6a	Net gain or (loss) from sale of assets not on			4.			1844 (S. A.	
≱ટ્રા	b	Gross sales price for all assets on line 6a 26	<u>,307.</u>					* *	
Revenue	7	Capital gain net income (from Part IV, line 2)					4.	, + .	4
록≝	8	Net short-term capital gain		<u> </u>					100° - 130° - 1
⊋	9	Income modifications					× , ×		, AM,
⁷ 1	10a	Gross sales less returns and allowances					* ', '	-A-7 , 199	
	b	Less Cost of goods sold							
	C	Gross profit or (loss)							****
1	11	Other income							
1	12	Total. Add lines 1 through 11			431,071.		<u>6,066.</u>	6,067	•
1	13	Compensation of officers, directors, trustee	s, etc		0.		0.	0	. 0.
1	14	Other employee salaries and wages							
1	15	Pension plans, employee benefits				-11/FF			
Ses 1	l6a	Legal fees			1 REU		-01		
ğ	b	Accounting fees					12		
EX	C	Other professional fees			אטוא לפין	2 9 2013	3 13		
9 1	17	Interest			8 NOV		说		
Operating and Administrative Expens	18	Taxes			1 1		. 1"		
ist	19	Depreciation and depletion			I OGI)には、し	11		
盲		Occupancy							
P		Travel, conferences, and meetings							
2 2		Printing and publications							
g S			'МТ 3		1,274.		1,274.	0	. 0.
擅		Total operating and administrative	-		, <u> </u>				
ĕ	-	expenses Add lines 13 through 23			1,274.		1,274.	0	. 0.
ŏ,	25	Contributions, gifts, grants paid			477,740.				477,740.
		Total expenses and disbursements.			<u></u>				1
1		Add lines 24 and 25			479,014.		1,274.	0	. 477,740.
—	27	Subtract line 26 from line 12:					_, _ , _ •	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
'		Excess of revenue over expenses and disbu	rnomont-		-47,943.				
		Net investment income (if negative, ent			<u> </u>		4,792.		+
		Adjusted net income (if negative, enter					-1126.	6,067	
223501		nujusteu net meome ui negative, enter)			<u> </u>		0,007	

BROWNELL FAMILY FOUNDATION % FRANK BROWNELL, III

For	m 99	00-PF(2012) % FRANK BROWNELL, III		42-	1276134 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	f year
<u> </u>	art	Balance Sheets column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	32,730.	89,250.	89,250.
	3	Accounts receivable ► 1,500.		4	4 - 00
		Less: allowance for doubtful accounts		1,500.	1,500.
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons			
	′	Other notes and loans receivable Less: allowance for doubtful accounts			;
"	8	Inventories for sale or use			· ·
Assets	9	Prepaid expenses and deferred charges			
AS	1	Investments - U.S. and state government obligations			
	l	Investments - corporate stock			
	1	Investments - corporate bonds			
	l				
	•	Less accumulated depreciation		v	
	12				
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶		1 100,000,000	(1) X 特殊, No. 1
		Less accumulated depreciation		a pilk ate analy vi V devantally filter at an almost con-	THE PROPERTY AND A STATE OF MANY OF SHAPE AS A STATE OF
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	32,730.	90,750.	90,750.
	17	Accounts payable and accrued expenses			
	18	Grants payable			,
es	19	Deferred revenue			**
abılitie	20	Loans from officers, directors, trustees, and other disqualified persons			
jab.	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			;
		7		0	`
	23		0.	0.	
		Foundations that follow SFAS 117, check here			
S	0.4	and complete lines 24 through 26 and lines 30 and 31			
Š	24	Unrestricted Temporarily restricted			
3ala	25 26	Temporarily restricted Permanently restricted			
βE	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
ŏ	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	32,730.	90,750.	
et	30	Total net assets or fund balances	32,730.	90,750.	1
_					
	31	Total liabilities and net assets/fund balances	32,730.	90,750.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
<u> </u>	art	m manyon or onling or manyon manyon manyon or onling or or online o			
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	-	st agree with end-of-year figure reported on prior year's return)		1	32,730.
		r amount from Part I, line 27a		2	-47,943.
		r increases not included in line 2 (itemize)	SEE STA	ATEMENT 4 3	105,963.
		lines 1, 2, and 3		4	90,750.
		eases not included in line 2 (itemize)	l /b) 00	5	0.
<u>6</u>	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30		90,750.

Part IV Capital Gains a	and Losses for Tax on In	vestment	Income			<u>-</u>		
	be the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs			`P-Pι	v acquired urchase onation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a GNMA SECURITIES	3				Р	01/0	1/11	12/31/12
<u>b</u>								
<u>C</u>								
e e				 				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		· '		ain or (loss s (f) minus	
a 26,307.			26,30	13.				4.
b								
C .								
d e								· · · · · · · · · · · · · · · · · · ·
	gain in column (h) and owned by t	he foundation	on 12/31/69			(I) Gains (C	col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (ı) col. (ı), ıf any			ol. (k), but i	not less tha (from col. (n -0-) or
a								4.
b								
C							_	
d								
<u>e</u> i				$\overline{}$	1			
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $			} 2	!			4.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c	,	d (6):						0
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e) for	Reduced	Tax on Net	Inves	tment In	come		0.
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If 'Yes," the foundation does not quali	on 4942 tax on the distributable am		•	rıod?				Yes X No
1 Enter the appropriate amount in e	ach column for each year, see the ir	structions bef	fore making any e	entries.				(4)
(a) Base period years Calendar year (or tax year beginnin			Net value of no					(d) bution ratio vided by col. (c))
2011		$\frac{3,741}{6,740}$			<u>147,30</u>			3.555559
2010_		6,742.			131,15		<u>.</u>	1.152127 .996435
2009 2008		0,142. 1,034.			<u>131,68</u> 304,97			2.200313
2007		8,916.			45,51			7.885491
2 Total of line 1, column (d)		<u> </u>	-			2		15.789925
3 Average distribution ratio for the 5 the foundation has been in existen	•	on line 2 by 5,	or by the number	r of years		3		3.157985
4 Enter the net value of noncharitable		lına 5				4		60,075
	e-use assets for 2012 Hotti Fatt A,	iiile 3						
5 Multiply line 4 by line 3						5		189,716.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6_		48.
7 Add lines 5 and 6						7		189,764.
8 Enter qualifying distributions from	Part XII, line 4 line 7, check the box in Part VI, line	1h and come	lete that nart user	nn a 10/⊥+	av rate	8	<u> </u>	477,740.
See the Part VI instructions	r, oncon the box art art vi, line	, and comp	mai part usii	.g u 1/0 t	an rutt.	_		

	n 990-PF (2012)			1276			Page 4
Ь	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.)	540	300	1113616		13/
18	• • • •						
ь	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	18)	,				48.
U	of Part I, line 27b	ľ	1				40.
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col.	(b)					
j g	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	(u). J	2				0.
3	Add lines 1 and 2		3				48.
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4		****		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				48.
6	Credits/Payments:		5	.) 0,		٠.	* 0 •
_					", " "	}, ° a,	į
	a 2012 estimated tax payments and 2011 overpayment credited to 2012 Exempt foreign organizations - tax withheld at source 6b	. .					
				, 45	¥ *		
	tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d			* .			
		<u> </u>	,	<u>.</u>	ž.		Λ
7			7_				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8				4.0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				<u>48.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	• • • • • • • • • • • • • • • • • • •	10	<u> </u>			
11 De	Enter the amount of line 10 to be: Credited to 2013 estimated tax ► art VII A Statements Regarding Activities	Refunded >	11	l <u></u>			
						Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participal services.	ite or intervene	ın			163	_
_	any political campaign?				1a		X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for				1b	4: *	A .
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	enais publisne	ea or				
_	distributed by the foundation in connection with the activities					WII's	·
	Did the foundation file Form 1120-POL for this year?				1c		X
u	Enter the amount (if any) of lax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0					,
_		0.					
t	 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on formanagers. ►\$ 	unuation			÷		
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?						·
2					2		X
•	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of i	ncorporation, t)ľ				
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?				3_		X
	old the roundation have unrelated business gross income of \$1,000 or more during the year?		NT.	/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1/4	/ A	4b		v
Э					5		X
6	If "Yes," attach the statement required by General Instruction T						
U	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict 	at with the state	low				
		ot with the state	law			v	
7	remain in the governing instrument? Out the foundation have at least \$5,000 in assets at any time during the year?				7	X	-
′	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV				'	Λ	-
9-	If the states to which the foundation reports or with which it is registered (see instructions) NONE						
od	I Lines the states to which the foundation reports of with which it is registered (see histractions)						1
.	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or des	innate)					
U	of each state as required by General Instruction G? If "No," attach explanation	orginate)			0.	v	
9		12/11/E) for only	ndor		8b	<u> </u>	 -
3	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	ra(J)(D) IOI Cale	iiudi				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and a				9		X
-10	any persons decome substantial continuators during the tax year it "Yes" attach a schedule listing their names and a	adresses		Гол	<u> 10</u>	DE	

Form **990-PF** (2012)

_		1276134		Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege	:57		
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	1 602 5	401	
14	The books are in care of ► FRANK BROWNELL, III Telephone no. ► 64			
		<u> 50171</u>		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1 31	· / ħ	Ш
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A Yes	No
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	١	res	
	securities, or other financial account in a foreign country?	16	<u> </u>	<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			ļ
Pa	country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	`] No │		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	İ		
	a disqualified person?	∐ No l		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	∃ No I		.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	∃ No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			:
	If the foundation agreed to make a grant to or to employ the official for a period after		-	:
	termination of government service, if terminating within 90 days.)	∃ No İ	İ 1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	_ '		
		[/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	· 🗀 📑	,	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	*		
	before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012?	☐ No		
	If "Yes," list the years >			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	I/A <u>2b</u>		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ĺ	
3a		_		
	during the year?	IJNo		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	ĺ		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	.		
	Form 4720, to determine if the foundation had excess business holdings in 2012)	I/A <u>3b</u>	ļ	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Form **990-PF** (2012)

BROWNELL FAMILY FOUNDATI	OM			
	ON		42-12761	3.4 Dags C
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be E	Required (continu	42-12/01	34 Page 6
	Offit 4720 May be 1	icquired (continu		
5a During the year did the foundation pay or incur any amount to	÷ 4045(+)\0		s X No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			S LAJ NO	
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indire	_	[]	
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	'
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section	 -		
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		~
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check I	nere			'
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned		
expenditure responsibility for the grant?	N	[/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)			7 1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			s .
a personal benefit contract?		Ye	s 🗓 No 🔬	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870.			,	1 to 1 to 1
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	☐ Ye	s 🗓 No 😹	i de Independient
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Information About Officers Directors Trust		nagers, Highly		
Part VIII Paid Employees, and Contractors	•		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
FRANK R BROWNELL III	TRUSTEE	0.11.01 0 7		
200 S FRONT STREET	11100100			
MONTEZUMA, IA 50171	0.00	0.	0.	0.
MONTEDOMA, IN JULY	0.00	0.	0.	<u>.</u>
	1			
	-	i		
		i		
	1			
			-	
	-			
	-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
c Compensation of tive nighest-paid employees (other than those the	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
	devoted to position		compensation	allowances
NONE				
	4			
	_	1		
<u> </u>				
	1	1		
	1	1		
	i	1		i e

Form **990-PF** (2012)

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		-
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities	· - ·-	<u>, </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers profit N/A		Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments	land and a	A
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.

0 . Form **990-PF** (2012)

% FRANK BROWNELL, III 42-1276134 Page 8 Form 990-PF (2012) Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 0. a Average monthly fair market value of securities 1a 60,990. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 60,990. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 2 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 915. 60,075. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 3.004. Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) Minimum investment return from Part X, line 6 3,004. 1 48 733 Tax on investment income for 2012 from Part VI, line 5 Income tax for 2012. (This does not include the tax from Part VI.) 2b \$ 18 E Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 2.956. 3 3 105,214. Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 108,170. Deduction from distributable amount (see instructions) 6 108 70. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 477,740. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 477,740. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2012)

051-00R1

5 6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

% FRANK BROWNELL, III

Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Years prior to 2011 2011 2012 Corpus 1 Distributable amount for 2012 from Part XI, 108,170. line 7 2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only 0 b Total for prior years: 0 3 Excess distributions carryover, if any, to 2012: a From 2007 **b** From 2008 408,568. c From 2009 475,197. d From 2010 516,434 e From 2011 f Total of lines 3a through e 1,400,199 4 Qualifying distributions for 2012 from Part XII, line 4: ►\$ 477,740. a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) d Applied to 2012 distributable amount 369,570 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 1,769,769 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 0 c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2011. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2012, Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2013 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2007 not applied on line 5 or line 7 0 9 Excess distributions carryover to 2013 1,769,769 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2008 408,568. b Excess from 2009 475,197. c Excess from 2010 516,434 d Excess from 2011

Form **990-PF** (2012)

e Excess from 2012

369.570

- a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2012)

051-00R1

% FRANK BROWNELL, III Form 990-PF (2012)

42-1276134 Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN LEGION AUXILIARY N/A FUND DRIVE 8945 N MERIDIAN STREET INDIANAPOLIS, IN 46260 200. CIVIC CENTER OF DES MOINES N/A ANNUAL FUND DRIVE 221 WALNUT ST DES MOINES, IA 50309 500. COMMAND & GENERAL STAFF COLLEGE N/A FUND DRIVE FOUNDATION 100 STIMSON AVE, STE 1149 FT LEAVENWORTH KS 66027 10,000. DAV N/A FUND DRIVE 1112 WEST KIMBERLY ROAD DAVENPORT, IA 52806 100. DENVER MUSEUM OF NATURAL SCIENCE N/A ANNUAL PLEDGE 2001 COLORADO BLVD DENVER CO 50205 10,000. CONTINUATION SHEET(S) Total SEE ▶ 3a 477,740. b Approved for future payment NONE Tota!

223611 12-05-12

Form 990-PF (2012)

(e)

Excluded by section 512, 513, or 514

Form 990-PF (2012) Part XVI-A

Enter gross amounts unless otherwise indicated.

Analysis of Income-Producing Activities

1 Progra	m service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•						
. –						
						
, —				İ		
	·	1 1				
· -				 		
,	s and contracts from government agencies			 		
-	ership dues and assessments			 		
	ership dues and assessments it on savings and temporary cash	-		 		
						6 055
Investr	nerns nds and interest from securities			 		6,055.
				 		12.
	ntal income or (loss) from real estate:			 	, 3 , 4 & 6 A	
	ot-financed property			 -		
	debt-financed property			_		
	ntal income or (loss) from personal					
proper		·		 		
	nvestment income			 		
	r (loss) from sales of assets other					
	ventory	ļ				4.
	come or (loss) from special events			ļ		
	profit or (loss) from sales of inventory	ļ		ļ		
11 Other i	evenue:					
a		-		ļ		
b		-		<u> </u>		
c		-				
d		_				
е		.				
	al. Add columns (b), (d), and (e)		0.		0.	
	Add line 12, columns (b), (d), and (e)				13	6,071.
(See work	sheet in line 13 instructions to verify calculations.)					
Part X	VI-B Relationship of Activities	to the Accor	nplishment of Ex	cemp	t Purposes	
Line No.	Explain below how each activity for which inc	ome is reported in	rolumn (e) of Part XVI-A	contri	nuted importantly to the accor	mnlishment of
■	the foundation's exempt purposes (other than			COIII	outed importantly to the accor	inplianment of
3	N/A	,,,	, , , , , , , , , , , , , , , , , , , ,			
4	N/A					
<u> </u>	N/A					
			·			
			· · · · · · · · · · · · · · · · · · ·			
	-					
						
						
						
						*
		<u> </u>				
				<u> </u>		
223621						Form 990-PF (2012)

Unrelated business income

orm 99				BROWNE						1276134		ige 13
Part :	XVII				nsfers	To a	nd Transactions a	and Relations	ships With No	ncharitable	•	
		Exempt Or	ganizati	ons								
							with any other organization		tion 501(c) of		Yes	No
							r, relating to political organ	nizations?				ĺ
		from the reporting f	oundation to	o a noncharita	able exen	npt org	anization of:					
	Cash									1a(1)		X
	Other									1a(2)		X
		sactions:										
		of assets to a noncl				_				1b(1)		X
		ases of assets from		*	organizai	tion				1b(2)		X
		l of facilities, equipr		er assets						1b(3)		X
٠,		oursement arrangen								1b(4)		X
		or loan guarantees rmance of services		hin or fundra	icina coli	outation				1b(5)		X
		facilities, equipmen								1b(6)	-	X
							lule. Column (b) should al [,]	wave chow the fair	market value of the c		etc	
							d less than fair market valu				cis,	
) the value of the go					a lood tildir idii ilidirkot vait	se in any transactio	in or snaring arrange	mong snow m		
(a) Line n		(b) Amount involve					exempt organization	(d) Description	n of transfers, transaction	ons, and sharing an	angeme	ents
						/A		1 1 1 1 1 1 1				
							***************************************		··			
				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
												
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	<u> </u>											
							······································					
	_											
		·										
0- 10+		dotan dinastra										
		501(c) of the Code					or more tax-exempt organi	zations described			v	No
		mplete the following	•	56011011 30 1(0)(3)) 01 1	ii secuc	JII 52 <i>1 *</i>			Yes	L.A.	טאן ד
יייע	63, 60	•	of organizati	ion			(b) Type of organization	T	(c) Description of re	elationshin		
		N/					(b) Type of organization		(b) Besonption of te	ланопопр		
												
										•		
	•		-									
							accompanying schedules and			May the IRS	liecuse I	thie
Sign	and be	1 2 1	nd complete	eclaration of pr	reparer (oth	her than	taxpayer) is based on all inform	nation of which prepare	er has any knowledge	return with the	e prepar	er
Here		M	14/0	سملا	\mathcal{L}	्रम	11/2013	TRUST	EE	_ X Yes		No
	Sign	ature of officer or tr					Date	Title				
		Print/Type prepare	r's name		Prepar	er's sıg	nature	Date	Check if	PTIN		<u> </u>
D - · ·		RONALD I	J. HIN	ITZ,				, , , _ , _	self- employed			
Paid		CPA					L. HINTZ,	11/12/13		P01060		
Prepa		Firm's name ► C	CLIFTO	NLARSC	NALI	LEN	LLP		Firm's EIN ► 4	1-07467	49	

Form **990-PF** (2012)

515-222-4400

Phone no

Firm's address ► 2700 WESTOWN PARKWAY STE 400

WEST DES MOINES , IA 50266-1411

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization **Employer identification number** BROWNELL FAMILY FOUNDATION % FRANK BROWNELL, 42-1276134 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

religious, charitable, etc., contributions of \$5,000 or more during the year

If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
BROWNELL FAMILY FOUNDATION
* FRANK BROWNELL TIT

Employer identification number

% FRA	NK BROWNELL, III		42-1276134
Part I	Contributors (see instructions) Use duplicate copies of Part	I if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1	BROWNELLS INC		Person X Payroll
	200 S FRONT	\$ <u>425,0</u>	Noncash
	MONTEZUMA, IA 50171		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there

is a noncash contribution)

Name of organization BROWNELL FAMILY FOUNDATION % FRANK BROWNELL, III

Employer identification number

42-1276134

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

artii	Noticasti Property (see instructions). Ose duplicate copies of Pal	t ii ii additional space is necoco	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number BROWNELL FAMILY FOUNDATION % FRANK BROWNELL, III 42-1276134 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZiP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient DES MOINES METRO OPERA N/A OPERA FUND DRIVE 106 W BOSTON AVE INDIANOLA, IA 50125 100,000. DRAKE COMMUNITY LIBRARY N/A ANNUAL PLEDGE 930 PARK STREET GRINELL, IA 50112 10,000. FRANK LLOYD WRIGHT FOUNDATION N/A FUND DRIVE PO BOX 4430 100. SCOTTSDALE AZ 85261-4430 FRIENDS OF IPTV N/A FUND DRIVE 6450 CORPORATE DRIVE JOHNSTON, IA 50131-6450 100. FRIENDS OF LOWELL OBSERVATORY ANNUAL FUND DRIVE N/A 1400 WEST MARS HILL RD FLAGSTAFF, AZ 86001 100. GREATER POWESHIEK COMMUNITY N/A AQUATIC CENTER FUND FOUNDATION PLEDGE PO BOX 344 GRINNELL, IA 50112 20 000. GRINNELL EAGLES #2545 (FRATERNAL N/A FUND DRIVE ORDER OF EAGLES) 1623 GATEWAY CIRCLE S GROVE CITY, OH 43123 1,000. GRMC (GRINNELL REGIONAL MEDICAL N/A MATCHING FUND PLEDGE CENTER) 210 4TH AVE GRINNELL IA 50112 15,000. GRMC (GRINNELL REGIONAL MEDICAL N/A TRAINING FUND CENTER) 210 4TH AVE GRINNELL, IA 50112 7,300. HILLCREST FAMILY SERVICES N/A FUND DRIVE 2005 ASBURY ROAD DUBUQUE, IA 52001 2,000. Total from continuation sheets 456 940.

% FRANK BROWNELL, III

42-1276134

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor HILLCREST FAMILY SERVICES N/A SPIRITUAL LIFE CENTER 2005 ASBURY ROAD DUBUQUE, IA 52001 10,000, IOWA COLLEGE FOUNDATION N/A ANNUAL FUND DRIVE 505 5TH AVE. STE 1034 DES MOINES IA 50309 3,000. LAFAYETTE LODGE #52 A.F. & A.M. N/A ROOF REPAIR PLEDGE 100 SOUTH 3RD ST. MONTEZUMA IA 50171 1,000. LEUKEMIA SOCIETY N/A FUND DRIVE 1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605 1,000, METHODIST CHURCH N/A ANNUAL PLEDGE PO BOX 460 MONTEZUMA, IA 50171 40,000. METHODIST CHURCH TLECKPT PROJECT N/A FUND DRIVE PO BOX 460 MONTEZUMA, IA 50171 1,200. METROPOLITAN OPERA ANNUAL PLEDGE N/A LINCOLN CENTER NEW YORK, NY 10023 1,000. MINIATURE HEREFORD BREEDERS N/A GENERAL FUND ASSOCIATION 720 COUNTY ROAD 26 TEKAMAH NE 68061-5033 1,000. MONTEZUMA COMMUNITY FOUNDATION N/A ANNUAL PLEDGE PO BOX 132 MONTEZUMA IA 50171 1,000. MONTEZUMA FIRE DEPARTMENT ANNUAL PLEDGE N/A 503 EAST MAIN STREET MONTEZUMA, IA 50171 3,500. Total from continuation sheets

% FRANK BROWNELL, III

42-1276134

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
MONTEZUMA FOOD PANTRY		N/A	ANNUAL PLEDGE	
PO BOX 189				
MONTEZUMA, IA 50171				2,000.
MONTEZUMA LIONS CLUB 1505 HIGHWAY 85		N/A	FUND DRIVE	
MONTEZUMA, IA 50171				320.
MANAGEMENT THE SOLVE				
MONTEZUMA SCHOOL WALK-A-THON		N/A	ANNUAL PLEDGE	
504 NORTH 4TH STREET				
MONTEZUMA, IA 50171				7,500.
MONTEZUMA SCHOOLS		N/A	FUND DRIVE	
504 NORTH 4TH STREET				
MONTEZUMA, IA 50171				2,500.
MONTEZUMA SENIOR CENTER 411 WEST MAIN STREET		N/A	ANNUAL FUND DRIVE	
MONTEZUMA IA 50171				2,000.
MUSEUM OF FUR TRADE		N/A	GENERAL FUND	
6321 HIGHWAY 20				
CHADRON, NE 69337				1,000.
NATIONAL MUZZLE LOADING RIFLE		N/A	ANNUAL FUND DRIVE	
ASSOCIATION				
PO BOX 67 FRIENDSHIP ID 47021				6,000.
PRIENDSRIP, ID 47021				0,000.
NRA FREEDOM ACTION FOUNDATION		N/A	FUND DRIVE	-
11250 WAPLES MILL ROAD		, , , , , , , , , , , , , , , , , , ,	I OND DRIVE	
FAIRFAX, VA 22030				25,000.
NRA FOUNDATION		N/A	YOUTH SCHOLARSHIP	
11250 WAPLES MILL ROAD			AWARDS	
FAIRFAX, VA 22030				105,000.
PHI BETA KAPPA SOCIETY PO BOX 97269		N/A	SOCIETY'S PROGRAM	
WASHINGTON, DC 20077				50.
Total from continuation sheets				I

% FRANK BROWNELL, III 42-1276134

3 Grants and Contributions Paid During the	Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	_	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount	
POWESHIEK COUNTY MENTAL HEALTH		N/A	ANNUAL FUND DRIVE		
200 4TH AVE W					
GRINNELL, IA 50112				15,000	
POWESHIEK COUNTY PHEASANTS FOREVER		N/A	FUND DRIVE		
1783 BUERKLE CIRCLE ST PAUL, MN 55110				15,000	
51 FAUL PM 33110				13,000	
ROCKY MOUNTAIN ELK FOUNDATION		N/A	SPONSORSHIP		
5705 GRANT CREEK MISSOULA MT 59808				1,000	
				1,000	
SALVATION ARMY		N/A	FUND DRIVE		
P.O. BOX 933					
DES MOINES, IA 50304				100	
aum.tumpa 110.0057011.0 non aut.tum.					
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE		N/A	EAST-WEST SHRINE GAME		
TAMPA, FL 33607				70	
STATE HISTORICAL SOCIETY		N/A	ANNUAL FUND DRIVE		
600 E LOCUST DES MOINES, IA 50319				100	
DES MOTRES, IN 30319				100	
SUSAN G KOMEN RACE FOR THE CURE		N/A	FUND DRIVE		
5005 LBJ FREEWAY, STE 250					
DALLAS, TX 75244				1,000	
muova a arrannan arranna					
THOMAS GILCREASE MUSEUM 1400 N. GILCREASE MUSEUM ROAD		N/A	ANNUAL FUND DRIVE		
TULSA, OK 74127				100	
UNIVERSITY OF IOWA CENTER FOR THE		N/A	ANNUAL GIFT		
BOOK FUND					
205 GILMORE HALL IOWA CITY, IA 52244				15,000	
				25,000	
UNIVERSITY OF IOWA DIRECTORS CLUB		N/A	ANNUAL FUND DRIVE		
U OF IA FDN, PO BOX 4550					
Total from continuation sheets		<u> </u>		1,000	

% FRANK BROWNELL, III

42-1276134

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye	ear (Continuation)			
	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Hame and address (nome or business)	or substantial contributor	recipient		
UNIVERSITY OF IOWA HANCHER FUND		N/A	ANNUAL FUND DRIVE	
PO BOX 4550 IOWA CITY IA 52244				2,000
TOWN CITY, IA 52244				2,000
UNIVERSITY OF IOWA SCHOOL FOR JOURNALISM		N/A	ANNUAL FUND DRIVE	
PO BOX 4550 IOWA CITY, IA 52244				2,000
TOWN CITT, IN JAPAN				2,000
WHITTINGTON CENTER - NRA		N/A	HOUSE GIFT &	
РО ВОХ 700			MAINTENANCE ENDOWMENT	
RATON, NM 87740				3,400
HENNESSEY POWDER & STRING CLUB		N/A	GENERAL FUND	
100 SOUTH MAIN		N/A	GENERAL FORD	
HENNESSEY, OK 73742				500
UNITED STATES INTERNATIONAL MUZZLE		N/A	GENERAL FUND	
LOADING TEAM 429 GREGG STREET				
WASHINGTON COURT HOUSE, OH 43160				1,000
MONTEZUMA SCHOOL 504 NORTH 4TH STREET		N/A	BLUE & WHITE BLEACHER PROJECT	
MONTEZUMA, IA 50171			FROUBET	25,000
SIMPSON COLLEGE SHOOTING SPORTS CLUB		N/A	GENERAL FUND	
701 NORTH C STREET INDIANOLA, IA 50125				5,000

FORM 990-PF INTEREST ON SAVI	INGS AND	TEM:	PORARY CA	SH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
FIRST AMERICAN BANK FIRST AMERICAN WEALTH MANAGEN	MENT GROU	P				6,0	9. 46.
TOTAL TO FORM 990-PF, PART I	, LINE 3,	COI	LUMN A			6,0	55.
FORM 990-PF DIVIDENT	OS AND IN	TERI	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE	GR	oss	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
FEDERATED MONEY MARKET FUND			12.	· -	0.		12.
TOTAL TO FM 990-PF, PART I, I			12.		0.		12.
FORM 990-PF	OTHE	R E	XPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSE: PER BOO		(B) NET INVE MENT INC			(D) CHARITA E PURPOS	
BANK CHARGES ACCOUNTING FEES		74. 00.		37 4. 900.		0.	0.
TO FORM 990-PF, PG 1, LN 23	1,2	74.	1,	274.	-	0.	0.
	S IN NET A	ASSI	ETS OR FU	ND BA	LANCES	STATEMENT	4
FORM 990-PF OTHER INCREASES							
DESCRIPTION						AMOUNT	
	O AS QUAL:	IFY:	ING DISTR	IBUTI	CONS	AMOUNT 105,9	63.

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ■ If you are filing for an Automatic 3-Month Extension, complete only Part II and check this box ■ If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II	Form 886	.8 (Rev 1·2013)					Page 2
Plyou are filing for an Automatic 3-Month Extension, complete only Part I I on page 1) Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). File or bright of the property of the pr	• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check the	s box		
Part II	Note . On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously t		8868	
Enter filer's identifying number, see instructions Enter filer's identifying number, see instructions Employer identification number (EIN) ROWNELL FANTLY FOUNDATION Employer identification number (EIN)					nal (no c	opies needec	<u>n.</u>
Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN)					····		
BROWNELL FAMILY FOUNDATION \$ FRANK BROWNELL, III Murbur, street, and room or suite no. If a P O, box, see instructions. 20 S FRONT STREET Code Is For Code Form 990 Fro	Type or	Name of exempt organization or other filer, see instru	ctions	Litter mer s			
FRANK BROWNELL, III		1	Clions		Linbioyei	identification no	illiber (Eliv) or
Number, street, and room or surte no. If a P O. box, see instructions. 20	•	1_		42-1276134			
Application Return Application Return Application Series Application Return			ee instruc	tions	Social se		
City, town or post office, state, and ZIP code. For a foreign address, see instructions MONTEZUMA, TA 50171 Enter the Return code for the return that this application is for (file a separate application for each return) Return Code Application Return Code Ret					000141 00	ounty number (c	C.14)
Application Is For Code Is For M90BL Code Is Fo		City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions	I.		
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Ser Code Is For Code Is Forn Is Is Is for Code Is Forn Is Is Is Forn Is Is Is for Code Is Forn Is Is Is Forn Is Is Is for Code Is Forn Is Is Is Is Forn Is Is Is Forn Is Is Is Forn Is Is Is Forn Is Is Is Forn Is Is Is Forn Is Is Is Is Is Forn Is Is Is Is Forn Is Is Is Is Forn Is Is Is Is Is Is Is Is Is Is Is Is Is	Applicati		Datum	Alia-akia-a			
Form 990 or Form 990 EZ Form 990 BL Form 990 BL Form 4720 (individual) 03 Form 4720 Form 990 PF 04 Form 5227 10 Form 990 T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990 T (trust other than above) 06 Form 890 T (sec. 401(a) or 408(a) trust) 07 Form 990 T (trust other than above) 08 Form 890 T (sec. 401(a) or 408(a) trust) 09 Form 990 T (trust other than above) 09 Form 890 T (sec. 401(a) or 408(a) trust) 09 Form 990 T (trust other than above) 09 Form 890 T (trust other than above) 09 Form 890 T (trust other than above) 09 Form 890 T (trust other than above) 09 Form 890 T (sec. 401(a) or 408(a) trust) 09 Form 890 T (sec. 401(a) tr		OII					<u> </u>
Form 990 BL Form 990 BL Form 990 PF Form		or Form 990-F7		IS FOI		£ 3	
Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Osmm 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. FRANK BROWNELL, III • The books are in the care of > 200 S FRONT STREET - MONTEZUMA, IA 50171 Telephone No > 641-623-5401 FAX No. > • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this a for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this a for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this a for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this a for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this a				Form 1041-A		*	
Form 990-PF Form 990-T (see 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. FRANK BROWNELL, III • The books are in the care of ▶ 200 S FRONT STREET - MONTEZUMA, IA 50171 Telephone No ▶ 641-623-5401 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for NOVEMBER 15, 2013 • For calendar year 2012, or other tax year beginning • If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8a \$ 0 If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8668 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				***************************************	 -		
Form 990-T (sec 401(a) or 408(a) trust) 05				<u> </u>			-
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Constitute In CIDA	Under pena it is true, co	alties of perjury, I declare that I have examined this form, includ	ing accomp	•	•	f my knowledge an	d belief,
Signature Title CPA Date Date	Signature	Tıtle ▶ 0	מקי		Πata	_	

Form 8868 (Rev 1-2013)

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