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# EXTENDED TO NOVEMBER 16, 2 Return of Private Foundation

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

OMB No 1545-0052

Form **990-PF** Department of the Treasury Internal Revenue Service For calendar year 2014 or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www \_ms\_gov/form 990pf.

		foundation		_			A Employer identification	number
_		WNELL FAMILY		Ī				
8		RANK BROWNEI				I	42-1276134	
		and street (or P O box number i		address)		Room/suite	B Telephone number	• •
		S FRONT STE					641-623-54	<del></del>
		own, state or province, cou <b>TEZUMA , IA</b>	untry, and ZIP or foreign p 50171	oostal code			C If exemption application is po	ending, check here
G	Check	all that apply:	Initial return	Initial return of a fo	rmer public o	charity	<b>D</b> 1 Foreign organizations	, check here
			Final return	Amended return				
			Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test, mputation
H_ (	Check	type of organization:	X Section 501(c)(3) ex	xempt private foundation			E If private foundation stat	tus was terminated
	Se	ction 4947(a)(1) nonexem	pt charitable trust	Other taxable private founda	ition		under section 507(b)(1)	
		arket value of all assets at e			Accr	ual	F If the foundation is in a 6	60-month termination
		Part II, col. (c), line 16)		ther (specify)			under section 507(b)(1)	(B), check here 🕨 🔲
	-\$		•	mn (d) must be on cash l	oasis )			
_Pa	art I	Analysis of Revenue an (The total of amounts in columnecessarily equal the amoun	mns (b), (c), and (d) may not	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	ts, etc., received	310,000.				
	2	Check In the foundation	n is not required to attach Sch. B					,
	3	Interest on savings and tempo cash investments	orary	3,655.		3,655.	3,655.	STATEMENT 1
	4	Dividends and interest fro	om securities	2.		2.		STATEMENT 2
	5a	Gross rents						
	b	Net rental income or (loss)						
<b>6</b> 59	6a	Net gain or (loss) from sale of					ρ - <del>××=×</del> •	
Jevenue Jevenue	b	Gross sales price for all assets on line 6a	<u> 13,580.</u>				١١ ٥	, , , , , , , , , , , , , , , , , , ,
કે હેલ્જ	7	Capital gain net income (from	Part IV, line 2)			0.	150	-
∍"	8	Net short-term capital gai	n				S N	<u>าง จูล 2063 - วี</u>
ڊ	9	Income modifications Gross sales less returns	ı				ធ	
)	10a	and allowances					93.6	J 17 5 5 24 3
!		Less Cost of goods sold					(	<u> </u>
		Gross profit-or (loss)—			- *			
	11	Other income		212 (54		2 ( [ 7	2 (57	
	12	Total. Add lines 1 throug		313,654.		<u>3,657.</u>	3,657.	
	13	Compensation of officers, dire		0.		0.	0.	0.
	14	Other employee salaries a Pension plans, employee	•					
S	15	Legal fees	Delients					
Sesu	l .	Accounting fees						
ă	,	Other professional fees					· · -	
Operating and Administrative Expe	17	Interest						
aţį	18	Taxes						
istr	19	Depreciation and depletio	n					
를	20	Occupancy				***		<del></del>
Add	21	Travel, conferences, and	meetings			-		
Ē	22	Printing and publications						·····
ğ	23	Other expenses	STMT 3	1,293.		1,293.	0.	0.
atir	24	Total operating and adm	inistrative	5.5				
je d		expenses. Add lines 13 ti	hrough 23	1,293.		1,293.	0.	0.
0	25	Contributions, gifts, grant	ts paid	354,653.				354,653.
	26	Total expenses and disb	ursements.					
		Add lines 24 and 25		355,946.		<u>1,293.</u>	0.	354,653.
	27	Subtract line 26 from line	12:					
	l .	Excess of revenue over expens		-42,292.				
	ı	Net investment income (				<u>2,364.</u>		
4225		Adjusted net income (if ne					3,657.	225 ==
4235 11-2	4-14	LHA For Paperwork Re	eduction Act Notice, see	instructions			$\alpha 0 1$	Form <b>990-PF</b> (2014)

BROWNELL FAMILY FOUNDATION 42-1276134 Form 990-PF (2014) % FRANK BROWNELL. Page 2 Beginning of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year (a) Book Value (b) Book Value (c) Fair Market Value 10,991. 36,670. 10,991. 1 Cash - non-interest-bearing 111,211. 94,598. 101,639. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 147,881. 105,589. 112,630. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0 147,881. 29 Retained earnings, accumulated income, endowment, or other funds 105,589 147,881. 30 Total net assets or fund balances 105,589 147,881. 31 Total liabilities and net assets/fund balances 105,589 Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	147,881.
2	Enter amount from Part I, line 27a	2	-42,292.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	105,589.
5	Decreases not included in line 2 (itemize)	5	0.
<u>6</u>	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	105,589.

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Page 3

Part IV   Capital Gains a	and Losses for Tax on Ir	nvestmen	t Income						
(a) List and descri 2-story brick war	be the kind(s) of property sold (e.g ehouse; or common stock, 200 sha	ı., real estate, s. MLC Co.)		` P - Pı	racquired urchase onation	(c) Date (mo., d	acquired ay, yr.)	(d) Date (mo., day	sold /, yr.)
1a GNMA SECURITIES	3				P	01/0	1/13	12/31	/14
b									
С									
<u>d</u>				ļ .					
<u>e</u>				<del>                                     </del>				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) G (e) plus	ain or (loss s (f) minus	) (g)	
a 13,580.	<del></del> -		13,58	33.					-3.
<u>b</u>			_						
C									
_d									_
Complete only for exects observe	a goin in column (h) and awned by	the foundation	n on 10/01/00						_
Complete only for assets showing	g gain in column (h) and owned by						iol. (h) gain not less tha		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		Ü.	Losses	(from col. (	h))	
	45 01 12/0 1/05		001. (), 11 ally			<del>,,,</del>			
<u>a</u>	w-w-								-3.
<u>b</u>									
C							-	<del>-</del>	
d					<del></del>				
<u>e</u>	<u> </u>		_					<del>-</del>	
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter or			}   2	•				-3.
, ,	, ( , , , , , , , , , , , , , , , , , ,		: /	7 –					
3 Net short-term capital gain or (loss		nd (6):		٦					
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	olumn (c).			a					0.
	nder Section 4940(e) for	Reduced	Tax on Net	Inves	tment In	come			
(For optional use by domestic private							· · · · ·		
(i or optional asc by definestic private	ioundations subject to the section -	יטייט(מ) נמא טו	i ilot ilivostiliciit il	icomc.,					
If section 4940(d)(2) applies, leave thi	s part blank.								
Was the foundation liable for the section	on 4942 tax on the distributable am	nount of any v	ear in the hase nei	rınd?				Yes	X No
<u>-If "</u> Yes," the foundation does not qualif			•						
1 Enter the appropriate amount in ea				ntries.					
(a)	(b)			(c)			District	(d) oution ratio	
Base period years Calendar year (or tax year beginnin		tributions	Net value of no		le-use asset	s	Distrit (col. (b) div	oution ratio rided by col. (d	c))
2013		0,970.		1	16,78			3.43	
2012		7,692.			60,07				1594
2011		3,741.		1	47,30				5559
2010		6,742.			31,15			1.15	
2009		0,142.			31,68				6435
				-					
2 Total of line 1, column (d)						2		17.08	9030
3 Average distribution ratio for the 5-	-year base period - divide the total (	on line 2 by 5,	or by the number	of years					
the foundation has been in existent		, ,	•	,		3		3.41	7806
	•								
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X,	line 5				4		130,	744.
5 Multiply line 4 by line 3						5		446,	858.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6			24.
	,								
7 Add lines 5 and 6						7		446,	882.
									<u></u>
8 Enter qualifying distributions from	Part XII, line 4					8		354,	653.
If line 8 is equal to or greater than I		1b. and comm	olete that part usin	o a 1% ta	x rate.	1			
See the Part VI instructions.									

BROWNELL FAMILY FOUNDATION % FRANK BROWNELL, III 42-1276134 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 47. **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here \_\_\_ and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 47. Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 0. Enter any **penalty** for underpayment of estimated tax. Check here \_\_\_\_\_ If Form 2220 is attached 8 47. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2015 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? Х 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 . (2) On foundation managers. ► \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 incorporation, orbylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A **b** If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? Х 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 6 Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X

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X

X

8ь

NONE

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

had not been removed from jeopardy before the first day of the tax year beginning in 2014? Form **990-PF** (2014)

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014.)

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

N/A

3b

4a

X

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

### BROWNELL FAMILY FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Found Raid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	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  Part IX-A Summary of Direct Charitable Activities		▶ 0
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 pro	stical information such as the duced, etc.	Expenses
1 N/A		-,-,
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.  3		

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Total. Add lines 1 through 3

Form 990-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 102,905. a Average monthly fair market value of securities 1a 29,830. b Average of monthly cash balances 1b c Fair market value of all other assets 10 132,735. 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 3 132,735. Subtract line 2 from line 1d 1,991.Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 130,744. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 6.537. Part XI | 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.) 6,537. Minimum investment return from Part X, line 6 47. 2a Tax on investment income for 2014 from Part VI. line 5 b Income tax for 2014. (This does not include the tax from Part VI.) c Add lines 2a and 2b 20 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 6,490. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 0. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 6.490. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 354,653. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 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: a Suitability test (prior IRS approval required) 3a **b** -Cash distribution test (attach the required schedule) \_ 3b 354,653. 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 income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6

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4940(e) reduction of tax in those years.

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

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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				-
line 7				6,490.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		_		
· · · · · · · · · · · · · · · · · ·	-	0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 408,568.				
b From 2010 475, 197.				
c From 2011 516,434.				
d From 2012 369,570.				
e From 2013 364,252.	2 124 021			
f Total of lines 3a through e	2,134,021.			
4 Qualifying distributions for 2014 from Part XII, line 4: ►\$ 354,653.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior	·		U •	<del></del>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<del></del>		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount	0.			6,490.
e Remaining amount distributed out of corpus	348,163.		-	0, ±00.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a)				•
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,482,184.			
<b>b</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 assessed		0.		
d Subtract line 6c from line 6b. Taxable	. <u>-</u>			· · · · · · · · · · · · · · · · · · ·
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	408,568.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2,073,616.			
0 Analysis of line 9:				
a Excess from 2010 475, 197.				
b Excess from 2011 516, 434.				
c Excess from 2012 369,570.				
d Excess from 2013 364, 252.		İ		
e Excess from 2014 348, 163.				Form <b>990-PF</b> (2014)

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address 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:

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3 Grants and Contributions Paid During the You		Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		_
a Paid during the year				
DENVER MUSEUM OF NATURAL SCIENCE		N/A	ANNUAL PLEDGE	
2001 COLORADO BLVD DENVER, CO 50205				10,000
DES MOINES METRO OPERA		N/A	OPERA FUND DRIVE	
06 W BOSTON AVE				
INDIANOLA, IA 50125				100,000
GREATER POWESHIEK COMMUNITY		N/A	AQUATIC CENTER FUND	
FOUNDATION		N/A	PLEDGE	
PO BOX 344				10.000
GRINNELL, IA 50112				10,000
GRMC (GRINNELL REGIONAL MEDICAL		N/A	ANNUAL FUND DRIVE	
CENTER)				
210 4TH AVE				10,000
GRINNELL, IA 50112				10,000
GRMC (GRINNELL REGIONAL MEDICAL		N/A	TRAINING FUND	
CENTER)				
GRINNELL, IA 50112				5,000
	TINUATION SHE	T(S)	▶ 3a	354,653
<b>b</b> Approved for future payment				
NONE				
			-	
W-19-1				
Total			<b>▶ 3b</b> For	

423621 11-24-14

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Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		oy section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7 WHO CHILL	
a					<del></del>
b	I	<del></del>			·
c					
e					· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies					
2 Membership dues and assessments		·	-	-	
3 Interest on savings and temporary cash			-		
investments					3,655.
4 Dividends and interest from securities					2,
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1		- w
b Not debt-financed property		<del></del>			
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					-3.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			).		3,654.
13- Total. Add-line 12, columns (b), (d), and (e)— — —				—	<u> </u>
(See worksheet in line 13 instructions to verify calculations.)	)				
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt P	urposes	
					·· · · · · · · ·
Line No. Explain below how each activity for which in				I importantly to the accomp	olishment of
the foundation's exempt purposes (other that	an by providing tunds	for such purposes).	·		
3 N/A			-		
4 N/A					
			<del></del>		
		<del></del>	<del></del>	<del></del>	

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Form 99	0-PF (20		NK BROWN		T		42-13	276134	Pa	age <b>13</b>
Part					and Transactions a	and Relations				igo io
		Exempt Organ								
<b>1</b> Did	the orga			v of the following	ig with any other organizati	on described in sec	tion 501(c) of	<u> </u>	Yes	No
	_	= = = = = = = = = = = = = = = = = = =			27, relating to political organ					
		om the reporting found								
	Cash	om and roporang round			ga			1a(1)		Х
	Other a	cepte						1a(2)		X
	ner transa							14(2)		- 21
		f assets to a noncharita	ible evemnt organiz	zation				1b(1)		х
		ses of assets from a no	•					1b(1)		X
٠,		of facilities, equipment,		i organization				1b(2)		X
٠,		ursement arrangements								X
٠,		<u> </u>						1b(4)		X
		or loan guarantees	mbarchin or fundr	alcina colleitatio	200			1b(5)	<b></b>	
		nance of services or me						1b(6)		X
		acilities, equipment, ma			edule. Column ( <b>b)</b> should al	waya ahaw tha fair	mortrat value of the see	1c	l	
					ed less than fair market vali				seis,	
		the value of the goods,			eu 1655 tilali iali illaiket vali	ie ili aliy ilalisacilo	ii ur Sharing arrangeme	III, SHOW III		
(a) Line r	<del>`</del>	) Amount involved			e exempt organization	(d) Decoration	n of transfers, transactions,	and sharing ar		
(a) cirio i	10 10	77 Tanoant involvou	(6) (4)	N/A	o oxompt organization	(u) Description	ii oi dalisiers, dalisactions,		angeme	3115
	-			N/A						
	-					-				
	-									
			<del> </del>			<del></del>				
	-		1			<del></del>		-		
	-		<u> </u>				<del></del>			
	-									
	-   -							<del></del>		
		-	-		or more tax-exempt organ	zations described		<u></u>		п
		01(c) of the Code (other	-	c)(3)) or in sect	ion 52/7			L Yes	LX	∐No
<b>b</b> II "	Yes, con	nplete the following scho (a) Name of org			(b) Type of organization	1	(a) Description of relat	anahin		
		<del></del>	janization	-	(b) Type of Organization		(c) Description of relati	Oliship		
		N/A	<del></del>					<del></del>		
		······································								
-										
	Linder or	enalties of perior. I declare	that I have examined t	hie return, includin	g accompanying schedules and	statements and to the	heat of my knowledge			
Sign					n taxpayer) is based on all inform			May the IRS return with th	discuss e prepar	this
Here	NX.		Salvan	ill	WIZIE	mpricm:		shown below	(see ins	tr )?
	Signa	ture of officer or trustee	Digwe.		Date	Trust:	<u> </u>	LX Yes	· L	l No
		Print/Type preparer's na		Preparer's s		Date	Check If P	IN .		
		RONALD L.		Troparor 3 3	ignatur v	-	self- employed			
Paid		CPA	11111171,	RONALD	L. HINTZ,	11/11/15		01060	050	
Prep	arer	Firm's name CLI	FTONT ARS				Firm's EIN ► 41			
-							1	J, EJ/		

Form **990-PF** (2014)

Phone no. 515-222-4400

**Use Only** 

Firm's address ▶ 5550 WILD ROSE LANE, SUITE 300

WEST DES MOINES, IA 50266-5304

# 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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www\_ms\_gov/form 990.

OMB No 1545-0047
2014

Name of the organization

BROWNELL FAMILY FOUNDATION % FRANK BROWNELL, III

**Employer identification number** 

42-1276134

Organization type (check one)·						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or my one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 any one contribu	on-described-in section 501(c)(3)-filing Form-990 or 990-EZ that-met-the 33-1/3%-support-test-of-the regulations under————————————————————————————————————					
year, total contri	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for for cruelty to children or animals. Complete Parts I, II, and III					
year, contribution is checked, enter purpose. Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the his exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is there the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year.					
but it must answer "No" o	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), on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

BROWNELL 'FAMILY FOUNDATION

% FRANK BROWNELL, III

Employer identification number

42-1276134

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BROWNELLS INC  200 S FRONT  MONTEZUMA, IA 50171	\$ 310,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) - Total contributions	(d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

BROWNELL FAMILY FOUNDATION % FRANK BROWNELL III

Employer identification number

42-1276134

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	Description of noncash property given	(c)FMV (or estimate)(see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	

Employer identification number

BROWNELL	·FAMTT.V	ייי <i>ב</i> רואווסים	$\Gamma \cap N$

	LL FAMILY FOUNDATION		40 1056124				
Part III	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follow , charitable, etc , contributions of \$1,000 or	42-1276134   in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations r less for the year (Enter this info once)   \$				
(a) No.	Use duplicate copies of Part III if additiona						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	it				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	Relationship of transferor to transferee					
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				

**8** FRANK BROWNELL, III
Part XV | Supplementary Information

Part XV Supplementary Information	on			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HENNESSEY POWDER & STRING CLUB		N/A	FRIENDS OF NRA DINNER	
100 SOUTH MAIN				
HENNESSEY, OK 73742				500.
HILLCREST FAMILY SERVICES		N/A	SPIRITUAL LIFE CENTER	
2005 ASBURY ROAD		[,,		
DUBUQUE, IA 52001				10,000.
HILLCREST FAMILY SERVICES		N/A	ANNUAL FUND DRIVE	
2005 ASBURY ROAD				
DUBUQUE, IA 52001	***			2,000.
_				
LAFAYETTE LODGE #52 A.F. & A.M.		N/A	ANNUAL PLEDGE	
100 SOUTH 3RD ST. MONTEZUMA IA 50171				1,000.
HONTESONA, IA 301/1				1,000.
METHODIST CHURCH		N/A	ANNUAL PLEDGE	
PO BOX 460		[1,72		
MONTEZUMA, IA 50171				40,000.
METHODIST CHURCH		N/A	LANDSCAPING PROJECT	
PO BOX 460				
MONTEZUMA, IA-50171			·	<u> — — — 997.</u>
MINIATURE HEREFORD BREEDERS		N/A	GENERAL FUND	
ASSOCIATION				
720 COUNTY ROAD 26 TEKAMAH, NE 68061-5033				500.
MONTEZUMA COMMUNITY FOUNDATION		N/A	ANNUAL PLEDGE	
PO BOX 132				
MONTEZUMA, IA 50171		<del> </del>		1,000.
MONTEZUMA FIRE DEPARTMENT		N/A	ANNUAL PLEDGE	
PO BOX 132				2 22
MONTEZUMA, IA 50171				3,000.
MONTEZUMA FOOD PANTRY		N/A	ANNUAL DIEDOE	
PO BOX 189		N/A	ANNUAL PLEDGE	
MONTEZUMA, IA 50171				2,000.
Total from continuation sheets				219 653

Part XV 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) recipient or substantial contributor N/A DIAMOND LIFE AND MONTEZUMA LIONS CLUB PANCAKE BREAKFAST 1505 HIGHWAY 85 MONTEZUMA, IA 50171 443. MONTEZUMA COMMUNITY SCHOOLS N/A WALK-A-THON 504 NORTH 4TH STREET 5,000. MONTEZUMA, IA 50171 NATIONAL MUZZLE LOADING RIFLE N/A ANNUAL FUND DRIVE ASSOCIATION PO BOX 67 1,000. FRIENDSHIP, ID 47021 NRA FOUNDATION N/A ANNUAL PLEDGE 11250 WAPLES MILL ROAD 93,770. FAIRFAX, VA 22030 PHI BETA KAPPA SOCIETY N/A SOCIETY'S PROGRAM PO BOX 97269 WASHINGTON, DC 20077 50. N/A ANNUAL FUND DRIVE POWESHIEK COUNTY PHEASANTS FOREVER 1783 BUERKLE CIRCLE 1,000. -<u>ST-PAUL -MN-551-10- -</u> SHRINERS HOSPITALS FOR CHILDREN N/A ADS 2900 ROCKY POINT DRIVE TAMPA FL 33607 220. UNITED STATES INTERNATIONAL MUZZLE N/A INTERNATIONAL BLACK POWDER LOADING TEAM 429 GREGG STREET WASHINGTON COURT HOUSE, OH 43160 1,000. UNIVERSITY OF IOWA CENTER FOR THE N/A ANNUAL GIFT BOOK FUND 205 GILMORE HALL 10,000. IOWA CITY, IA 52244 UNIVERSITY OF IOWA DIRECTORS CLUB N/A ANNUAL FUND DRIVE U OF IA FDN, PO BOX 4550 1,000. IOWA CITY, IA 52244 Total from continuation sheets

% FRANK BROWNELL, III

Port XV/ Complete No.	BROWNELL, III	<del> </del>	42-12	76134
Part XV Supplementary Information	<del></del>			
3 Grants and Contributions Paid During the N	If recipient is an individual,	<del></del>		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF IOWA HANCHER FUND PO BOX 4550 IOWA CITY, IA 52244		N/A	ANNUAL FUND DRIVE	2 000
10MA CIII, IA 32244		-		2,000
UNIVERSITY OF IOWA SCHOOL FOR JOURNALISM PO BOX 4550		N/A	ANNUAL FUND DRIVE	
IOWA CITY, IA 52244				2,000.
YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DR.		N/A	FUND DRIVE	
BRISTOW, VA 20136				20,000.
POWESHIEK COUNTY ICE FISHING CLUB		N/A	ANNUAL FUNDRAISER	
MONTEZUMA, IA 50171				500.
MONTEZUMA LITTLE LEAGUE 2726 120TH ST NEW SHARON, IA 50207		N/A	LITTLE LEAGUE FIELDS FENCING	14,673.
S.E. IOWA ROCKY MT. ELK FOUNDATION 1973 735TH AVE. ALBIA. IA-52531-8717		N/A	ANNUAL PLEDGE	
mbin, in 32331 0/1/		-		
MONTEZUMA COMMUNITY SCHOOLS 504 NORTH 4TH STREET		N/A	BRAVES FOOTBALL SAQ FUND DRIVE	
MONTEZUMA, IA 50171				5,000.
Total from continuation sheets		L		
i otal nom continuation succts				

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	PORARY	CASH IN	IVESTMENTS	STAT	EMENT	1
SOURCE		(A REVE PER B	NUE		(B) (C) INVESTMENT ADJUSTED INCOME NET INCOM			
FIRST AMERICAN BANK			60.		60.	60.		
FIRST AMERICAN WEAL MANAGEMENT GROUP	'TH		3,595. 3,595.		3,595.			
TOTAL TO PART I, LINE 3			3,655.				3,655.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUE	RITIES	STAT	EMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	ST	(C) ADJUSTI ET INCO	
FEDERATED MONEY MARKET FUND	2.		0.	2.	,	2.		2.
TO PART I, LINE 4	2.		0.	2.		2.		2.
FORM 990-PF		OTHER E	XPENSES	 S		STAT	EMENT	3
DESCRIPTION		- (A) EXPENSES PER BOOKS	NET I	WEST-	ADJUSTEI	) C	HARITAI	BLE
BANK CHARGES ACCOUNTING FEES MISCELLANEOUS	_	208. 1,000. 85.		208. 1,000. 85.		0. 0. 0.		0. 0. 0.
TO FORM 990-PF, PG	1, LN 23	1,293.		1,293.		0.		0.
	=							