# Form **990** Department of the Treasury Internal Revenue Service

### EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2018

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	rcale	endaryear 2017 or tax year beginning		, and ending				
		of foundation			A Employer identification	number		
		OWNELL FAMILY FOUNDATION						
		FRANK BROWNELL, III			42-1276134			
		and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number			
_		06 BROWNELLS PARKWAY			641-623-54	01		
	-	town, state or province, country, and ZIP or foreign po		C If exemption application is p	ending, check here			
		INNELL, IA 50112						
G	Ched	ck all that apply: Initial return		ormer public charity	D 1 Foreign organizations	, cneck nere		
		Final return Address change	Amended return		2 Foreign organizations me check here and attach co	eting the 85% test,		
_	Chor	ck type of organization: X Section 501(c)(3) exe	Name change	94	1 .			
ï	$\overline{}$		Other taxable private founda		E If private foundation state under section 507(b)(1)			
<u> </u>		narket value of all assets at end of year J Accounting		Accrual	F If the foundation is in a			
		·   —	her (specify)		under section 507(b)(1)			
	▶\$	33,723. (Part I, colum	in (d) must be on cash basi	S.)		(= <i>n</i> ===================================		
F	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
` _		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received	205,000.	<u></u>				
	2		EIVER					
	3	Interest on savings and temporary cash investments		1,866.		STATEMENT 1		
	4		<b>6</b> 44.	44.	44.	STATEMENT 2		
	5	a Gross rents	21/2018					
	- 1	D Net rental income or (loss)				,		
23	6 إي	Net gain or (loss) from sale of assets not on line 1060     Gross sales price for all	EN, UT 2.					
6107 <b>9</b>	[ ]	D assets on line 6a		0.				
61.02 <b>9</b>	<u> </u>			<u> </u>		<u> </u>		
~	8							
¥	1 -	Gross sales less returns and allowances						
SAK		b Less Cost of goods sold				,		
		c Gross profit or (loss)						
ANNEL -	- 1	Other income						
<u> </u>	12	Total Add lines 1 through 11	206,908.	1,910.	1,910.			
3	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.		
T)	14	Other employee salaries and wages						
	15 م	Pension plans, employee benefits		<del></del> ,		<del></del>		
	16	a Legal fees	1 500			-		
		b Accounting fees STMT 3	1,520.	760.		0.		
L	اۋ	c Other pr 转至例并补入ED						
:	16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	hr. ).	9.	. 0.	0.	0.		
	18 2 19	Tep lectation and depletion 18 6			<u> </u>	<del></del>		
	20	Popleoration and depletion 1011						
	21	· · · · · · · · · · · · · · · · · ·						
•	22				<del></del>			
	2) 23		88.	88.	0.	0.		
	24				• •			
	בֿ ב	expenses. Add lines 13 through 23	1,617.	848.	0.	0.		
(	25	Contributions, gifts, grants paid	239,147.			239,147.		
	26	•						
_	$\perp$	Add lines 24 and 25	240,764.	848.	0.	239,147.		
	27	Subtract line 26 from line 12:	22 25 1					
		Excess of revenue over expenses and disbursements	-33,856.	1 000				
		b Net investment income (if negative, enter -0-)		1,062.	1 010			
		c Adjusted net income (if negative, enter -0-)			1,910.	<u> </u>		

_			 
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	67,579.
2	Enter amount from Part I, line 27a	2	-33,856.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	33,723.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	33,723.

1 11 11 11 11

	nd Losses for Tax on In	vestment	Income				<u> </u>	OIJ4 Tuge 0
(a) List and describe th	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)							(d) Date sold (mo., day, yr.)
1a GNMA SECURITIES					P	01/0	1/16	12/31/17
<u>b</u>				_				
<u>c</u>			· · · ·		,			-
<u>d</u>				<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 28.			3	0.				-2.
b		_						
C								
								·
e	/b\ and a mad but	<u> </u>	'10/21/00	-		0		
Complete only for assets showing	<u> </u>			-			Col. (h) gain not less thai	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				(from col. (	h))
<u>a</u>				_				-2.
<u>b</u>				+				
c d				$\dashv$				
e								
2 Capital gain net income or (net capi	tal loss) { If gain, also enter If (loss), enter -0-			}	2			-2.
			,	ノ <b>ト</b>				2.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		id (6):		}	2			0.
If (loss), enter -0- in Part I, line 8  Part V   Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inve	stment In	come		<u> </u>
(For optional use by domestic private f				-			-	
,				,				
If section 4940(d)(2) applies, leave this	s part blank.							
Was the foundation liable for the section of "Yes," the foundation doesn't qualify				iod?			_	Yes X No
1 Enter the appropriate amount in ea	ch column for each year; see the ir	structions be	fore making any e	ntries.				
(a) Base period years Calendar year (or tax year beginning			Net value of no	(c) ncharit			Dıstrıb (col. (b) dıv	(d) ution ratio ided by col. (c))
2016		1,701.			65,11			4.633641
2015		2,749.			83,83			3.134270
2014	35	4,653.			130,74 116,78	ł .		2.712576
2013		0,970. 7,692.			60,07			3.433315 7.951594
2012		1,072			00,07.		· · · · · · · · · · · · · · · · · · ·	7.731374
2 Total of line 1, column (d)						2		21.865396
3 Average distribution ratio for the 5-	year base period - divide the total o	on line 2 by 5.0	D, or by the numb	er of ye	ars			
the foundation has been in existence						3		4.373079
4 Enter the net value of noncharitable	-use assets for 2017 from Part X,	Ine 5REC	EIVED			4		49,897.
5 Multiply line 4 by liné 3  6 Enter 19 of not investment income (19 of Part I. line 27b)							•	218,204.
6 Enter 1% of net investment income	(1% of Part I, line 27b)			ESS.		6		11.
7 Add lines 5 and 6		OGD	EN, UT			7_		218,215.
8 Enter qualifying distributions from F						_8		239,147.
If line 8 is equal to or greater than li See the Part VI instructions.	ne 7, check the box in Part VI, line	1b, and comp	elete that part usin	g a 1%	tax rate.			

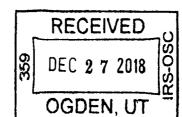
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

FC	Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		404	
14	The books are in care of FRANK BROWNELL, III Telephone no. >641-62			
4.	Located at ► 3006 BROWNELLS PARKWAY, GRINNELL, IA ZIP+4 ►50	1112		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N	/A	•
16	and enter the amount of tax-exempt interest received or accrued during the year  At any time during calendar year 2017, did the foundation being an interest in or a granture or other outborth, over a back	IN	Yes	No
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
	foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Γ	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			·
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			Ι,
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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.)	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	-		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	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 2017?	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)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years 🛌 , , , , , , , , , , , , , ,			
þ	Are there any years listed in 2a for which the foundation is <b>not</b> 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.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
_	P			•
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		i	
L	during the year?  Yes X No			
D	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		
d a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2017?	4b		X
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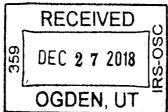
Part	VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)				
5a Du	ring the year, did the foundation pay or incur any amount to:					Yes	No	
· (1)	Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No				
(2	Influence the outcome of any specific public election (see section 4955); o		}					
	any voter registration drive?							
(3)	Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	es X No				
(4)	Provide a grant to an organization other than a charitable, etc., organizatio	n described in section						
	4945(d)(4)(A)? See instructions		Ye	es X No	.		'	
(5)	Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or					i	
	the prevention of cruelty to children or animals?	-		es X No				
	iny answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		ın Regulatıons	/-				
	ction 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b			
	ganizations relying on a current notice regarding disaster assistance, check							
	he answer is "Yes" to question 5a(4), does the foundation claim exemption f							
	penditure responsibility for the grant?	ľ	1/A Ye	es L No				
	Yes," attach the statement required by Regulations section 53.4945-5(d).  I the foundation, during the year, receive any funds, directly or indirectly, to	nav aramuma an						
	ersonal benefit contract?	pay premiums on		es X No				
	ersonal benefit contract. I the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		_	6b		$\overline{\mathbf{x}}$	
	Yes" to 6b, file Form 8870.	croonar benefit contract.			-		- 11	
	any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es X No				
	Yes," did the foundation receive any proceeds or have any net income attribu				7b			
Part	VIII Information About Officers, Directors, Trust		nagers, Highly					
	Paid Employees, and Contractors							
l List	all officers, directors, trustees, and foundation managers and t			(al) 0				
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	ac (	e) Exp count,	ense other	
_		to position	`enter -0-)	compensation		allowar	nces	
	K R BROWNELL III	TRUSTEE	•					
	BROWNELLS PARKWAY	0 00			l		^	
3RIN	NELL, IA 50112	0.00	0.	0.	ļ		0.	
			,					
					<del> </del>		-	
-								
				,				
	**************************************							
2 Con	pensation of five highest-paid employees (other than those inc		enter "NONE."	( )) -				
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ac ac	e) Exp count, allowar	ense other oces	
	NONE							
	RECEIVED							
	,							
		ŏ						
				<del></del>				
	000000	니죠						
	OGDEN, UT			•				
	umber of other employees and over \$50,000				<u> </u>		0	
ιοται Ν	umber of other employees paid over \$50,000						<u> </u>	

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4	2	_	1	2	7	6	1	3	4	
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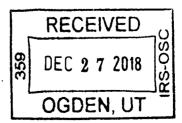
Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
,	
•	
otal number of others receiving over \$50,000 for professional services	<b>•</b>
Part IX-A Summary of Direct Charitable Activities	
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the umber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
N/A	+ .
N/A	-
	-
	<u> </u>
•	-
	-
	-
	-
	-
	4
	<u> </u>
Part IX-B Summary of Program-Related Investments	
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
N/A	_
	_
	<u> </u>
	4
Il other program-related investments. See instructions.	
	_
	1
	1
	1
	]
	1
otal. Add lines 1 through 3	0 Form <b>990-PF</b> (2017



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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: 39,458. a Average monthly fair market value of securities 1a 11,199. b Average of monthly cash balances 1b c Fair market value of all other assets 1¢ 50,657. 1d d Total (add lines 1a, b, and c) 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 2 657. Subtract line 2 from line 1d 3 760. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 49,897. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 2,495. Minimum investment return. Enter 5% of line 5 Part XI | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain and do not complete this part.) foreign organizations, check here 2,495. Minimum investment return from Part X, line 6 11 2a Tax on investment income for 2017 from Part VI, line 5 b Income tax for 2017. (This does not include the tax from Part VI) Add lines 2a and 2b 2.484. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions Λ. 484. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 484. 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: 239,147. 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 239,147. 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 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (s	ee instructions)			
	(a) Corpus	(b) - Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7			a	2,484.
2 Undistributed income, if any, as of the end of 2017				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a Enter amount for 2016 only	1		0.	
b Total for prior years:				
,,		0.	1	
3 Excess distributions carryover, if any, to 2017:				
a From 2012 369,570.				
b From 2013 364, 252.		•		
c From 2014 348,163.				
d From 2015 258,613.				
e From 2016 298, 463.  f Total of lines 3a through e	1,639,061.			,
4 Qualifying distributions for 2017 from	1,039,001.			
Part XII, line 4: ▶\$ 239, 147.				
a Applied to 2016, but not more than line 2a		•	0.	
<b>b</b> Applied to undistributed income of prior			•	
years (Election required - see instructions)		0.		1
c Treated as distributions out of corpus		3		
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				2,484.
e Remaining amount distributed out of corpus	236,663.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	_		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,875,724.			
<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.		<u>                                     </u>
d Subtract line 6c from line 6b. Taxable		0.	•	
amount - see instructions  e Undistributed income for 2016. Subtract line	_			
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract		- <del></del>		,
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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.	and the state of t	**************	
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	369,570.			<u> </u>
9 Excess distributions carryover to 2018	1 505 154	<b>i</b> 1	RECEIVED	
Subtract lines 7 and 8 from line 6a	1,506,154.			S
IO Analysis of line 9:		359	DEC 2 7 2018	lől
a Excess from 2013 364,252. b Excess from 2014 348,163.		w	W F LUIU	0-8
c Excess from 2015 258,613.		, 1 1	OCDEN UT	π
45 years from 2016 209 463		`	OGDEN, UT	

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e Excess from 2017

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other faete

% FRANK BROWNELL, III 42-1276134 Page 11 Form 990-PF (2017) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year DENVER MUSEUM OF NATURAL SCIENCE N/A ANNUAL PLEDGE 2001 COLORADO BLVD 10,000. DENVER, CO 50205 DES MOINES METRO OPERA N/A OPERA FUND DRIVE 106 W BOSTON AVE 100,000. INDIANOLA, IA 50125 GRMC (GRINNELL REGIONAL MEDICAL N/A ANNUAL FUND DRIVE CENTER) 210 4TH AVE GRINNELL IA 50112 10,000. GRMC (GRINNELL REGIONAL MEDICAL N/A TRAINING FUND CENTER) 210 4TH AVE GRINNELL IA 50112 6,000. ANNUAL PLEDGE METHODIST CHURCH N/A PO BOX 460 MONTEZUMA, IA 50171 40,000. SEE CONTINUATION SHEET(S) ▶ 3a 239,147, Total **b** Approved for future payment NONE RECEIVED <del>2 7 2018</del> OGDEN, UT

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Total

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% FRANK BROWNELL. III

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		d by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	
a	_			<del></del>	
b					<del>-</del> .
<u> </u>		-			
d	! !	<del></del>	<u> </u>		<del></del> .
e	-	,		<del></del>	···
g Fees and contracts from government agencies	-			-	<u>.</u>
2 Membership dues and assessments					. ,,,
3 Interest on savings and temporary cash	-	·			
investments					1,866
4 Dividends and interest from securities		-			44
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					-2
9 Net income or (loss) from special events		<del></del> ,			
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b	- <del>   </del>		-		
c	l l		+		
d					
e2 Subtotal. Add columns (b), (d), and (e)	-		).	0.	1,908
3 Total Add line 12, columns (b), (d), and (e)	<u> </u>		<del> </del>	13	1,908
See worksheet in line 13 instructions to verify calculations.	١				
				D	
Part XVI-B Relationship of Activities	to the Accon	iplishment of	Exempt	Purposes	
Line No Explain below how each activity for which in				ted importantly to the accomp	olishment of
the foundation's exempt purposes (other the	an by providing funds	s for such purposes)	•		
3 N/A 4 N/A				<del></del>	
± IV/A					· · · · · · · · · · · · · · · · · · ·
	·			·=····	•
-		4		<u>., </u>	- · · · · · · · · · · · · · · · · · · ·
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				DEC 2 7 2018	8
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				OGDEN, U	8

Form 99			NK BROWNE	ELL,	II:	<u> </u>				42	<u>-1276134</u>	. Pa	age 13
Part	XVII	Information Re Exempt Organ		nsfers 1	to ar	nd Transac	tions a	and	Relations	ships With N	oncharitable	•	
1 Di	d the or	ganization directly or indi		of the fol	lowing	with any other	rganizati	ion d	lescribed in se	ction 501(c)		Yes	No
		n section 501(c)(3) organ								0		<del></del>	
		from the reporting found											
	) Cash	• •									1a(1)		x
•	, ) Other										1a(2)		Х
<b>b</b> Ot	, her tran	sactions:											
(1	) Sales	of assets to a noncharita	ıble exempt organiza	ation							1b(1)		Х
(2	) Purcl	nases of assets from a no	ncharitable exempt	organızatı	ion						1b(2)		X
(3	) Renta	al of facilities, equipment,	or other assets								1b(3)		Х
(4	) Reim	bursement arrangements									1b(4)	<u> </u>	X
(5	) Loan:	s or loan guarantees									1b(5)		X
(6	) Perfo	rmance of services or me	embership or fundra	ising solic	citation	าร					1b(6)		X
c St	arıng o	f facilities, equipment, ma	uling lists, other ass	ets, or pai	ıd emp	oloyees					1c		X
d If	the ansv	wer to any of the above is	"Yes," complete the	following	sched	dule. Column (b)	should a	lway	s show the fair	market value of th	ne goods, other as	sets,	
or	service	s given by the reporting fo	oundation If the fou	indation re	eceive	d less than fair n	arket val	lue in	n any transacti	on or sharing arran	igement, show in		
CO	lumn (d	I) the value of the goods,											
(a) Line	по	(b) Amount involved	(c) Name o			exempt organiza	tion	_	(d) Descripti	on of transfers, transa	ctions, and sharing a	rrangeme	ents
	_			<u> </u>	<u>'A</u>	<u> </u>		_					
	_			<u></u>				_					
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0- 1-	46 5 65		the officers of weeks on	-alatad ta					ana daaarihad				
		ndation directly or indirect	-			or more tax-exem	ipt organ	nzau	ons described			v	] No
		501(c) (other than sectio		ection 52 <i>1</i>	1 1						L Yes	LA	_ 140
וו נו	165, 60	omplete the following scho (a) Name of org			Т	(b) Type of orga	nization	T		(c) Description o	f relationship		
		N/A	jumzuton		-	(b) 1)po or org	Edilori	+		(0) 2000.1511011.0	· · olationomp		
					+			†					
					+							_	
			_		+			+					
		-			$\dashv$			+	·				
	Under	penalties of perjury, I declare	that I have examined th	is return, in	cluding	accompanying sch	edules and	d state	ements, and to th	ne best of my knowled	lge	<b></b>	45
Sign	and be	elief, it is true, correct, and con			er than	taxpayer) is based	on all inform	matio	n of which prepa	rer has any knowledge	May the IRS return with the shown below	e prepar	rer
Here		10-12/	Jaone			Milic	100	1	TRUST	EE	X Yes		_ No
	Sign	nature of officer or trustee	<del></del>			Date	1~	_ #	Title				
	<del></del>	Print/Type preparer's na	ame	Prepare	er's sig	gnature		Da	nte	Check if	f PTIN		
		RONALD L.	HINTZ,							self- employed	1		
Paid		CPA	- <b>,</b>	RONA	LD	L. HINT	Z,	11	12/18		P01060	958	
Prep	arer	Firm's name CT.T	ETONT ADCC					_	,,	Erron'e EIN	11-07467		

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

Name of the organization

## **Schedule of Contributors**

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

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

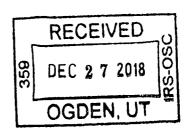
OMB No 1545-0047

2017

**Employer identification number** 

BROWNELL FAMILY FOUNDATION 42-1276134 % FRANK BROWNELL, III Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



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 space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BROWNELLS INC  3006 BROWNELLS PARKWAY  GRINNELL, IA 50112	\$ 205,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	<b>\$</b>	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
050	RECEIVED DEC 2 7 2018 O	<b> \$</b>	Person Payroll Complete Part II for noncash contributions )
(a) L No.	(b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Omnocash 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

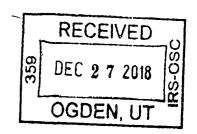
Employer identification number

42-1276134

Part II	Noncash Property (see instructions) Use duplicate copies of Part 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	Description of noncash property gives RECEIVED	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	DEC 2 7 2018 OF OGDEN, UT	\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number BROWNELL FAMILY FOUNDATION 42-1276134 FRANK BROWNELL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor 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 info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held-Part I RECEIVED (e) Transfer of gift OGDEN, UT Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (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

FORM 990-PF INTEREST ON	SAVIN	IGS AND	TEME	PORARY	CASH	IN	VESTMENTS	SI	ATEMENT	1
SOURCE ·			(A) REVENUE PER BOOKS		NET	(B) INVESTMENT INCOME		(C) · ADJUSTED NET INCOME		
FIRST AMERICAN BANK FIRST AMERICAN WEALTH		13.				13.		13.		
MANAGEMENT GROUP	-	1,853.			1,853.		1,853.			
TOTAL TO PART I, LINE 3			1,866.		1,866.			1,866.		
				<i>(</i>	-					
FORM 990-PF DIV	IDENDS	S AND IN	TER	EST FRO	OM SE	CUR	ITIES	SI	'ATEMENT	2
,	OSS OUNT	CAPI GAI DIVII	INS		(A) EVENUI R BOOI		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
FEDERATED MONEY MARKET FUND	44.		(	 ).		14.	4	4.		44.
TO PART I, LINE 4	44.		(	). 		14.	4	4.	,	44.
FORM 990-PF		ACCOL	 JNTIN	NG FEE	S	~		ST	ATEMENT	. 3
DESCRIPTION		(A) EXPENSE PER BOO		() NET II MENT :			(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING FEES		1,5	520.		76	<u> </u>		0.		0.
TO FORM 990-PF, PG 1, LN	 16B	1,5	520.		76	 ).		0.		0.



FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAXES PAID	9.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	9.	0.	0.	0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
		· — — — — — — — — — — — — — — — — — — —			
BANK CHARGES	88.	88.	0.	0.	

