EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation

Form **990-PF**Department of the Treasury

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.

2018

Internal Revenue Service For calendar year 2018 or tax year beginning and ending A Employer identification number Name of foundation BROWNELL FAMILY FOUNDATION 42-1276134 % FRANK BROWNELL, III Number and street (or P O box number if mail is not delivered to street address) B Telephone number 641-623-5401 3006 BROWNELLS PARKWAY C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code 50112 GRINNELL, IA G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) 24,574. ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income 201,500 Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 1,483 483 1,483.STATEMENT 73 73.STATEMENT 73. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -6 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 17. 0. 7 Capital gain net income (from Part IV, line 2) N/A 8 Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) 11 Other income 203,050 ,556 .556 Total. Add lines 1 through 11 Compe 14 Other es 15 Zension I 16a Legal fees-Do Accoyntiv 0. Compensation of officers, directors, trustees, etc -Other-employee_salaries and wages 15 Pension plans employee benefits STMT 3 1,650 825 0 0. VpO/doconumo tees c Other professional fee GGREN U 0. 11 0. 0. STMT 4 Depreciation and depletro Occupancy 21 Travel, conferences, and meetings Printing and publications 22 0. STMT 5 69 69 0 23 Other expenses 24 Total operating and administrative 894 expenses. Add lines 13 through 23 ,730 0. 210,471 210.471 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 894 0 210,471. 212,201 Add lines 24 and 25 27 Subtract line 26 from line 12: -9,151 a Excess of revenue over expenses and disbursements 662 b Net investment income (if negative, enter -0-) ,556 C Adjusted net income (if negative, enter -0-)

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44-	L & / O J	1.54	Page 2

For	m 99	00-PF(2018) % FRANK BROWNELL, III		<u>42-1</u>	L276134 Page 2
D	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	363.	434.	434.
	2	Savings and temporary cash investments	33,362.	24,140.	24,140.
	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 ▶			
ţ	8	Inventories for sale or use			
Assets	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			<u></u>
	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			
		instructions. Also, see page 1, item I)	33,725.	24,574.	<u> 24,574.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
' A		and complete lines 24 through 26, and lines 30 and 31			
ĕ	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			<u> </u>
Ba	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
၀	27	Capital stock, trust principal, or current funds	0.	0.	
še	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	33,725.	24,574.	
Š	30	Total net assets or fund balances	33,725.	24,574.	
	31	Total liabilities and net assets/fund balances	33,725.	24,574.	
Р	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I 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	33,725.
		r amount from Part I, line 27a		2	-9,151.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	-	4	24,574.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	24,574.
<u>. </u>	· Jid	The accepte of family buildings at one of your fillio 4 millios line of 1 art in co			Form 000-PE (2018)

Form 990-PF (2018)

& FRANK BROWNELL

Form 990-PF (2018) % F	RANK BROWNELL,	III		_			42-127	6134	Page 3
Part IV Capital Gains	and Losses for Tax on	Investment	t Income	1					
(a) List and describe 2-story brick wa	the kind(s) of property sold (for e rehouse; or common stock, 200 s	xample, real esta shs. MLC Co.)	te,	[· P ·	low acquired - Purchase - Donation) Date acquired mo., day, yr.)	(d) Dat (mo., d	
1a GNMA SECURITIE	S	_	<u></u>		P	0	1/01/18	12/3	1/18
b	· · · · · · · · · · · · · · · · · · ·							_	
<u> </u>	 								
<u>d</u>			<u> </u>			_			
<u>e</u>	(D.D	T (10)		Щ.			(1) (2) 27 (1)		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(((h) Gain or (loss) e) plus (f) minus (
a 17.	(0, 0, 0, 0, 0)	Picci -	<u> </u>	3.					-6.
b 1 / •				-					
C		-							
d									
е									
Complete only for assets showin	g gain in column (h) and owned b	y the foundation	on 12/31/69.			(I) G	ains (Col. (h) gain	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			COI. (K), but not less thar osses (from col. (l	h)) 	
a								_	-6.
b								_	
C									
d									
е		D. 41 l		$\overline{}$					
2 Capital gain net income or (net ca		iter in Part I, line -0- in Part I, line		<i></i>	2				-6.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		and (6):		}					-6.
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) fo	or Reduced	Tax on Net	Inv	stment	Incor	me		-6.
(For optional use by domestic private			**						
	·	10 10(4) 1201 011			-,				
If section 4940(d)(2) applies, leave the	nis part blank.								
Was the foundation liable for the sect If "Yes," the foundation doesn't qualif				lods				Yes	X No
1 Enter the appropriate amount in 6				ntries.					
(a) Base period years	(b)			(c)			Distrib	(d) ution ratio	
Calendar year (or tax year beginnii			Net value of no	nchar			(col. (b) div	ided by col.	
2017		39,136.			49,8				<u>92593</u>
2016		01,701.			65,1				33641
2015		62,749.			83,8 130,7				<u>34270</u> 12576
2014 2013		54,653. 00,970.			136,7				$\frac{12376}{33315}$
2013		00,9700			110,7	00.			<u> </u>
2 Total of line 1, column (d)							2	18.7	06395
3 Average distribution ratio for the	5-year base period - divide the tota	al on line 2 by 5.0	O, or by the numbe	er of y	ears	ľ			
the foundation has been in exister	nce if less than 5 years					-	3	3.7	<u>41279</u>
4 Enter the net value of noncharitab	le-use assets for 2018 from Part 1	X, line 5					4	28	,714.
5 Multiply line 4 by line 3							5		,427.
						İ		<u> </u>	_
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		<u> </u>
7 Add lines 5 and 6							7	107	<u>,434.</u>
8 Enter qualifying distributions from			data that =t · · ·	40	/ have with		8	210	<u>,471.</u>
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, II	ne ib, and comp	nete that part usin	y a 1%	o lax rate.				
								000	DE (0040)

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 4948 </u>	- see in	stru	ctio	าร)	_
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛣 and enter 1%	1				7.	-
	of Part I, line 27b						
	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-)	2				<u> </u>	
_	Add lines 1 and 2	3				7.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			7.	-
	Credits/Payments:						
).					
).					
).	i				
		<u>) . </u>				0	
	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>	_
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				$\frac{0}{7}$	
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> </u>	-
	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 2019 estimated tax ► Refunded ► art VII-A Statements Regarding Activities	<u>► 11</u>					-
		200.10	Т		Yes	No	-
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interventional acceptance.	ene m	ŀ	1a		X	-
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the di	afinition	 	1b		X	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	cinilion.	-	10			-
	distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?			1c		X	
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		<u> </u>				-
).		ľ			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	, , ,		İ			
	managers. > \$0.			į			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X	
	If "Yes," attach a detailed description of the activities.		Ī				-
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		X	
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ī	4a		X	-
	of "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b			_
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х	_
	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:			ŀ			
	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 s	tate law					
	remain in the governing instrument?		L	6	X		_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		L	7	Х		_
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ NONE						
	olf the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X		- ^
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for o	calendar					1
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		-	9		<u>X</u>	_ 0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	DE.	X	-
			Forn	1 230	-PF	(2018))

Pa	art VII-A	Statements Regarding Activities (continued)						
				Yes	No			
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of						
		2(b)(13)? If "Yes," attach schedule. See instructions	11	X				
12	12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?							
		ach statement. See instructions	12		X			
13	Did the fou	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	Х				
		dress ► N/A						
14		are in care of ▶ FRANK BROWNELL, III Telephone no. ▶ 641-						
	Located at	▶3006 BROWNELLS PARKWAY, GRINNELL, IA ZIP+4 ▶	<u>50112</u>	2				
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			· 🔲			
	and enter t	he amount of tax-exempt interest received or accrued during the year	<u>N</u>	I/A				
16	At any time	during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No			
		or other financial account in a foreign country?	16	ļ	X			
	See the ins	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the						
_	foreign cou	intry		<u> </u>				
Pa		Statements Regarding Activities for Which Form 4720 May Be Required		1.7				
		4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
1a	-	year, did the foundation (either directly or indirectly):						
		e in the sale or exchange, or leasing of property with a disqualified person?	י ו					
		v money from, lend money to, or otherwise extend credit to (or accept it from)	_					
	•							
		······································	,					
		er any income or assets to a disqualified person (or make any of either available	,					
			'					
		to pay money or property to a government official? (Exception. Check "No" oundation agreed to make a grant to or to employ the official for a period after						
		ation of government service, if terminating within 90 days.)						
		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	'					
U		4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	L 1b					
		ons relying on a current notice regarding disaster assistance, check here	<u> </u>					
,		ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_					
·		first day of the tax year beginning in 2018?	10		х			
2		allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation						
_		section 4942(j)(3) or 4942(j)(5)):						
а		of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning						
	before 201		o					
		the years >						
b		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect						
	valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach						
		see instructions.) N/A	2b	ļ	<u> </u>			
C	: If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	}					
	▶	11						
3a		ndation hold more than a 2% direct or indirect interest in any business enterprise at any time						
	during the		٥					
b		It have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after						
		169; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose						
		s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	0.					
		n, to determine if the foundation had excess business holdings in 2018.) N/A		+	Х			
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 				
b		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4b		x			
	nau not be	en removed from jeopardy before the first day of the tax year beginning in 2018?	Form 99	0-PF				
			1 01111 00		(2010)			

BROWNELL FAMILY FOUNDATI	ON		40 40864	- <i>-</i>	_
Form 990-PF (2018)	4700 M D- F	3	<u>42-12761</u>	34	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	requirea (continu	ued)	- W	NJ -
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		l
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	ectly,	₩		
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	n described in section				1
4945(d)(4)(A)? See instructions		-	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	or	□		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	37/3	.	
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5 b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	17	I∕A ∟_ Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				i	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No		
a personal benefit contract?		Y €	l .		x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonai deneiit contract?		<u> </u>	5b	 ^
If "Yes" to 6b, file Form 8870.	helter transaction?		s X No	1	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y 6		7b	
b If "Yes," did the foundation receive any proceeds or have any net income attrib		_	131/1A		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	51,000,000 ili remuneration o		s X No		
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trust	oos Foundation Ma				L
Paid Employees, and Contractors	ees, roundation wa	mayers, mym	,		
List all officers, directors, trustees, and foundation managers and t	heir compensation.		-		
T Elot an official and colors, a detector, end to e	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	oense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ačcount allowa	t, other
FRANK R BROWNELL III	TRUSTEE	enter-o-j	Compensation		
3006 BROWNELLS PARKWAY	TROBIED				
GRINNELL, IA 50112	0.00	0.	0.		0.
PETER R BROWNELL	TRUSTEE			-	
3006 BROWNELLS PARKWAY	TRODIBL				
GRINNELL, IA 50112	0.00	0.	0.		0.
GRINNELL, IA 30112	0.00				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expaccount	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowa	i, other
NONE				1	
	ĺ				
]				
	1				
]				
Total number of other employees paid over \$50,000					0
				OON-DE	(2010)

BROWNELL FAMILY FOUNDATION		
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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en		
(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		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	tistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers p	roduced, etc.	Lxpenses
1 N/A		
2		
3		
4		
In the state of th		
Part IX-B Summary of Program-Related Investments	an lines 4 and 0	Amount
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1N/A		
2		
All other and a state of a state of the stat		
All other program-related investments. See instructions.		
3		

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

42-1276134 % FRANK BROWNELL, III Page 8 Form 990-PF (2018) 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: 28,751. 1a a Average monthly fair market value of securities 1b 400. b Average of monthly cash balances 10 c Fair market value of all other assets 29,151. 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) 0. Acquisition indebtedness applicable to line 1 assets 3 151. Subtract line 2 from line 1d 437. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 28,714. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 1,436. 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 foreign organizations, check here
and do not complete this part.) 436. Minimum investment return from Part X, line 6 7. 2a Tax on investment income for 2018 from Part VI, line 5 2b b Income tax for 2018. (This does not include the tax from Part VI.) c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 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: 210,471. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b b Cash distribution test (attach the required schedule) 210,471 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4

Form **990-PF** (2018)

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.

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

Page 9

Form 990-PF (2018)

% FRANK BROWNELL, III

Part XIII Undistributed Income (see instructions) (b) (d) (c) Years prior to 2017 2017 2018 Corpus 1 Distributable amount for 2018 from Part XI, 1,429. line 7 2 Undistributed income, if any, as of the end of 2018 0 a Enter amount for 2017 only h Total for prior years: 0. 3 Excess distributions carryover, if any, to 2018: 364,252. a From 2013 348,163. **b** From 2014 258,613. c From 2015 298,463. d From 2016 236,663 e From 2017 1,506,154 f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: ►\$ 210,471 0 a Applied to 2017, 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) 1,429. d Applied to 2018 distributable amount 209,042 e Remaining amount distributed out of corpus 0. 0 Excess distributions carryover applied to 2018 (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: 1,715,196 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b 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 2017. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) Excess distributions carryover from 2013 364,252 not applied on line 5 or line 7 Excess distributions carryover to 2019 1,350,944 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 348,163. a Excess from 2014 258,613. b Excess from 2015 298,463. c Excess from 2016 236,663. d Excess from 2017 209,042 e Excess from 2018

Form **990-PF** (2018)

Form **990-PF** (2018)

% FRANK BROWNELL, III

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business). or substantial contributor recipient a Paid dunng the year BROOKLYN COMMUNITY FOUNDATION N/A PCSA BEAR CREEK RANGE 104 JACKSON STREET 2,500. BROOKLYN, IA 52211 CONGRESSIONAL SPORTMEN'S FOUNDATION N/A 2017 MISSION PARTNER 110 NORTH CAROLINA AVENUE, SE 5,000. WASHINGTON DC DC 20003 DENVER MUSEUM OF NATURAL SCIENCE N/A ANNUAL PLEDGE 2001 COLORADO BLVD DENVER, CO 50205 10,000. N/A OPERA FUND DRIVE DES MOINES METRO OPERA 106 W BOSTON AVE 100,000. INDIANOLA, IA 50125 ANNUAL FUND DRIVE N/A GRMC (GRINNELL REGIONAL MEDICAL CENTER) 210 4TH AVE GRINNELL IA 50112 10,000. SEE CONTINUATION SHEET(S) **▶** 3a 210 471. Total b Approved for future payment NONE Total

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 contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor N/A ANNUAL PLEDGE METHODIST CHURCH PO BOX 460 40,000. MONTEZUMA, IA 50171 METHODIST CHURCH N/A LANDSCAPING PROJECT PO BOX 460 MONTEZUMA, IA 50171 721. PLEDGE MONTEZUMA CLOTHES CLOSET N/A 109 S 4TH STREET, UNIT C 2,000. MONTEZUMA, IA 50171 DIAMOND MEMBERSHIP MONTEZUMA COMMUNITY BOOSTERS N/A 504 NORTH 4TH STREET 500. MONTEZUMA, IA 50171 N/A ANNUAL PLEDGE MONTEZUMA FIRE DEPARTMENT PO BOX 132 MONTEZUMA, IA 50171 6,000. ANNUAL DRIVE MONTEZUMA LITTLE LEAGUE N/A 2726 120TH ST 250. NEW SHARON, IA 50207 NATIONAL MUZZLE LOADING RIFLE N/A ANNUAL FUND DRIVE ASSOCIATION PO BOX 67 1,000. FRIENDSHIP ID 47021 N/A NRA OUTSTANDING NRA FOUNDATION ACHIEVEMENT YOUTH 11250 WAPLES MILL ROAD 10,000. FAIRFAX, VA 22030 AWARD PHI BETA KAPPA SOCIETY N/A ANNUAL PLEDGE PO BOX 97269 WASHINGTON, DC 20077 50. ANNUAL PLEDGE POWESHIEK COUNTY PHEASANTS FOREVER N/A 1783 BUERKLE CIRCLE 1,000. ST PAUL, MN 55110 Total from continuation sheets 82,971.

* FRANK BROWNELL, III

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo	_ `	, _		
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
•				
UNIVERSITY OF IOWA CENTER FOR THE		N/A	ANNUAL PLEDGE	
BOOK FUND				
205 GILMORE HALL				
IOWA CITY, IA 52244				5,000.
BGM SOFTBALL TEAM	•	N/A	ATHLETICS BUDGET	
1090 JACKSON STREET	}			
BROOKLYN, IA 52211				500.
BLUE & WHITE ATHLETIC BOOSTERS		N/A	ATHLETICS BUDGET	
504 NORTH 4TH STREET				
MONTEZUMA, IA 50171		<u> </u>		500.
ENGRAVERS GUILD OF AMERICA		N/A	FIREARMS ENGRAVERS	
1452 IVANHOE ROAD			GUILD	
LUDINGTON, MI 49431				10,000.
EDEEDON ALLTANGE		7/3	EIND DRIVE	
FREEDOM ALLIANCE 22570 MARKEY COURT, STE 240		N/A	FUND DRIVE	
DULLES VA 20166				5,000.
GRINNELL PROM COMMITTEE 1333 SUNSET STREET		N/A	FUND DRIVE	
GRINELL IA 50112				100.
GRINNELL ROTARY		N/A	CHICKEN DINNER	
229 6TH AVENUE WEST GRINNELL, IA 50112				250.
GRINNELL, IA JULIZ				250.
MONTEZUMA AFTER PROM		N/A	FUND DRIVE	
504 NORTH 4TH STREET				400
MONTEZUMA, IA 50171				100.
		.		
		 	<u> </u>	
		J		
Total from continuation sheets	<u> </u>			
TOTAL HOLL CONTINUE TITOLS			· 	

Enter gross	amounts unless otherwise indicated.		business income		ed by section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_	n service revenue:	code		COGB		
		-				
		į į				
		i l	 .			
f —		- }	·			
· —	and contracts from government agencies	-	****	+		
-	rship dues and assessments					
	on savings and temporary cash			+ +		
investm						1,483.
	ds and interest from securities					73.
	al income or (loss) from real estate:					
	-financed property				-	
					_	
	debt-financed property			+ +		
	al income or (loss) from personal					
propert				+ +		
	vestment income	-	<u> </u>	+ +		
	(loss) from sales of assets other					-6.
than inv		-		+++	· · · · · · · · · · · · · · · · · · ·	
	ome or (loss) from special events		·	+ +		
10 Gross p 11 Other re	rofit or (loss) from sales of inventory			+ +		
		İ				
				+ +		
		1	·	+ +		
_				+ +		
°		·		+ +		
40 Cubtoto	I. Add columns (b), (d), and (e)	-		· .	0	1,550.
	Add columns (0), (d), and (e) .dd line 12, columns (b), (d), and (e)	L		• 1		1,550.
					·· · · · · · · · · · · · · · · · · · ·	1,550.
	heet in line 13 instructions to verify calculations)					
Part X	/I-B Relationship of Activities	to the Acco	mplishment of I	Exempt	Purposes	
Line No	Explain below how each activity for which inc	ome is reported in	column (e) of Part XV	I-∆ contribi	ited importantly to the accom	nlishment of
▼ Time No	the foundation's exempt purposes (other tha			71 001111100	atou importantly to the decom	phomion of
	N/A					
4	N/A					
						
	·		·			
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_			ELL FAMILY FOUN			40 1076124	Do	~~ 1 0
	rt XV	F (2018)	<u>NK BROWNELL, II</u> egarding Transfers to a izations	nd Transactions a	nd Relationships Wit	42–1276134 h Noncharitable		ge 13
1	Did the	_ 	rectly engage in any of the following	no with any other organization	in described in section 501(c)		Yes	No
'			nizations) or in section 527, relating					
а		, ,, , =	ation to a noncharitable exempt or					ı
•	(1) Ca	, -	and to a nononal nacio onempt of	94		1a(1)		Х
		ther assets				1a(2)		Х
b	` '	transactions:					_	
•		ales of assets to a noncharita	ble exempt organization			1b(1)		X
			ncharitable exempt organization			1b(2)		X
	٠,	ental of facilities, equipment,				1b(3)		X
		eimbursement arrangements				1b(4)		X
		oans or loan guarantees				1b(5)		Х
			mbership or fundraising solicitation	ons		1b(6)		X
C			iling lists, other assets, or paid em			1c		X
	or serv	vices given by the reporting for (d) the value of the goods,	"Yes," complete the following sche oundation. If the foundation receiv other assets, or services received.	ed less than fair market valu	e in any transaction or sharing	arrangement, show in		
(a)∟	ine no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers,	transactions, and sharing an	rangeme	nts
			N/A					
_								
						-		
		 .						
						<u> </u>		
								
					-			
					-			
						-		
	ın sect		tly affiliated with, or related to, one in 501(c)(3)) or in section 527?	or more tax-exempt organi	zations described	☐ Yes	X] No
U	11 163	(a) Name of org		(b) Type of organization	(c) Descript	ion of relationship		
		N/A	<u> </u>					
			· · · · · · · · · · · · · · · · · · ·	***				

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
· · · · · · · · · · · · · · · · · · ·		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below? See instr Sign Here TRUSTEE

	Signature of officer or trustee	Date	I ITIE						
	Print/Type preparer's name	Preparer's signature	Date	Check If PTIN					
			,	self- employed					
aid	MITCH E. BOECK	CPAMITCH E. BOECK,	C 115 19	P01312998					
repa	irer Firm's name ► CLIFTON			Firm's EIN ► 41-0746749					
lse O	Only								
	Firm's address ▶ 5550 W	Firm's address ► 5550 WILD ROSE LANE, SUITE 300							
		S MOINES, IA 50266-5		Phone no. 515-222-4400					

Form **990-PF** (2018)

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

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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 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 contributors **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 (entering "N/A" in column (b) instead of the contributor name and address), 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.

Name of organization

BROWNELL FAMILY FOUNDATION

Employer identification number

% FRA	NK BROWNELL, III	42	<u>2-1276134</u>
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	\$ 201,500.	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 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	(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
			
3453 11-08-18		Schedule B (Form	990, 990-EZ, or 990-PF) (201

% FRANK BROWNELL, III

Name of organization

Employer	identification	number
Employer	identification	number

DROWING THATTAL TOOMDITTEON	BROWNELL	FAMILY	FOUNDATION
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42	- 1	\sim	7		וח	A
42		1.	,,	`	1 1	4

art III ·	from any one contributor. Complete columns (a) through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for the y try. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed	less for the year (Enter this info once)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Tanadar of side	
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
	Transieree s name, address, a		Total Cristian Control
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gif	it
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
		(e) Transfer of gif	it
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gif	et .
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTER	EST ON SAV	INGS	AND TEM	IPORARY	CASH	INVESTMENTS	ST	ATEMENT	1
SOURCE			(<i>P</i> REVE PER E		NET	(B) INVESTMENT INCOME		(C) ADJUSTED ET INCOME	2
FIRST AMERICAN BANK		_		5.		5.			5.
FIRST AMERICAN WEAL MANAGEMENT GROUP				1,366.		1,366.		1,36	56.
FIRST AMERICAN WEAI MANAGEMENT US INTER				112.		. 112.		11	L2.
TOTAL TO PART I, L	INE 3	=		1,483.		1,483.		1,48	33.
FORM 990-PF	DIVIDEN	DS Al	ND INTER	REST FR	OM SE	CURITIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	I	CAPITAI GAINS DIVIDENI	R	(A) EVENU R BOO	E NET INVE		(C) ADJUSTI NET INCO	
FEDERATED MONEY MARKET FUND	7	3.		0.	1	73.	73.	-	73.
TO PART I, LINE 4	7	3. =====		0.	1	73.	73.	-	73.
FORM 990-PF		7	ACCOUNT	NG FEE	S		ST	'ATEMENT	3
DESCRIPTION			(A) PENSES R BOOKS	(NET I MENT				(D) CHARITAI PURPOSI	
ACCOUNTING FEES	-		1,650		82	5.	0.	-	0.
TO FORM 990-PF, PG	1, LN 16B		1,650.		82	5.	0.		0.

FORM 990-PF	TAX	ES	ST	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FEDERAL TAXES PAID	11.	0.	0.	0.		
TO FORM 990-PF, PG 1, LN 18	11.	0.	0.	0.		
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE		
DESCRIPTION BANK CHARGES	EXPENSES	NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE		