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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052
2010

For calendar year 2010, or tax year beginning 01-01-2010 , and ending 12-31-2010

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Name of foundation
HNI CHARITABLE FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 1109

City or town, state, and ZIP code
MUSCATINE, IA 527610071

A Employer identification number
42-1246787

B Telephone number (see page 10 of the instructions)
(563) 272-7503

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$** 3,543,124

J Accounting method ☐ Cash ☐ Accrual

☒ Other (specify) Modified cash (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	145,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	17	17		
	4 Dividends and interest from securities.	162,786	162,786		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-177,791			
	b Gross sales price for all assets on line 6a <u>3,147,369</u>				
	7 Capital gain net income (from Part IV , line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	130,012	162,803		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)	27,350	21,000		0
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	2,532	708		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule).	197	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	30,079	21,708		0
	25 Contributions, gifts, grants paid	674,854			674,854
	26 Total expenses and disbursements. Add lines 24 and 25	704,933	21,708		674,854
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-574,921			
	b Net investment income (if negative, enter -0-)		141,095		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	163,931	311,055	311,055
	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 (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	4,032,170	3,308,921	3,232,069
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,196,101	3,619,976	3,543,124	
Liabilities	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 (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	4,196,101	3,619,976	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	4,196,101	3,619,976	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	4,196,101	3,619,976	

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 4,196,101
2	Enter amount from Part I, line 27a	2 -574,921
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 3,621,180
5	Decreases not included in line 2 (itemize) ▶ _____	5 1,204
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 3,619,976

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table		
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-177,791
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	982,921	3,429,228	0 286630
2008	2,005,580	4,959,575	0 404385
2007	2,624,844	5,464,262	0 480366
2006	3,210,175	4,062,251	0 790245
2005	2,895,449	4,533,768	0 638641

2	Total of line 1, column (d).	2	2 600267
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 existence if less than 5 years	3	0 520053
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5.	4	3,608,018
5	Multiply line 4 by line 3.	5	1,876,361
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	1,411
7	Add lines 5 and 6.	7	1,877,772
8	Enter qualifying distributions from Part XII, line 4.	8	674,854

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b		12,822
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-)		0
3 Add lines 1 and 2.		12,822
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		12,822
6 Credits/Payments		
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a520	
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	6d	
7 Total credits and payments Add lines 6a through 6d.		520
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		37
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2,339
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		

Part VII-A Statements Regarding Activities			
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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? 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.		1b	No
c Did the foundation file Form 1120-POL for this year?.		1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.		4a	No
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? If "Yes," attach the statement required by General Instruction T.		5	No
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	Yes
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	Yes
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> IA			
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) of each state as required by General Instruction G? If "No," attach explanation .		8b	Yes
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 year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of DIANNA STELZNER Telephone no (563) 272-7043 Located at 408 E SECOND STREET MUSCATINE IA ZIP+4 527610071			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.			
16	At any time during calendar year 2010, 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?	15		
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country.		16		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (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? (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)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).			
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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
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 2010?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 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 2010.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	5b		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>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 a personal benefit contract?			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, 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	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	3,515,968
b	Average of monthly cash balances.	1b	146,994
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,662,962
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	3,662,962
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	54,944
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,608,018
6	Minimum investment return. Enter 5% of line 5.	6	180,401

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	180,401
2a	Tax on investment income for 2010 from Part VI, line 5.	2a	2,822
b	Income tax for 2010 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,822
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	177,579
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	177,579
6	Deduction from distributable amount (see page 25 of the instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	177,579

Part XII

Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	674,854
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	674,854
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	674,854
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 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7					177,579
2 Undistributed income, if any, as of the end of 2010					
a Enter amount for 2009 only.				0	
b Total for prior years 20__, 20__, 20__			0		
3 Excess distributions carryover, if any, to 2010					
a From 2005.	2,670,673				
b From 2006.	3,014,306				
c From 2007.	2,358,887				
d From 2008.	1,760,714				
e From 2009.	813,514				
f Total of lines 3a through e.		10,618,094			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 674,854					
a Applied to 2009, but not more than line 2a				0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)			0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .		0			
d Applied to 2010 distributable amount.					177,579
e Remaining amount distributed out of corpus		497,275			
5 Excess distributions carryover applied to 2010 (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		11,115,369			
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 amount—see page 27 of the instructions . . .			0		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				0	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011					0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)		0			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)		2,670,673			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a		8,444,696			
10 Analysis of line 9					
a Excess from 2006.	3,014,306				
b Excess from 2007.	2,358,887				
c Excess from 2008.	1,760,714				
d Excess from 2009.	813,514				
e Excess from 2010.	497,275				

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling.

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ 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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	674,854
b Approved for future payment See Additional Data Table				
Total			▶ 3b	213,334

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	17	
4 Dividends and interest from securities.			14	162,786	
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			18	-177,791	
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).		0		-14,988	0
13 Total. Add line 12, columns (b), (d), and (e).			13		-14,988

[illegible]

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

1

Cash.

1a(1)

No

2

Other assets.

1a(2)

No

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

1b(1)

No

2

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

3

Rental of facilities, equipment, or other assets.

1b(3)

No

4

Reimbursement arrangements.

1b(4)

No

5

Loans or loan guarantees.

1b(5)

No

6

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐

Yes

☒

No

b

If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
--------------------------	--------------------------	---------------------------------

Sign Here

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 or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

2011-05-12

Date

Title

Paid Preparer's Use Only

Preparer's Signature

CARMEN KRANTZ

Firm's name

EIDE BAILLY LLP

Firm's address

3999 PENNSYLVANIA AVE SUITE 100
DUBUQUE, IA 52002

Date

Check if self-employed

PTIN

Firm's EIN

Phone no (563) 556-1790

Form 990-PF (2010)

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div>	<div>OMB No 1545-0047</div>
		<div>2010</div>

<div>Name of organization</div> <div>HNI CHARITABLE FOUNDATION</div>	<div>Employer identification number</div> <div>42-1246787</div>
--	---

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

Name of organization HNI CHARITABLE FOUNDATION	Employer identification number 42-1246787
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Part I

Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HNI CORPORATION 408 E 2ND STREET MUSCATINE, IA 527610071 	\$ 145,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization HNI CHARITABLE FOUNDATION	Employer identification number 42-1246787
---	--

Part II

Noncash Property (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>

Name of organization HNI CHARITABLE FOUNDATION	Employer identification number 42-1246787
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Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP + 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP + 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP + 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP + 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP + 4Relationship of transferor to transferee</div>		

Additional Data

Software ID:
Software Version:
EIN: 42-1246787
Name: HNI CHARITABLE FOUNDATION

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
A	PIMCO INVESTMENT GRADE	P		2010-12-31
B	LKCM	P		2010-02-23
C	HARBOR INTERNATIONAL	P		2010-12-31
D	FRANKLIN HIGH INCOME FUND	P		2010-12-31
E	VANGUARD REIT	P		2010-02-23
F	VANGUARD 500	P		2010-12-31
G	CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
A	1,561,900		1,454,135	107,765
B	403,072		556,437	-153,365
C	336,000		450,951	-114,951
D	75,500		68,619	6,881
E	220,513		339,871	-119,358
F	449,300		455,147	-5,847
G	101,084			101,084


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	
		(k) Excess of col (i) over col (j), if any	
A			107,765
B			-153,365
C			-114,951
D			6,881
E			-119,358
F			-5,847
G			101,084


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STAN A ASKREN	PRESIDENT/DIRECTOR 2 00	0	0	0
408 E SECOND ST MUSCATINE,IA 52761				
DIANNA STELZNER	SECRETARY AND TREASURER 2 00	0	0	0
408 E SECOND ST MUSCATINE,IA 52761				
GARY L CARLSON	VICE PRESIDENT/DIRECTOR 2 00	0	0	0
408 E SECOND ST MUSCATINE,IA 52761				
TIM HETH	DIRECTOR 2 00	0	0	0
408 E SECOND ST MUSCATINE,IA 52761				
JACK MICHAELS	DIRECTOR 2 00	0	0	0
408 E SECOND ST MUSCATINE,IA 52761				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN CANCER SOCIETY 2397 CUMBERLAND SQUARE BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH	1,669
AMERICAN CANCER SOCIETY - MENDOTA HEIGHTS 2520 PILOT KNOB ROAD SUITE 150 MENDOTA HEIGHTS,MN 55120	NONE	PUBLIC CHARITY	HEALTH	100
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	NONE	PUBLIC CHARITY	HEALTH	7,565
BIG BROTHERSBIG SISTERS 5511 STAPLES MILL ROAD SUITE 200 RICHMOND,VA 23228	NONE	PUBLIC CHARITY	HEALTH	6,605
BOY SCOUTS OF AMERICA - ILLOWA COUNCIL 47111 N BRADY STREET SUITE 200 DAVENPORT,IA 528063955	NONE	PUBLIC CHARITY	CIVIC	7,000
CEDARTOWN UNITED FUND PO BOX 311 CEDARTOWN,GA 30125	NONE	PUBLIC CHARITY	HEALTH	16,760
CITY OF HOPE NOPI 1500 EAST DUARTE ROAD DUARTE,CA 91010	NONE	PUBLIC CHARITY	CIVIC	2,500
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 11 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	2,000
FAMILY RESOURCES 119 SYCAMORE STREET STE 200 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	2,178
FLICKINGER LEARNING CENTER 413 MULBERRY MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	10,924
HISTORIC MUSCATINE INC 117 WEST SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	10,800
HORNELL YMCA 12 CENTER STREET HORNELL,NY 14843	NONE	PUBLIC CHARITY	CIVIC	16,667
IOWA COLLEGE FOUNDATION 505 5TH AVENUE SUITE 1034 DES MOINES,IA 50309	NONE	PUBLIC CHARITY	EDUCATION	25,000
JUNIOR ACHIEVEMENT 800 12TH AVENUE MOLINE,IL 61265	NONE	PUBLIC CHARITY	EDUCATION	1,756
JUVENILE DIABETES RESEARCH FOUNDATION 701 TENTH STREET SE STE 3612 CEDAR RAPIDS,IA 52403	NONE	PUBLIC CHARITY	HEALTH	4,955
Total  3a				674,854


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LUTHERAN SERVICES IN IOWA 315 IOWA AVENUE SUITE C MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	3,000
MAKE A WISH FOUNDATION 3838 70TH STREET SUITE 101 URBANDALE,IA 503223220	NONE	PUBLIC CHARITY	HEALTH	6,887
MOUNT CARMEL HOSPITAL FOUNDATION 119 WEST ASTOR COLVILLE,WA 99114	NONE	PUBLIC CHARITY	HEALTH	83,333
MT PLEASANT COMMUNITY SCHOOLS FOUNDATION 400 EAST MADISON STREET MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	EDUCATION	6,000
MUSCATINE CHAMBER FOUNDATION SUITE 102 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	2,500
MUSCATINE CHARITIES PO BOX 973 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	5,785
MUSCATINE COMMUNITY COLLEGE 152 COLORADO STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	5,000
MUSCATINE COMMUNITY FOOD PANTRY 119 W MISSISSIPPI DRIVE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	722
MUSCATINE COMMUNITY YMCA 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	8,750
MUSCATINE HUMANE SOCIETY 920 SOUTH HOUSER STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	1,325
MUSCATINE SYMPHONY ORCHESTRA PO BOX 573 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	5,400
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD SUITE 300 FRISCO,TX 75034	NONE	PUBLIC CHARITY	HEALTH	379
NATIONAL KIDNEY FOUNDATION OF IOWA PO BOX 1246 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,034
PARTNERS 4 SUCCESS 415 E SECOND ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	130
PEARL CITY OUTREACH 513 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	180
Total  3a				674,854


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SALVATION ARMY - MUSCATINE 1000 OREGON STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	5,704
SUSAN G KOMEN 301 SOUTH AVENUE BLOOMINGTON,MN 55425	NONE	PUBLIC CHARITY	HEALTH	420
UNITED WAY OF CATAWBA COUNTY 800 17TH ST NW HICKORY,NC 28603	NONE	PUBLIC CHARITY	HEALTH	1,504
UNITED WAY OF DANE COUNTY PO BOX 7548 MADISON,WI 53707	NONE	PUBLIC CHARITY	HEALTH	1,373
UNITED WAY OF FRANKLIN COUNTY PO BOX 342 LOUISBURG,NC 27549	NONE	PUBLIC CHARITY	HEALTH	1,137
UNITED WAY OF GREATER LOS ANGELES 523 WEST SIXTH ST LOS ANGELES,CA 90014	NONE	PUBLIC CHARITY	HEALTH	61
UNITED WAY OF GREATER TWIN CITIES 404 SOUTH 8TH STREET MINNEAPOLIS,MN 55404	NONE	PUBLIC CHARITY	HEALTH	9,969
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE,WA 98104	NONE	PUBLIC CHARITY	HEALTH	3,576
UNITED WAY OF MT PLEASANTHENRY COUNTIES PO BOX 145 MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	HEALTH	5,018
UNITED WAY OF MUSCATINE PO BOX 797 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	91,635
UNITED WAY OF OHIO VALLEY PO BOX 705 OWENSBORO,KY 42302	NONE	PUBLIC CHARITY	HEALTH	2,692
UNITED WAY OF RED WING PO BOX 319 RED WING,MN 55066	NONE	PUBLIC CHARITY	HEALTH	10,681
UNITED WAY OF ROWAN COUNTY PO BOX 5065 SALISBURY,NC 28144	NONE	PUBLIC CHARITY	HEALTH	8,743
UNITED WAY OF SHOALS PO BOX 1228 FLORENCE,AL 35631	NONE	PUBLIC CHARITY	HEALTH	10,388
UNITED WAY OF SOUTHERN TIER 2832 300 CIVIC CENTER PLZ 2 CORNING,NY 148302832	NONE	PUBLIC CHARITY	HEALTH	19,521
Total  3a				674,854


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EASTERN IOWA COMMUNITY COLLEGE DISTRICT 306 WEST RIVER DRIVE DAVENPORT,IA 52801	NONE	PUBLIC CHARITY	EDUCATION	18,115
MUSCATINE COMMUNITY SCHOOL DISTRICT 2900 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	35,000
AMERICAN LEGION 110 S HOUSER ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	250
CITY OF MUSCATINE 215 SYCAMORE ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	5,000
COMMUNITY ACTION OF EASTERN IOWA 148 COLORADO STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	1,761
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	20,975
MINNESOTA VALLEY HUMANE SOCIETY 1313 HIGHWAY 13 EAST BURNSVILLE,MN 55337	NONE	PUBLIC CHARITY	CIVIC	518
MUSCATINE BEYOND 2000 300 EAST 2ND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	50,000
SAFE STREETS 614 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	15,000
MUSCATINE ART CENTER 1314 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	1,000
MUSCATINE CIVIC CHORALE 301 BATTERSON BUILDING 319 EAST SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	250
MUSCATINE ORCHESTRA BOOSTERS PO BOX 902 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	250
360 COMMUNITIES 501 EAST HIGHWAY 13 STE 102 BURNSVILLE,MN 55337	NONE	PUBLIC CHARITY	HEALTH	2,500
AMERICAN HEART ASSOCIATION 600 EAST MASON STE 200 MILWAUKEE,WI 53718	NONE	PUBLIC CHARITY	HEALTH	931
AMERICAN HEART ASSOCIATION WALK 208 S LASALLE STE 1500 CHICAGO,IL 60654	NONE	PUBLIC CHARITY	HEALTH	124
Total  3a				674,854

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN RED CROSS - DANSVILLE NY 57 ELIZABETH STREET DANSVILLE,NY 14437	NONE	PUBLIC CHARITY	HEALTH	2,080
AMERICAN RED CROSS - DES MOINES 2116 GRAND AVENUE DES MOINES,IA 50312	NONE	PUBLIC CHARITY	HEALTH	792
AMERICAN RED CROSS - LAKE CITY 507 S 7TH STREET LAKE CITY,MN 55041	NONE	PUBLIC CHARITY	HEALTH	225
CHARITY WATER 1749 SWEETLAND ROAD MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	500
CROSSROADS 1424 HOUSER STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	903
ECUMENICAL HOUSING DEVELOPMENT GROUP 4205 N FAIRMOUNT ST DAVENPORT,IA 52806	NONE	PUBLIC CHARITY	HEALTH	250
HABITAT FOR HUMANITY - QUAD CITIES 2235 GRANT ST BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH	540
MCSA 312 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	32,180
PREECLAMPSIA FOUNDATION 5353 WAYZATA BLVD STE 207 MINNEAPOLIS,MN 55416	NONE	PUBLIC CHARITY	HEALTH	710
SAMARITAN'S PURSE 801 BAMBOO RD BOONE,NC 28607	NONE	PUBLIC CHARITY	HEALTH	210
SENIOR RESOURCES 1808 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	4,404
SUSAN G KOMEN FOR THE CURE PO BOX 650309 DALLAS,TX 752650309	NONE	PUBLIC CHARITY	HEALTH	550
YWCA - METROPOLITAN CHICAGO 360 N MICHIGAN AVENUE SUITE 800 CHICAGO,IL 60601	NONE	PUBLIC CHARITY	HEALTH	38,260
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	250
GOODWILL OF THE HEARTLAND 1410 SOUTH FIRST AVENUE IOWA CITY,IA 52240	NONE	PUBLIC CHARITY	EDUCATION	10,000
Total  3a				674,854

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
L-M COMMUNITY SCHOOL DISTRICT 14478 170TH STREET LETTS, IA 52754	NONE	PUBLIC CHARITY	EDUCATION	250
MUSCATINE HIGH SCHOOL 2705 CEDAR STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION	5,250
MUSKIE BOOSTER ATHLETICS 2406 LUCAS ST MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION	1,000
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO, MI 490085403	NONE	PUBLIC CHARITY	EDUCATION	1,000
DIVERSITY CENTER OF IOWA 119 SYCAMORE STREET STE 420 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC	4,500
Total  3a				674,854

TY 2010 Investments - Other Schedule**Name:** HNI CHARITABLE FOUNDATION**EIN:** 42-1246787

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD 500 INDEX FUND	FMV	450,769	490,842
VANGUARD REIT	FMV	0	0
PIMCO INVESTMENT GRADE	FMV	1,008,351	968,868
LKCM SMALL CAP EQUITY	FMV	0	0
HARBOR INTERNATIONAL FUND	FMV	402,474	328,148
FRANKLIN HIGH INCOME	FMV	290,409	323,745
VANGUARD INFLATION PROTECTED	FMV	330,997	317,667
PIMCO LOW DURATION	FMV	825,921	802,799

TY 2010 Other Decreases Schedule

Name: HNI CHARITABLE FOUNDATION

EIN: 42-1246787

Description	Amount
PRIOR YEAR ADJUSTMENT FOR COST BASIS OF INVESTMENTS	1,204

TY 2010 Other Expenses Schedule

Name: HNI CHARITABLE FOUNDATION

EIN: 42-1246787

Description	Revenue and Expenses per Books	Net Invest ment Income	Adjusted Net Income	Disbursement s for Charit able Purposes
MISCELLANEOUS	197	0		0

TY 2010 Other Professional Fees Schedule

Name: HNI CHARITABLE FOUNDATION

EIN: 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKER FEES	27,350	21,000		0

TY 2010 Taxes Schedule

Name: HNI CHARITABLE FOUNDATION

EIN: 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	1,824	0		0
FOREIGN TAX	708	708		0