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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

2011

For calendar year 2011, or tax year beginning 01-01-2011 , and ending 12-31-2011

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)
\$ 2,845,728

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)	171,600			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	20	20		
	4 Dividends and interest from securities.	120,572	120,572		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	22,050			
	b Gross sales price for all assets on line 6a <u>713,335</u>				
	7 Capital gain net income (from Part IV, line 2)		22,050		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	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	314,242	142,642		
	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)	26,600	20,000		0
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	6,032	853		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule).	200	0		0
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	32,832	20,853		0
	25 Contributions, gifts, grants paid	944,294			944,294
	26 Total expenses and disbursements. Add lines 24 and 25	977,126	20,853		944,294
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-662,884			
	b Net investment income (if negative, enter -0-)		121,789		
	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	311,055	146,402	146,402
	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)	3,308,921	2,810,690	2,699,326
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,619,976	2,957,092	2,845,728
	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	3,619,976	2,957,092	
	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)	3,619,976	2,957,092	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	3,619,976	2,957,092	

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	3,619,976
2	Enter amount from Part I, line 27a	2	-662,884
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,957,092
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,957,092

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)
1 a	SALE OF PUBLICLY TRADED SECURITIES	P		
b	CAPITAL GAINS DIVIDENDS	P		
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 676,600		691,285	-14,685
b 36,735			36,735
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			-14,685
b			36,735
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	22,050
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))
2010	674,854	3,608,018	0 187043
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

2 Total of line 1, column (d).	2	2 148669
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 429734
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5.	4	3,210,198
5 Multiply line 4 by line 3.	5	1,379,531
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	1,218
7 Add lines 5 and 6.	7	1,380,749
8 Enter qualifying distributions from Part XII, line 4.	8	944,294

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 VIExcise 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		1	2,436
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-)		2	0
3		Add lines 1 and 2.		3	2,436
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	2,436
6		Credits/Payments			
a		2011 estimated tax payments and 2010 overpayment credited to 2011	6a	2,840	
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.		7	2,840
8		Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	404
11		Enter the amount of line 10 to be Credited to 2012 estimated tax 404	Refunded	11	0

Part VII-AStatements 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?		Yes	No
		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)?			No
	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.			
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 \$ 0 (2) On foundation managers \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0			
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 2011 or the taxable year beginning in 2011 (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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country				

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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. <input checked="" type="checkbox"/>	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 2011?.	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?. 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?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2011 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.</i>).	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 2011?	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 23 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	3,125,651
b	Average of monthly cash balances.	1b	133,433
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	3,259,084
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	3,259,084
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	48,886
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,210,198
6	Minimum investment return. Enter 5% of line 5.	6	160,510

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	160,510
2a	Tax on investment income for 2011 from Part VI, line 5.	2a	2,436
b	Income tax for 2011 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,436
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	158,074
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	158,074
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	158,074

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	944,294
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	944,294
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	944,294
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 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				158,074
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2011				
a From 2006.	3,014,306			
b From 2007.	2,358,887			
c From 2008.	1,760,714			
d From 2009.	813,514			
e From 2010.	497,275			
f Total of lines 3a through e.	8,444,696			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 944,294				
a Applied to 2010, 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 2011 distributable amount.				158,074
e Remaining amount distributed out of corpus	786,220			
5 Excess distributions carryover applied to 2011 (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	9,230,916			
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 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2011 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 2006 not applied on line 5 or line 7 (see page 27 of the instructions).	3,014,306			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	6,216,610			
10 Analysis of line 9				
a Excess from 2007. . . .	2,358,887			
b Excess from 2008. . . .	1,760,714			
c Excess from 2009. . . .	813,514			
d Excess from 2010. . . .	497,275			
e Excess from 2011. . . .	786,220			

Part XIV

Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2011	(b) 2010	(c) 2009	(d) 2008	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

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))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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.

a

The name, address, and telephone number of the person to whom applications should be addressed

DIANNA STELZNER
408 E SECOND STREET
MUSCATINE, IA 527610071
(563) 252-7503

b

The form in which applications should be submitted and information and materials they should include

NO SPECIFIC FORMAT IS USED REQUESTS SHOULD INCLUDE TAX STATUS

c

Any submission deadlines

REQUESTS ACCEPTED AT ANY TIME

d

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

PREFERENCE GIVEN TO ORGANIZATIONS IN GEOGRAPHIC AREAS WHERE THE COMPANY HAS A PRESENCE

Form 990-PF (2011)

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)				
<div>a Paid during the year</div> See Additional Data Table				
<div>Total</div>			<div>3a</div>	944,294
<div>b Approved for future payment</div> See Additional Data Table				
<div>Total</div>			<div>3b</div>	106,000

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	20	
4 Dividends and interest from securities.			14	120,572	
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	22,050	
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		142,642	0
13 Total. Add line 12, columns (b), (d), and (e). 13					142,642

[illegible]

Part XVII

1

(a)

2.

1

4.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

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

Organization type (check one)

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

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

General Rule—

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 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 in the heading 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) Use duplicate copies of Part I if additional space is needed

(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 	\$ 171,600	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
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<div>Part II</div> <div>Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed</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>	\$ _____	_____
(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>	\$ _____	_____
(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>	\$ _____	_____
(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>	\$ _____	_____
(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>	\$ _____	_____
(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>	\$ _____	_____

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) ➤ \$

Use duplicate copies of Part III if additional space is needed

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

Additional Data

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

Form 990PF - Special Condition Description:

Special Condition Description

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				
KAREN OLDEROG	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				
360 COMMUNITIES501 EAST HIGHWAY 13 STE 102 BURNSVILLE,MN 55337	NONE	PUBLIC CHARITY	HEALTH	409
AMERICAN CANCER SOCIETY2397 CUMBERLAND SQUARE BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH	2,547
AMERICAN RED CROSS2025 E STREET NW WASHINGTON,DC 20006	NONE	PUBLIC CHARITY	HEALTH	1,605
BIG BROTHERSBIG SISTERS5511 STAPLES MILL ROAD SUITE 200 RICHMOND,VA 23228	NONE	PUBLIC CHARITY	HEALTH	7,278
CEDARTOWN UNITED FUNDPO BOX 311 CEDARTOWN,GA 30125	NONE	PUBLIC CHARITY	HEALTH	15,830
CITY OF HOPE NOPI1500 EAST DUARTE ROAD DUARTE,CA 91010	NONE	PUBLIC CHARITY	CIVIC	2,000
CITY OF MUSCATINE215 SYCAMORE ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	7,381
COMMUNITY ACTION OF EASTERN IOWA148 COLORADO STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	1,584
COMMUNITY FOUNDATION OF GREATER MUSCATINE208 WEST 2ND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	4,870
DIVERSITY CENTER OF IOWA119 SYCAMORE STREET STE 420 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	4,500
FAMILY RESOURCES119 SYCAMORE STREET STE 200 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	2,711
FLICKINGER LEARNING CENTER413 MULBERRY MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	17,985
HISTORIC MUSCATINE INC117 WEST SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	10,800
HORNELL YMCA12 CENTER STREET HORNELL,NY 14843	NONE	PUBLIC CHARITY	CIVIC	16,667
IOWA COLLEGE FOUNDATION505 5TH AVENUE SUITE 1034 DES MOINES,IA 50309	NONE	PUBLIC CHARITY	EDUCATION	25,000
JUNIOR ACHIEVEMENT800 12TH AVENUE MOLINE,IL 61265	NONE	PUBLIC CHARITY	EDUCATION	3,628
JUVENILE DIABETES RESEARCH FOUNDATION701 TENTH STREET SE STE 3612 CEDAR RAPIDS,IA 52403	NONE	PUBLIC CHARITY	HEALTH	4,578
MAKE A WISH FOUNDATION3838 70TH STREET SUITE 101 URBANDALE,IA 503223220	NONE	PUBLIC CHARITY	HEALTH	7,402
MCSA312 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	32,603
MUSCATINE ART CENTER1314 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	5,500
MUSCATINE CHAMBER FOUNDATIONSUITE 102 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	2,500
MUSCATINE CHARITIESPO BOX 973 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	16,810
MUSCATINE COMMUNITY FOOD PANTRY119 W MISSISSIPPI DRIVE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	654
MUSCATINE COMMUNITY SCHOOL DISTRICT2900 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	185,500
MUSCATINE COMMUNITY YMCA1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	8,750
MUSCATINE HIGH SCHOOL2705 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	1,250
MUSCATINE HUMANE SOCIETY920 SOUTH HOUSER STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	603
MUSCATINE ORCHESTRA BOOSTERSPO BOX 902 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	250
MUSCATINE SYMPHONY ORCHESTRAPO BOX 573 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	4,500
NATIONAL BREAST CANCER FOUNDATION2600 NETWORK BLVD SUITE 300 FRISCO,TX 75034	NONE	PUBLIC CHARITY	HEALTH	420

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 <i>Paid during the year</i>				
NATIONAL KIDNEY FOUNDATION OF IOWA PO BOX 1246 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,258
PEARL CITY OUTREACH 513 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	2,500
PREECLAMPSIA FOUNDATION 5353 WAYZATA BLVD STE 207 MINNEAPOLIS,MN 55416	NONE	PUBLIC CHARITY	HEALTH	525
SALVATION ARMY - MUSCATINE 1000 OREGON STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	9,029
SENIOR RESOURCES 1808 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,430
SUSAN G KOMEN FOR THE CURE PO BOX 650309 DALLAS,TX 752650309	NONE	PUBLIC CHARITY	HEALTH	531
UNITED WAY OF CATAWBA COUNTY 800 17TH ST NW HICKORY,NC 28603	NONE	PUBLIC CHARITY	HEALTH	1,091
UNITED WAY OF DANE COUNTY PO BOX 7548 MADISON,WI 53707	NONE	PUBLIC CHARITY	HEALTH	1,579
UNITED WAY OF GREATER TWIN CITIES 404 SOUTH 8TH STREET MINNEAPOLIS,MN 55404	NONE	PUBLIC CHARITY	HEALTH	10,868
UNITED WAY OF MT PLEASANT HENRY COUNTIES PO BOX 145 MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	HEALTH	3,837
UNITED WAY OF MUSCATINE PO BOX 797 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	90,705
UNITED WAY OF OHIO VALLEY PO BOX 705 OWENSBORO,KY 42302	NONE	PUBLIC CHARITY	HEALTH	260
UNITED WAY OF RED WING PO BOX 319 RED WING,MN 55066	NONE	PUBLIC CHARITY	HEALTH	4,971
UNITED WAY OF SHOALS PO BOX 1228 FLORENCE,AL 35631	NONE	PUBLIC CHARITY	HEALTH	10,293
UNITED WAY OF SOUTHERN TIER 2832 300 CIVIC CENTER PLZ 2 CORNING,NY 148302832	NONE	PUBLIC CHARITY	HEALTH	27,762
CITY OF HOPE 1055 WILSHIRE BLVD 12 LOS ANGELES,CA 900172424	NONE	PUBLIC CHARITY	CIVIC	756
EDGERTON WOMEN'S HEALTH CENTER 1510 E RUSHOLME ST DAVENPORT,IA 52803	NONE	PUBLIC CHARITY	CIVIC	575
FOREVER WILD FRIENDS 14955 GALAXIE AVE APPLE VALLEY,MN 551248579	NONE	PUBLIC CHARITY	CIVIC	242
FRIENDS OF PINE CREEK GRIST MILL 1226 VISTA COURT MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	500
GIRL SCOUTS OF EASTERN IA & WESTERN IL 1308 BROADWAY ST WEST BURLINGTON,IA 52655	NONE	PUBLIC CHARITY	CIVIC	300
HABITAT FOR HUMANITY - MUSCATINE COUNTY 2447 SUNFLOWER RIDGE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	430
MUSCATINE COUNTY CONSERVATION BOARD 3300 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	500
MUSCATINE GIRLS SOFTBALL ASSOCIATION 2049 BAYFIELD ROAD MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	175
MUSCATINE COMMUNITY COLLEGE 152 COLORADO STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	250
PRESERVATION IOWA 200 10TH ST 5TH FLOOR DES MOINES,IA 50309	NONE	PUBLIC CHARITY	CULTURE	500
BIRDIES FOR CHARITY 15623 COALTOWN ROAD EAST MOLINE,IL 61244	NONE	PUBLIC CHARITY	EDUCATION	20,000
INDIAN HILLS COMMUNITY COLLEGE 626 INDIAN HILLS DRIVE BLDG 14 OTTUMWA,IA 52501	NONE	PUBLIC CHARITY	EDUCATION	500
MUSKIE BOOSTER CLUB 918 SUNRISE CIRCLE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	750
OPERATION SMILE 6435 TIDEWATER DRIVE NORFOLK,VA 23509	NONE	PUBLIC CHARITY	EDUCATION	299
WILTON LIBRARY AND COMMUNITY CENTER 106 E FOURTH STREET PO BOX 125 WILTON,IA 52778	NONE	PUBLIC CHARITY	EDUCATION	333,333

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 (ATLANTA) 1955 MONROE DRIVE NE ATLANTA,GA 30324	NONE	PUBLIC CHARITY	HEALTH	1,000
CHARGE SYNDROME FOUNDATION 141 MIDDLE NECK RD SANDS POINT,NY 11050	NONE	PUBLIC CHARITY	HEALTH	265
CHILDREN'S MIRACLE NETWORK HOSPITALS 5144 WESTLAWN IOWA CITY,IA 52242	NONE	PUBLIC CHARITY	HEALTH	618
COLVILLE FOOD BANK 210 S WYNNE STREET COLVILLE,WA 99114	NONE	PUBLIC CHARITY	HEALTH	285
CYSTIC FIBROSIS FOUNDATION 4150 WESTOWN PARKWAY STE 20 WEST DES MOINES,IA 50266	NONE	PUBLIC CHARITY	HEALTH	457
ERIKA KATE FOUNDATION 217-1/2 E SECOND ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,591
HABITAT FOR HUMANITY LAKE COUNTY 315 N MARTIN LUTHER KING JR DR WAUKEGAN,IL 60085	NONE	PUBLIC CHARITY	HEALTH	10,000
LEUKEMIA & LYMPHOMA SOCIETY 8033 UNIVERSITY BLVD DES MOINES,IA 50325	NONE	PUBLIC CHARITY	HEALTH	265
LUPUS FOUNDATION 3839 MERLE HAY RD DES MOINES,IA 503100174	NONE	PUBLIC CHARITY	HEALTH	350
MINNESOTA ASSISTANCE COUNCIL FOR VETS 360 ROBERT STREET N SUITE 306 ST PAUL,MN 55101	NONE	PUBLIC CHARITY	HEALTH	350
MUSCATINE COMMUNITY HEALTH ASSOCIATION 215 SYCAMORE ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	200
MUSCULAR DYSTROPHY ASSOCIATION 852 MIDDLE ROAD 402 BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH	1,286
NAMI-NAT'L ALLIANCE FOR MENTAL ILLNESS 1706 BRADY STREET STE 106 DAVENPORT,IA 52803	NONE	PUBLIC CHARITY	HEALTH	973
PONSETI INTERNATIONAL ASSOCIATION 118 CMAB IOWA CITY,IA 52242	NONE	PUBLIC CHARITY	HEALTH	300
RONALD MCDONALD HOUSE OF ROCHESTER 850 2ND ST SW ROCHESTER,MN 55902	NONE	PUBLIC CHARITY	HEALTH	2,500
SHRINERS CLUB OF LOUISA COUNTY 24546 118TH ST COLUMBUS JUNCTION,IA 52738	NONE	PUBLIC CHARITY	HEALTH	325
SPECIAL OLYMPICS OF MUSCATINE 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	251
VILLAGE HEALTH WORKS PO BOX 75 NEW YORK,NY 10013	NONE	PUBLIC CHARITY	HEALTH	425
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE,FL 32256	NONE	PUBLIC CHARITY	HEALTH	839
YES EDUCATION FOUNDATION 97 JAIL SPRINGS ROAD RUSSELLVILLE,AL 35653	NONE	PUBLIC CHARITY	HEALTH	150
Total  3a				944,294

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)				
b <i>Approved for future payment</i>				
CIAT LANDSCAPE COMMITTEE215 SYCAMORE ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	OPERATING	10,000
FLICKINGER LEARNING CENTER413 MULBERRY MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	OPERATING	12,000
JUNIOR ACHIEVEMENT800 12TH AVENUE MOLINE,IL 61265	NONE	PUBLIC CHARITY	OPERATING	20,000
TRINITY1518 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	OPERATING	64,000
Total ▶ 3b				106,000

TY 2011 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	AT COST	371,252	403,736
PIMCO INVESTMENT GRADE	AT COST	857,142	815,701
HARBOR INTERNATIONAL FUND	AT COST	367,849	261,903
FRANKLIN HIGH INCOME	AT COST	253,689	272,364
VANGUARD INFLATION PROTECTED	AT COST	259,381	269,939
PIMCO LOW DURATION	AT COST	701,377	675,683

TY 2011 Other Expenses Schedule

Name: HNI CHARITABLE FOUNDATION

EIN: 42-1246787

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	200	0		0

TY 2011 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	26,600	20,000		0

TY 2011 Taxes Schedule**Name:** HNI CHARITABLE FOUNDATION**EIN:** 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	5,179	0		0
FOREIGN TAX	853	853		0