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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

2012
Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation HNI CHARITABLE FOUNDATION		A Employer identification number 42-1246787	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 1109		B Telephone number (see instructions) (563) 272-7503	
City or town, state, and ZIP code MUSCATINE, IA 527610071		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 2,836,611		J Accounting method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>Modified cash</u> (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 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)	443,396			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18	18		
	4 Dividends and interest from securities.	113,202	113,202		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	35,997			
	b Gross sales price for all assets on line 6a <u>595,795</u>				
	7 Capital gain net income (from Part IV , line 2)		35,997		
	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	592,613	149,217		
	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)	27,100	20,200		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,725	689		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	29,825	20,889		0
	25 Contributions, gifts, grants paid	766,431			766,431
	26 Total expenses and disbursements. Add lines 24 and 25	796,256	20,889		766,431
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-203,643			
	b Net investment income (if negative, enter -0-)		128,328		
	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	146,402	76,950	76,950
	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)	2,810,690	2,676,499	2,759,661
	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)	2,957,092	2,753,449	2,836,611	
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	2,957,092	2,753,449	
	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)	2,957,092	2,753,449	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	2,957,092	2,753,449	

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	2,957,092
2	Enter amount from Part I, line 27a	2	-203,643
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,753,449
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	2,753,449

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 575,000		559,798	15,202
b 20,795			20,795
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			15,202
b			20,795
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	35,997
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 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))
2011	944,294	3,210,198	0 294154
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

2 Total of line 1, column (d).	2	1 652578
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 330516
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5.	4	3,062,106
5 Multiply line 4 by line 3.	5	1,012,075
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	1,283
7 Add lines 5 and 6.	7	1,013,358
8 Enter qualifying distributions from Part XII, line 4.	8	766,431

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

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	2,567
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	2,567
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	2,567
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a	2,440	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	800	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments Add lines 6a through 6d.		7	3,240
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	673
11		Enter the amount of line 10 to be Credited to 2013 estimated tax 673	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 instructions) 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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? 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 instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶N/A				
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 2012, 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		No
See 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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 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 2012 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 2012.</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 2012?	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 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 instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 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 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 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 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 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	2,950,377
b	Average of monthly cash balances.	1b	158,360
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,108,737
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	3,108,737
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	46,631
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,062,106
6	Minimum investment return. Enter 5% of line 5.	6	153,105

Part XI

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

1	Minimum investment return from Part X, line 6.	1	153,105
2a	Tax on investment income for 2012 from Part VI, line 5.	2a	2,567
b	Income tax for 2012 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,567
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	150,538
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	150,538
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	150,538

Part XII

Qualifying Distributions (see 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	766,431
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	766,431
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 instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	766,431
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 instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				150,538
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007.	2,358,887			
b From 2008.	1,760,714			
c From 2009.	813,514			
d From 2010.	497,275			
e From 2011.	786,220			
f Total of lines 3a through e.	6,216,610			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 766,431				
a Applied to 2011, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2012 distributable amount.				150,538
e Remaining amount distributed out of corpus	615,893			
5 Excess distributions carryover applied to 2012 (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	6,832,503			
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 instructions		0		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .	2,358,887			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a.	4,473,616			
10 Analysis of line 9				
a Excess from 2008. . . .	1,760,714			
b Excess from 2009. . . .	813,514			
c Excess from 2010. . . .	497,275			
d Excess from 2011. . . .	786,220			
e Excess from 2012. . . .	615,893			

Part XIV

Private Operating Foundations (see 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 2012, 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) 2012	(b) 2011	(c) 2010	(d) 2009	
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 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail 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 (2012)

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> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	766,431
<div>b Approved for future payment</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3b</div>	1,013,500

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See 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	18	
4 Dividends and interest from securities.			14	113,202	
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	35,997	
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		149,217	0
13 Total. Add line 12, columns (b), (d), and (e).			13		149,217

[illegible]

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?		Yes	No
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.			

[illegible]

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.

* * * * *

2013-06-04

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below (see instr. 7)? ☒ **Yes** ☐ **No**

**Paid
Preparer
Use
Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	CARMEN KRANTZ	CARMEN KRANTZ	2013-05-30		P00031958
	Firm's name <input type="checkbox"/>	EIDE BAILLY LLP		Firm's EIN <input type="checkbox"/> 45-0250958	
		3999 PENNSYLVANIA AVE SUITE 100			
	Firm's address <input type="checkbox"/>	DUBUQUE, IA 52002		Phone no (563) 556-1790	

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 <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 2397 CUMBERLAND SQUARE BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH	1,626
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	NONE	PUBLIC CHARITY	HEALTH	1,331
BIG BROTHERSBIG SISTERS 5511 STAPLES MILL ROAD SUITE 200 RICHMOND,VA 23228	NONE	PUBLIC CHARITY	HEALTH	7,967
BIRDIES FOR CHARITY 15623 COALTOWN ROAD EAST MOLINE,IL 61244	NONE	PUBLIC CHARITY	EDUCATION	20,000
CEDARTOWN UNITED FUND PO BOX 311 CEDARTOWN,GA 30125	NONE	PUBLIC CHARITY	HEALTH	13,760
CHILDREN'S MIRACLE NETWORK HOSPITALS 5144 WESTLAWN IOWA CITY,IA 52242	NONE	PUBLIC CHARITY	HEALTH	765
CITY OF HOPE 1055 WILSHIRE BLVD 12 LOS ANGELES,CA 900172424	NONE	PUBLIC CHARITY	CIVIC	731
COMMUNITY ACTION OF EASTERN IOWA 148 COLORADO STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	5,489
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	10,340
CYSTIC FIBROSIS FOUNDATION 4150 WESTOWN PARKWAY STE 20 WEST DES MOINES,IA 50266	NONE	PUBLIC CHARITY	HEALTH	265
DIVERSITY CENTER OF IOWA 119 SYCAMORE STREET STE 420 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	4,500
ERIKA KATE FOUNDATION 217- 1/2 E SECOND ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	200
FAMILY RESOURCES 119 SYCAMORE STREET STE 200 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,096
FLICKINGER LEARNING CENTER 413 MULBERRY MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	9,899
FRIENDS OF PINE CREEK GRIST MILL 1226 VISTA COURT MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	500

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>				
HABITAT FOR HUMANITY - MUSCATINE COUNTY 2447 SUNFLOWER RIDGE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	526
HISTORIC MUSCATINE INC 117 WEST SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	11,500
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	1,145
JUVENILE DIABETES RESEARCH FOUNDATION 701 TENTH STREET SE STE 3612 CEDAR RAPIDS,IA 52403	NONE	PUBLIC CHARITY	HEALTH	6,463
LEUKEMIA & LYMPHOMA SOCIETY 8033 UNIVERSITY BLVD DES MOINES,IA 50325	NONE	PUBLIC CHARITY	HEALTH	290
MAKE A WISH FOUNDATION 3838 70TH STREET SUITE 101 URBANDALE,IA 503223220	NONE	PUBLIC CHARITY	HEALTH	12,501
MCSA 312 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	32,295
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	7,874
MUSCATINE COMMUNITY FOOD PANTRY 119 W MISSISSIPPI DRIVE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	760
MUSCATINE COMMUNITY SCHOOL DISTRICT 2900 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION,LISTTOTAL 0	45,000
MUSCATINE COMMUNITY YMCA 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	8,750
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


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>				
MUSCATINE HIGH SCHOOL 2705 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	2,250
MUSCATINE HUMANE SOCIETY 920 SOUTH HOUSER STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	914
MUSCATINE SYMPHONY ORCHESTRA PO BOX 573 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE	4,500
MUSKIE BOOSTER CLUB 918 SUNRISE CIRCLE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	250
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD SUITE 300 FRISCO,TX 75034	NONE	PUBLIC CHARITY	HEALTH	375
OPERATION SMILE 6435 TIDEWATER DRIVE NORFOLK,VA 23509	NONE	PUBLIC CHARITY	EDUCATION	340
PEARL CITY OUTREACH 513 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	4,000
SALVATION ARMY - MUSCATINE 1000 OREGON STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	4,610
SENIOR RESOURCES 1808 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,137
SPECIAL OLYMPICS OF MUSCATINE 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	365
SUSAN G KOMEN FOR THE CURE PO BOX 650309 DALLAS,TX 752650309	NONE	PUBLIC CHARITY	HEALTH	520
UNITED WAY OF CATAWBA COUNTY 800 17TH ST NW HICKORY,NC 28603	NONE	PUBLIC CHARITY	HEALTH	276
UNITED WAY OF DANE COUNTY PO BOX 7548 MADISON,WI 53707	NONE	PUBLIC CHARITY	HEALTH	1,872
UNITED WAY OF GREATER TWIN CITIES 404 SOUTH 8TH STREET MINNEAPOLIS,MN 55404	NONE	PUBLIC CHARITY	HEALTH	11,419
UNITED WAY OF MT PLEASANTHENRY COUNTIES PO BOX 145 MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	HEALTH	3,874

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>				
UNITED WAY OF MUSCATINE PO BOX 797 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	90,637
UNITED WAY OF RED WING PO BOX 319 RED WING,MN 55066	NONE	PUBLIC CHARITY	HEALTH	1,886
UNITED WAY OF SHOALS PO BOX 1228 FLORENCE,AL 35631	NONE	PUBLIC CHARITY	HEALTH	9,885
UNITED WAY OF SOUTHERN TIER 2832 300 CIVIC CENTER PLZ 2 CORNING,NY 148302832	NONE	PUBLIC CHARITY	HEALTH	31,706
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE,FL 32256	NONE	PUBLIC CHARITY	HEALTH	740
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FLR 17 CHICAGO,IL 60601	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	452
AMERICAN CANCER SOCIETY - SPOKANE 920 N WASHINGTON ST 200 SPOKANE,WA 99201	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	1,229
CENTRAL MIDDLE SCHOOL 901 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	300
CHINESE ASSOCIATION OF IOWA 3816 INGERSOLL AVE DES MOINES,IA 50323	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	1,500
DOWNTOWN ACTION ALLIANCE 208 W SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	250
FRIENDS OF THE MUSCATINE ART CENTER 1314 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS	500
GEISINGER HEALTH SYSTEMS FOUNDATION 100 N ACADEMY AVE DANVILLE,PA 17822	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	1,000
GREAT RIVER DAYS INC PO BOX 1624 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	500
HEARTLAND HARMONY CHORUS 3601 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS - SPRING CONCERT	250
IOWA DONOR NETWORK 550 MADISON AVENUE NORTH LIBERTY,IA 52317	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	940

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				
IOWA ENGINEERING SOCIETY - MUSCATINE 225 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	500
ISU BAJA TEAM 2025 BLACK ENGINEERING AMES,IA 50011	NONE	PUBLIC CHARITY	EDUCATION	500
KEEP MUSCATINE BEAUTIFUL 2500 WIGGENS ROAD MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	475
KIWANIS CLUB OF MUSCATINE 225 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	200
LAKE CITY FOOD SHELF 507 S 7TH STREET LAKE CITY,MN 55041	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	283
MUSCATINE CIVIC CHORALE 602 W FULLIAM STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS	250
QUAD CITY ANIMAL WELFARE CENTER 724 WEST SECOND AVE MILAN,IL 61264	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	120
RONALD MCDONALD HOUSE CHARITIES 730 HAWKINS DRIVE IOWA CITY,IA 52246	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	325
UNIVERSITY OF IOWA FOUNDATION 1 WEST PARK ROAD IOWA CITY,IA 52242	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	461
WAYLAND FIRE AND AMBULANCE 14 EAST NAPLES STREET WAYLAND,NY 14572	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	6,842
WEST LIBERTY ROTARY CLUB PO BOX 48 WEST LIBERTY,IA 52776	NONE	PUBLIC CHARITY	EDUCATION	250
MAIN STREET MOUNT PLEASANT 124 SOUTH MAIN STREET MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	CIVIC AND COMMUNITY	20,000
POLK COUNTY SCHOOL DISTRICT 612 SOUTH COLLEGE STREET CEDARTOWN,GA 30125	NONE	PUBLIC CHARITY	EDUCATION	60,000
TRINITY MUSCATINE 1518 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	64,000
TRINITY MUSCATINE CAPITAL CAMPAIGN 1518 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	200,000
Total  3a				766,431

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	4,000
JUNIOR ACHIEVEMENT800 12TH AVENUE MOLINE,IL 61265	NONE	PUBLIC CHARITY	OPERATING	20,000
TRINITY1518 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	OPERATING	800,000
REBUILDING TOGETHER1111 NINTH STREET SUITE 265 DES MOINES,IA 50314	NONE	PUBLIC CHARITY	OPERATING	7,000
WAYLAND COHOCTON SCHOOL DISTRICT2350 NEWYORK 63 WAYLAND,NY 14572	NONE	PUBLIC CHARITY	OPERATING	12,500
WASHINGTON UNIVERSITY OLIN SCHOOL OF BUS1 BROOKINGS DR ST LOUIS,MO 63130	NONE	PUBLIC CHARITY	OPERATING	150,000
WORLD FOOD PRIZE666 GRAND AVENUE DES MOINES,IA 50309	NONE	PUBLIC CHARITY	OPERATING	10,000
Total			3b	1,013,500

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

2012

Name of the 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, total 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 total 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 line H of its Form 990-EZ or on Part I, 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
--	---

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	HNI CORPORATION 408 E 2ND STREET MUSCATINE, IA 527610071 	\$ 443,396	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)

Name of organization HNI CHARITABLE FOUNDATION	Employer identification number 42-1246787
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

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 that total 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>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(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>
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	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(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>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(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>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

TY 2012 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	333,174	404,603
PIMCO INVESTMENT GRADE	AT COST	810,879	830,549
HARBOR INTERNATIONAL FUND	AT COST	339,587	291,899
FRANKLIN HIGH INCOME	AT COST	246,741	279,578
VANGUARD INFLATION PROTECTED	AT COST	256,633	272,420
PIMCO LOW DURATION	AT COST	689,485	680,612

TY 2012 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	27,100	20,200		0

TY 2012 Taxes Schedule**Name:** HNI CHARITABLE FOUNDATION**EIN:** 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	2,036	0		0
FOREIGN TAX	689	689		0