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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

Room/suite

B Telephone number (see instructions)
(563) 272-7503

City or town, state or province, country, and ZIP or foreign postal code
MUSCATINE, IA 527610071

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

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

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 1,267,553

J Accounting method ☐ Cash ☐ Accrual ☑ Other (specify) Modified cash
(Part I, column (d) must be on cash basis.)

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

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)	679,446			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	1,010	1,010		
	4	Dividends and interest from securities	75,188	75,188		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-78,150			
	b	Gross sales price for all assets on line 6a 2,083,988				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	677,494	76,198		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	27,647	20,303		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	429	306		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	28,076	20,609		0
	25	Contributions, gifts, grants paid	732,103			732,103
	26	**Total expenses and disbursements.** Add lines 24 and 25	760,179	20,609		732,103
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-82,685			
	b	**Net investment income** (if negative, enter -0-)		55,589		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	74,719	94,539	94,539
	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 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)	2,377,846	2,275,341	1,173,014
	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)	2,452,565	2,369,880	1,267,553
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** ▶ ☑ **and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	2,452,565	2,369,880	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ **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 instructions)	2,452,565	2,369,880	
	31	**Total liabilities and net assets/fund balances** (see instructions)	2,452,565	2,369,880	

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	2,452,565
2	Enter amount from Part I, line 27a	2	-82,685
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	2,369,880
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	2,369,880

Part IV Capital Gains and Losses for Tax on Investment Income

	List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase **(b)** D—Donation	Date acquired **(c)** (mo , day, yr)	Date sold **(d)** (mo , day, yr)
1 a	SALE OF PUBLICLY TRADED SECURITIES	P		
b	CAPITAL GAINS DIVIDENDS	P		
c				
d				
e				

	(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
a	2,076,419		2,162,138	-85,719
b	7,569			7,569
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	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) **or (l)** Losses (from col (h))
a				-85,719
b				7,569
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	-78,150
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 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))
2014	973,532	2,830,918	0 343893
2013	695,513	2,891,739	0 240517
2012	766,431	3,062,106	0 250295
2011	944,294	3,210,198	0 294154
2010	674,854	3,608,018	0 187043

2	**Total** of line 1, column (d)	2	1 315902
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 263180
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	2,713,338
5	Multiply line 4 by line 3	5	714,096
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	556
7	Add lines 5 and 6	7	714,652
8	Enter qualifying distributions from Part XII, line 4	8	732,103

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 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b		1	556
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	556
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	556
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a 1,120		
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	1,120
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ 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	564
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 564 **Refunded** ▶		11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		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 2015 or the taxable year beginning in 2015 (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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2015, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ 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) ☐ Yes ☑ 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 instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☑ 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? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)*	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 2015?	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))? ☐ Yes ☑ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ 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? ☐ Yes ☑ 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 ▶ ☐

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? ☐ Yes ☐ 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? ☐ Yes ☑ 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? ☐ Yes ☑ 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	Contributions to employee benefit plans and deferred **(d)** compensation	Expense account, **(e)** 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 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	2,499,586
b	Average of monthly cash balances		1b	255,072
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	2,754,658
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	2,754,658
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	41,320
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4		5	2,713,338
6	**Minimum investment return.**Enter 5% of line 5		6	135,667

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	135,667
2a	Tax on investment income for 2015 from Part VI, line 5	2a 556		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	556
3	Distributable amount before adjustments Subtract line 2c from line 1		3	135,111
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	135,111
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	135,111

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	732,103
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	732,103
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	556
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4		6	731,547

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				135,111
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010 497,275				
b From 2011 786,220				
c From 2012 615,893				
d From 2013 553,001				
e From 2014 834,152				
f **Total** of lines 3a through e	3,286,541			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 732,103				
a Applied to 2014, 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 2015 distributable amount				135,111
e Remaining amount distributed out of corpus	596,992			
5 Excess distributions carryover applied to 2015	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,883,533			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	497,275			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	3,386,258			
10 Analysis of line 9				
a Excess from 2011 786,220				
b Excess from 2012 615,893				
c Excess from 2013 553,001				
d Excess from 2014 834,152				
e Excess from 2015 596,992				

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 2015, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 address 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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				732,103
b *Approved for future payment* FLICKINGER LEARNING CENTER 413 MULBERRY MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	FLICKINGER LEARNING CENTER PROJECT	3,250
UNIVERSITY OF NORTHERN IOWA 205 COMMONS CEDAR FALLS,IA 50614	NONE	PUBLIC CHARITY	SCHINDLER EDUCATION CENTER PROJECT	1,000,000
Total . . . . . ▶ **3b**				1,003,250

Part XVI-A Analysis of Income-Producing Activities

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	1,010	
4 Dividends and interest from securities			14	75,188	
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	-78,150	
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		-1,952	0
13 **Total.** Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	-1,952

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

****** | 2016-06-13 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
CARMEN KRANTZ		2016-06-10		P00031958

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶ 45-0250958

Firm's address ▶ 1545 ASSOCIATES DR STE 101 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	Contributions to employee benefit plans and deferred **(d)** compensation	Expense account, **(e)** other allowances
STAN A ASKREN 408 E SECOND ST MUSCATINE,IA 52761	PRESIDENT/DIRECTOR 2.00	0	0	0
DIANNA STELZNER 408 E SECOND ST MUSCATINE,IA 52761	SECRETARY AND TREASURER 2.00	0	0	0
GARY L CARLSON 408 E SECOND ST MUSCATINE,IA 52761	VICE PRESIDENT/DIRECTOR 2.00	0	0	0
TIM HETH 408 E SECOND ST MUSCATINE,IA 52761	DIRECTOR 2.00	0	0	0
JACK MICHAELS 408 E SECOND ST MUSCATINE,IA 52761	DIRECTOR 2.00	0	0	0
KAREN OLDEROG 408 E SECOND ST MUSCATINE,IA 52761	DIRECTOR 2.00	0	0	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FLR 17 CHICAGO,IL 60601	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	1,479
AMERICAN CANCER SOCIETY 2397 CUMBERLAND SQUARE BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	3,039
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA,IA 52233	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICES	310
AUTISM SOCIETY OF AMERICA 4340 EAST WEST HWY STE 350 BETHESDA,MD 20814	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICES	617
BIG BROTHERSBIG SISTERS 5511 STAPLES MILL ROAD SUITE 200 RICHMOND,VA 23228	NONE	PUBLIC CHARITY	HEALTH - BOWL FOR KIDS SAKE AND MEMBER MATCH	6,748
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 & HUMAN SERVICES	16,283
CITY OF HOPE 1055 WILSHIRE BLVD 12 LOS ANGELES,CA 900172424	NONE	PUBLIC CHARITY	CIVIC - SALES MEETING AND MEMBER MATCH	8,530
CITY OF MUSCATINE 215 SYCAMORE STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	1,693
CITY OF NEW BOSTON 405 MAIN ST NEW BOSTON,IL 61272	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - BALL DIAMOND PROJECT	1,000
CLUB M MENTORING PROGRAM 127 NORTH MAIN MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	EDUCATION	370
COMMUNITY ACTION OF EASTERN IOWA 148 COLORADO STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC - TECHNOLOGY CENTER	795
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC - MEMBER MATCH AND MUSCATINE BEAUTIFUL FUND, PHASE II MGMT SYSTEM	12,856
CREATIVE OUTLET THEATRE ENSEMBLE 123 NORTH JEFFERSON MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	CULTURE & ARTS	595
CROSSROADS 1424 HOUSE STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	832
Total . . . . . ▶ **3a**				732,103

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
DIVERSITY CENTER OF IOWA 119 SYCAMORE STREET STE 420 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC - EDUCATION OUTREACH PROGRAMS	5,000
DOWN SYNDROME FOUNDATION 17186 DANIEL LANE EDEN PRAIRIE,MN 55346	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	410
DOWNTOWN ACTION ALLIANCE 208 W SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - GIRLS GETAWAY	250
ERIKA KATE FOUNDATION 217-1/2 E SECOND ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - QUAD CITY MARATHON TEAM AND MEMBER MATCH	902
ESPECIALLY FOR YOU 701 10TH ST SE CEDAR RAPIDS,IA 52401	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	3,669
FELLOWSHIP CUP 203 N MAIN MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	150
FLICKINGER LEARNING CENTER 413 MULBERRY MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION - BUILDING FACADE, PEARL CITY OUTREACH MEALS AND MEMBER MATCH	71,156
FRIENDS OF PINE CREEK GRIST MILL 1226 VISTA COURT MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC - PROGRAMS	500
GILDA'S CLUB MUSCATINE 3241 MULBERRY AVE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - RUNWAY RED SPONSORSHIP	500
GRANT ELEMENTARY SCHOOL 705 BARRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	1,000
GREAT RIVER DAYS INC PO BOX 1624 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - GREAT RIVER DAYS SPONSOR	1,000
GREAT RIVER MEDICAL CENTER 1221 S GEAR AVE W BURLINGTON,IA 52655	NONE	PUBLIC CHARITY	HEALTH - WIG PROGRAM	1,171
HENRY COUNTY HEALTH CENTER FOUNDATION 407 S WHITE STREET MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	CLOSE TO HOME	40,000
HIGHWAY 61 COALITION 610 NORTH 4TH STE 200 BURLINGTON,IA 52601	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	250
HISTORIC MUSCATINE INC 117 WEST SECOND STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE - ANNUAL PARTNERSHIP CONTRIBUTION	11,193
Total . . . . . ▶ **3a**				732,103

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
IOWA COLLEGE FOUNDATION 505 5TH AVE STE 1034 DES MOINES,IA 503092396	NONE	PUBLIC CHARITY	EDUCATION - 2015 SUPPORT	1,000
IOWA DONOR NETWORK 550 MADISON AVENUE NORTH LIBERTY,IA 52317	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	710
IOWA ENGINEERING SOCIETY - MUSCATINE 225 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	250
IOWA MATH AND SCIENCE ED PARTNERSHIP 214 EAST BARTLETT HALL CEDAR FALLS,IA 506140298	NONE	PUBLIC CHARITY	EDUCATION - 2015 IOWA STEM SUMMIT	1,000
ISU BAJA TEAM 2025 BLACK ENGINEERING AMES,IA 50011	NONE	PUBLIC CHARITY	EDUCATION - IOWA STATE BAJA TEAM	500
JUNIOR ACHIEVEMENT 800 12TH AVENUE MOLINE,IL 61265	NONE	PUBLIC CHARITY	EDUCATION - HALL OF FAME SPONSOR, TECHNOLOGY CENTER, MEMBER MATCH	1,790
JUVENILE DIABETES RESEARCH FOUNDATION 701 TENTH STREET SE STE 3612 CEDAR RAPIDS,IA 52403	NONE	PUBLIC CHARITY	HEALTH	1,748
KIDS AGAINST HUNGER 1301 W SANDERS MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	HEALTH - MEMBER MATCH	1,090
KIWANIS CLUB OF MUSCATINE 225 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	100
LIVING LANDS & WATERS 17624 ROUTE 84N EAST MOLINE,IL 61244	NONE	PUBLIC CHARITY	CIVIC - MEMBER MATCH	490
LOUISA DEVELOPMENT GROUP 317 VAN BUREN ST WAPELLO,IA 52653	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - 2015 SPONSORSHIP	500
MAKE A WISH FOUNDATION 3838 70TH STREET SUITE 101 URBANDALE,IA 503223220	NONE	PUBLIC CHARITY	HEALTH	15,025
MAYO CLINIC MELANOMA RESEARCH 200 1ST ST SW ROCHESTER,MN 559050001	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	1,250
MCSA 312 IOWA AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH - NEW BEGINNINGS SPONSORSHIP, ADVENTURELAND TRIP, MEMBER MATCH	36,928
MULTIPLE SCLEROSIS SOCIETY 200 12TH AVENUE SOUTH MINNEAPOLIS,MN 55415	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	425
Total . . . . . ▶ **3a**				732,103

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MUSCATINE ART CENTER 1314 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	FOR THE LOVE OF ART EVENT	500
MUSCATINE BOYS BASKETBALL 2705 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION	2,500
MUSCATINE CHAMBER FOUNDATION SUITE 102 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	4TH OF JULY FIREWORKS FUND, CAT GRANT	5,500
MUSCATINE CHARITIES PO BOX 973 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION - 2015 FUNDRAISER, MEMBER MATCH	9,025
MUSCATINE CIVIC CHORALE 602 W FULLIAM STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS	250
MUSCATINE COMMUNITY COLLEGE 152 COLORADO ST MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS - CONCERT CHOIR	1,000
MUSCATINE COMMUNITY FOOD PANTRY 119 W MISSISSIPPI DRIVE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - BAGS OF BLESSINGS, MEMBER MATCH	3,863
MUSCATINE COMMUNITY SCHOOL DISTRICT 2900 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION - HIGH SCHOOL BASESBALL AND RACE FOR THE SCHOOLS	5,500
MUSCATINE COMMUNITY YMCA 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - 2015 COMMUNITY SPONSOR PARTNER AND TRIATHLON SPONSOR	8,750
MUSCATINE FLAMES 110 UNION STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC AND COMMUNITY MUSCATINE - TEAM SPONSORSHIP	500
MUSCATINE GIRLS SOFTBALL ASSOCIATION 203 MEADOWVIEW LANE FRUITLAND,IA 52749	NONE	PUBLIC CHARITY	EDUCATION - SPONSOR FEE FOR 2015	175
MUSCATINE HIGH SCHOOL 2705 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION - CAKE AUCTION, DRUM CORP, SPORTS PROGRAM, MHS ROBOTICS TEAM	3,225
MUSCATINE HUMANE SOCIETY 920 SOUTH HOUSER STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC	2,139
MUSCATINE KIWANIS CLUB 1814 GREEN ACRES DRIVE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	PEANUT DAYS	100
MUSCATINE LIONS CLUB PO BOX 173 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - SOUP SUPPER	250
Total . . . . . ▶ **3a**				732,103

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MUSCATINE ORCHESTRA BOOSTERS PO BOX 902 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS - SCHOOL ORCHESTRAS	500
MUSCATINE SYMPHONY ORCHESTRA PO BOX 573 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CULTURE & ARTS	5,500
MUSKIE BOOSTER CLUB 2705 CEDAR STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	EDUCATION - 2015 GOLF FUNDRAISER	500
NATIONAL ALLIANCE FOR MENTAL ILLNESS 1706 BRADY STREET STE 101 DAVENPORT,IA 52803	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	630
NEW KINGDOM TRAIL RIDERS 4343 16TH STREET 305 MILAN,IL 61265	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	330
PEARL CITY OUTREACH 513 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - PARKING LOT	1,000
PREECLAMPSIA FOUNDATION 6905 N WICKHAM RD STE 302 MELBOURNE,FL 32940	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	270
PREVENT CHILD ABUSE LOUISA COUNTY 317 VAN BUREN ST WAPELLO,IA 52653	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - STORK'S NEST PROGRAM	500
QUAD CITY ANIMAL WELFARE CENTER 724 WEST SECOND AVE MILAN,IL 61264	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - MEMBER MATCH	3,574
QUAD CITY SYMPHONY 327 BRADY STREET DAVENPORT,IA 52801	NONE	PUBLIC CHARITY	CULTURE & ARTS - 100 YEAR ANNIVERSARY	3,000
RONALD MCDONALD HOUSE CHARITIES 730 HAWKINS DRIVE IOWA CITY,IA 52246	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	715
SALVATION ARMY - MUSCATINE 1000 OREGON STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	305
SENIOR RESOURCES 1808 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	310
SPECIAL OLYMPICS OF MUSCATINE 1823 LOGAN STREET MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,045
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICES	1,076
Total . . . . . ▶ **3a**				732,103

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SUSAN G KOMEN FOR THE CURE 5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICES	4,571
THE VILLAGE COMMUNITY 1901 13TH ST CORALVILLE,IA 52241	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	485
TRI-RIVERS CONSERVATION FOUNDATION 12635 COUNTY ROAD G-56 STE 106 WAPELLO,IA 52653	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - LOUISA COUNTY TRAIL	1,000
TRINITY MUSCATINE CAPITAL CAMPAIGN 1518 MULBERRY AVENUE MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE - IMPROVEMENTS	200,000
TRIPP FOUNDATION PO BOX 726 BETTENDORF,IA 52722	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	65
UNITED WAY OF CATAWBA COUNTY PO BOX 2425 HICKORY,NC 28603	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	679
UNITED WAY OF DANE COUNTY PO BOX 7548 MADISON,WI 53707	NONE	PUBLIC CHARITY	HEALTH	1,889
UNITED WAY OF GREATER TWIN CITIES 404 SOUTH 8TH STREET MINNEAPOLIS,MN 55404	NONE	PUBLIC CHARITY	HEALTH	6,680
UNITED WAY OF MT PLEASANTHENRY COUNTIES PO BOX 145 MT PLEASANT,IA 52641	NONE	PUBLIC CHARITY	HEALTH	4,781
UNITED WAY OF MUSCATINE PO BOX 797 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	HEALTH	92,860
UNITED WAY OF RED WING PO BOX 319 RED WING,MN 55066	NONE	PUBLIC CHARITY	HEALTH	4,632
UNITED WAY OF SHOALS PO BOX 1228 FLORENCE,AL 35631	NONE	PUBLIC CHARITY	HEALTH	827
UNITED WAY OF SOUTHERN TIER 2832 300 CIVIC CENTER PLZ 2 CORNING,NY 148302832	NONE	PUBLIC CHARITY	HEALTH	28,730
UNIVERSITY OF IOWA FOUNDATION 1 WEST PARK ROAD IOWA CITY,IA 52242	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	6,463
UNIVERSITY OF NORTHERN IOWA 205 COMMONS CEDAR FALLS,IA 50614	NONE	PUBLIC CHARITY	EDUCATION	1,000
Total . . . . . ▶ **3a**				732,103

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
VISITING NURSE ASSOCIATION 1524 SYCAMORE ST IOWA CITY,IA 52240	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	225
WINFIELD MT UNION COMMUNITY SCHOOLS 208 SOUTH OLIVE STREET WINFIELD,IA 52659	NONE	PUBLIC CHARITY	EDUCATION	545
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE,FL 32256	NONE	PUBLIC CHARITY	HEALTH	4,535
YMCA OF METROPOLITAN CHICAGO 801 N DEARBORN CHICAGO,IL 60610	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	9,500
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE,IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - CHINA FRIENDSHIP FUND	25,000
Total . . . . . ▶ **3a**				732,103

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491167003206

TY 2015 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	242,623	354,349
PIMCO INVESTMENT GRADE	AT COST	0	0
HARBOR INTERNATIONAL FUND	AT COST	261,022	226,596
FRANKLIN HIGH INCOME	AT COST	0	0
VANGUARD INFLATION PROTECTED	AT COST	244,953	231,065
MAIN STAY MARKETFIELD FUND	AT COST	0	0
DIAMOND HILL	AT COST	232,913	233,942
DOUBLELINE	AT COST	1,293,830	127,062

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TY 2015 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	27,647	20,303		0

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TY 2015 Taxes Schedule

Name: HNI CHARITABLE FOUNDATION

EIN: 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	123	0		0
FOREIGN TAX	306	306		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491167003206

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization
HNI CHARITABLE FOUNDATION

Employer identification number
42-1246787

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that 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 its Form 990PF, Part I, line 2, 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
1	HNI CORPORATION 408 E 2ND STREET MUSCATINE, IA 527610071	$ 679,446	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
HNI CHARITABLE FOUNDATION

Employer identification number
42-1246787

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

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this 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
-			

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

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

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

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

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

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

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