

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

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) 600 E SECOND STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code MUSCATINE, IA 52761		B Telephone number (see instructions) (563) 272-7503	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,355,418	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)	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)	883,408			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	42	42		
	4 Dividends and interest from securities	63,795	63,795		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	70,042			
	b Gross sales price for all assets on line 6a <u>1,082,149</u>				
	7 Capital gain net income (from Part IV, line 2)		70,042		
	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	1,017,287	133,879		
	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)	29,877	22,027		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	367	367		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	30,244	22,394		0
	25 Contributions, gifts, grants paid	1,080,869			1,080,869
	26 Total expenses and disbursements. Add lines 24 and 25	1,111,113	22,394		1,080,869
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-93,826			
	b Net investment income (if negative, enter -0-)		111,485		
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 (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing		-10	-10
	2	Savings and temporary cash investments	94,539	142,244	142,244
	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)	2,275,341	2,133,820	2,213,184
	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)	2,369,880	2,276,054	2,355,418	
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	2,369,880	2,276,054	
	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 instructions)	2,369,880	2,276,054	
31	Total liabilities and net assets/fund balances (see instructions) .	2,369,880	2,276,054		

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	2,369,880
2	Enter amount from Part I, line 27a	2	-93,826
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,276,054
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	2,276,054

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 1,075,000		1,012,107	62,893
b 7,149			7,149
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			62,893
b			7,149
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	70,042
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))
2015	731,547	2,713,338	0.269611
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
2 Total of line 1, column (d)			1.398470
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			0.279694
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			2,840,608
5 Multiply line 4 by line 3			794,501
6 Enter 1% of net investment income (1% of Part I, line 27b)			1,115
7 Add lines 5 and 6			795,616
8 Enter qualifying distributions from Part XII, line 4			1,080,869

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 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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,115
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	1,115
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	1,115
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	564
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	3,250
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	3,814
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	2,699
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 2,699 Refunded <input type="checkbox"/>	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)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 1A		
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 2016 or the taxable year beginning in 2016 (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? Website address ► N/A	13	Yes	
14	The books are in care of ► DIANNA STELZNER Telephone no ► (563) 272-7043			

Located at **►** 600 E SECOND STREET MUSCATINE IA ZIP+4 **►** 52761

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 2016, 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? 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 ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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 instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/>	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <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). <input type="checkbox"/>	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 2016 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 2016). <input type="checkbox"/>	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 2016?	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 4945(d)(4)(A)? (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				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	2,708,165
b	Average of monthly cash balances.	1b	175,701
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,883,866
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	2,883,866
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	43,258
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,840,608
6	Minimum investment return. Enter 5% of line 5.	6	142,030

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	142,030
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,115
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,115
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	140,915
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	140,915
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	140,915

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	1,080,869
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	1,080,869
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	1,115
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,079,754

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				140,915
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	786,220			
b From 2012.	615,893			
c From 2013.	553,001			
d From 2014.	834,152			
e From 2015.	596,992			
f Total of lines 3a through e.	3,386,258			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>1,080,869</u>				
a Applied to 2015, 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 2016 distributable amount.				140,915
e Remaining amount distributed out of corpus	939,954			
5 Excess distributions carryover applied to 2016 (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	4,326,212			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions). . . .	786,220			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	3,539,992			
10 Analysis of line 9				
a Excess from 2012.	615,893			
b Excess from 2013.	553,001			
c Excess from 2014.	834,152			
d Excess from 2015.	596,992			
e Excess from 2016.	939,954			

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 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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) 2016	(b) 2015	(c) 2014	(d) 2013	
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 <input type="checkbox"/> 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 600 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	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> See Additional Data Table				
Total ▶ 3a				1,080,869
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				355,000

Enter gross amounts unless otherwise indicated

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	42	
4 Dividends and interest from securities. . . .			14	63,795	
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	70,042	
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		133,879	0
13 Total. Add line 12, columns (b), (d), and (e).			13		133,879

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[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

Print/Type preparer's name CARMEN KRANTZ	Preparer's Signature	Date 2017-06-27	Check if self-employed ▶ <input type="checkbox"/>	PTIN 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-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STAN A ASKREN 600 E SECOND ST MUSCATINE, IA 52761	PRESIDENT/DIRECTOR 2 00	0	0	0
DIANNA STELZNER 600 E SECOND ST MUSCATINE, IA 52761	SECRETARY AND TREASURER 2 00	0	0	0
GARY L CARLSON 600 E SECOND ST MUSCATINE, IA 52761	VICE PRESIDENT/DIRECTOR 2 00	0	0	0
TIM HETH 600 E SECOND ST MUSCATINE, IA 52761	DIRECTOR 2 00	0	0	0
JACK MICHAELS 600 E SECOND ST MUSCATINE, IA 52761	DIRECTOR 2 00	0	0	0
KAREN OLDEROG 600 E SECOND ST MUSCATINE, IA 52761	DIRECTOR 2 00	0	0	0
DAVE GARDNER 600 E SECOND ST MUSCATINE, IA 52761	DIRECTOR 2 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
360 COMMUNITIES 501 EAST HIGHWAY 13 STE 102 BURNSVILLE, MN 55337	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE - PLANT SALE	340
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FLR 17 CHICAGO, IL 60601	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	1,120
AMERICAN CANCER SOCIETY 2397 CUMBERLAND SQUARE BETTENDORF, IA 52722	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	774
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	460
AMERICAN HEART ASSOCIATION 1035 N CENTER POINT RD STE B HIAWATHA, IA 52233	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICES	570
AMERICAN RED CROSS 1100 RIVER DRIVE MOLINE, IL 61265	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE - PICNIC ON THE RIVER	1,375
ANIMAL RESCUE LEAGUE OF IOWA 5452 NE 22ND ST DES MOINES, IA 50313	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	308
AUTISM SPEAKS 1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE	515
BIG BROTHERSBIG SISTERS 5511 STAPLES MILL ROAD SUITE 200 RICHMOND, VA 23228	NONE	PUBLIC CHARITY	HEALTH - BOWL FOR KIDS SAKE AND MEMBER MATCH	8,955
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	15,411
CITY OF HOPE 1055 WILSHIRE BLVD 12 LOS ANGELES, CA 900172424	NONE	PUBLIC CHARITY	CIVIC - SALES MEETING AND MEMBER MATCH	6,242
COLUMBUS COMMUNITY MEDICAL FACILITIES PO BOX 181 COLUMBUS JUNCTION, IA 52738	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - AMBULANCE	10,000
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - GENEVA AND COINS FOR CHRISTMAS	953
COMMUNITY FOUNDATION OF GREATER MUSCATINE 208 WEST 2ND STREET SUITE 213 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION - JUBILEE COMMUNITY CENTER, RIDING FOR SUCCESS, KEEP MUSCATINE BEAUTIFUL AND YOUTH BOXER TOURNAMENT	7,560
Total ►				1,080,869
3a				

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				
CROSSROADS 1424 HOUSE STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	1,130
DELTA WATERFOWL 1102 MAIN STREET MEDIAPOLIS, IA 52637	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	228
DIVERSITY CENTER OF IOWA 119 SYCAMORE STREET STE 420 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC - EDUCATION OUTREACH PROGRAMS	5,000
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	1,899
FAMILY RESOURCES 119 SYCAMORE STREET STE 200 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE - ALLSTEEL COMPLEX	2,404
FLICKINGER LEARNING CENTER 413 MULBERRY MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION - BUILDING FACADE, PEARL CITY OUTREACH MEALS AND MEMBER MATCH	6,031
FREEDOM ROCK 306 N 2ND STREET WAPELLO, IA 52652	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - COMMUNITY REQUEST	500
FRIENDS OF GREENWOOD CEMETERY 2414 LUCAS STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - CEMETERY STEPS	1,000
FRIENDS OF PINE CREEK GRIST MILL 1226 VISTA COURT MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC - PROGRAMS	1,000
GILDA'S CLUB MUSCATINE 3241 MULBERRY AVE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - RUNWAY RED SPONSORSHIP	500
GREAT RIVER DAYS INC PO BOX 1624 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - GREAT RIVER DAYS SPONSOR	1,000
GREAT RIVER HOSPICE HOUSE 1306 SOUTH WASHINGTON RD W BURLINGTON, IA 52655	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICES	510
GREAT RIVER MEDICAL CENTER 1221 S GEAR AVE W BURLINGTON, IA 52655	NONE	PUBLIC CHARITY	HEALTH - WIG PROGRAM	1,028
H2O HELP TO OTHERS PO BOX 773 MT PLEASANT, IA 52641	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	640
Total ►				1,080,869
3a				

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				
HABITAT FOR HUMANITY - HENRY COUNTY PO BOX 864 MT PLEASANT, IA 52641	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	450
HABITAT FOR HUMANITY - MUSCATINE COUNTY 3423 CLERMONT DRIVE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	1,155
HENRY COUNTY HEALTH CENTER FOUNDATION 407 S WHITE STREET MT PLEASANT, IA 52641	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - 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	10,800
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	680
IOWA ENGINEERING SOCIETY - MUSCATINE 225 IOWA AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION	250
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	2,008
JUVENILE DIABETES RESEARCH FOUNDATION 701 TENTH STREET SE STE 3612 CEDAR RAPIDS, IA 52403	NONE	PUBLIC CHARITY	HEALTH	1,329
KIWANIS CLUB OF MUSCATINE 225 IOWA AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	200
LIONS CLUB PO BOX 347 MT PLEASANT, IA 52641	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	145
LITTLETON MEMORIAL FUND PO BOX 302 WAPELLO, IA 52653	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - LITTLETON MEMORIAL FUND	1,000
LIVING LANDS & WATERS 17624 ROUTE 84N EAST MOLINE, IL 61244	NONE	PUBLIC CHARITY	CIVIC - MEMBER MATCH	535
Total ►				1,080,869
3a				

Form 990FP 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				
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	13,926
MCSA 312 IOWA AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH - NEW BEGINNINGS SPONSORSHIP, ADVENTURELAND TRIP, MEMBER MATCH	33,805
MT PLEASANT ATHLETIC BOOSTER CLUB INC 1159 AGENCY ROAD SALEM, IA 52649	NONE	PUBLIC CHARITY	EDUCATION - MAPLE LEAF ATHLETIC COMPLEX	50,000
MT PLEASANT FIRE DEPARTMENT 204 SOUTH JACKSON MT PLEASANT, IA 52641	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	325
MUSCATINE ART CENTER 1314 MULBERRY AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	FOR THE LOVE OF ART EVENT	50,000
MUSCATINE BRANCHING OUT PO BOX 1004 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - 25TH ANNIVERSARY	900
MUSCATINE CHAMBER FOUNDATION SUITE 102 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	4TH OF JULY FIREWORKS FUND, CAT GRANT	4,500
MUSCATINE CHARITIES PO BOX 973 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION - 2015 FUNDRAISER, MEMBER MATCH	8,900
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	4,000
MUSCATINE COMMUNITY FOOD PANTRY 119 W MISSISSIPPI DRIVE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - BAGS OF BLESSINGS, MEMBER MATCH	4,087
MUSCATINE COMMUNITY SCHOOL DISTRICT 2900 MULBERRY AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION - HIGH SCHOOL BASESBALL AND RACE FOR THE SCHOOLS	8,060
MUSCATINE COMMUNITY YMCA 1823 LOGAN STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - 2015 COMMUNITY SPONSOR PARTNER AND TRIATHLON SPONSOR	9,992
MUSCATINE FLAMES 110 UNION STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC AND COMMUNITY MUSCATINE - TEAM SPONSORSHIP	500
Total ► 3a				1,080,869

Form 990FP 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 - 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	4,369
MUSCATINE LIONS CLUB PO BOX 173 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - SOUP SUPPER	250
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	278
NATIONAL DOWNS SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 10017	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES	355
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 SYMPHONY 327 BRADY STREET DAVENPORT, IA 52801	NONE	PUBLIC CHARITY	CULTURE & ARTS - 100 YEAR ANNIVERSARY	3,500
QUILTS OF VALOR 5951 HUNT ROAD BURLINGTON, IA 52601	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	640
REBUILDING TOGETHER - MUSCATINE COUNTY 1424 B HOUSER ST MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY - REBUILDING TOGETHER DAY	1,374
RED WING AREA MFRS ASSOCIATION PO BOX 212 RED WING, MN 55066	NONE	PUBLIC CHARITY	EDUCATION	1,000
RED WING PUBLIC SCHOOLS 154 TOWER VIEW DRIVE RED WING, MN 55066	NONE	PUBLIC CHARITY	EDUCATION - ROBOTICS SPONSOR	250
ROCKRIDGE SCHOOLS FOUNDATION PO BOX 302 TAYLOR RIDGE, IL 61284	NONE	PUBLIC CHARITY	EDUCATION - CAMPAIGN	1,000
RONALD MCDONALD HOUSE CHARITIES 730 HAWKINS DRIVE IOWA CITY, IA 52246	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	932
Total ► 3a				1,080,869

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>				
SALVATION ARMY - MUSCATINE 1000 OREGON STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH	2,996
SENIOR RESOURCES 1808 MULBERRY AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH - PEARL CITY PICNIC SPONSOR AND GIFT BASKETS	5,520
SPECIAL OLYMPICS IOWA 551 SE DOVETAIL ROAD GRIMES, IA 50111	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - TORCH RUN AND ALLSTEEL COMPLEX	1,852
SPECIAL OLYMPICS OF MUSCATINE 1823 LOGAN STREET MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH	1,360
ST AMBROSE UNIVERSITY - DANCE MARATHON 518 WEST LOCUST STREET DAVENPORT, IA 52803	NONE	PUBLIC CHARITY	EDUCATION - SAU DANCE MARATHON	750
TRINITY MUSCATINE CAPITAL CAMPAIGN 1518 MULBERRY AVENUE MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICE - IMPROVEMENTS	200,000
UNI FOUNDATION 204 COMMONS CEDAR FALLS, IA 50613	NONE	PUBLIC CHARITY	EDUCATION - UNI CLASS OF 2016 FORUM	1,000
UNI FOUNDATION 204 COMMONS CEDAR FALLS, IA 50614	NONE	PUBLIC CHARITY	EDUCATION - SCHLINDLER EDUCATION CENTER	250,000
UNITED WAY OF CATAWBA COUNTY PO BOX 2425 HICKORY, NC 28603	NONE	PUBLIC CHARITY	HEALTH & HUMAN SERVICES - MEMBER MATCH	821
UNITED WAY OF DANE COUNTY PO BOX 7548 MADISON, WI 53707	NONE	PUBLIC CHARITY	HEALTH	2,108
UNITED WAY OF GREATER TWIN CITIES 404 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	NONE	PUBLIC CHARITY	HEALTH	1,339
UNITED WAY OF MUSCATINE PO BOX 797 MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	HEALTH	93,145
UNITED WAY OF RED WING PO BOX 319 RED WING, MN 55066	NONE	PUBLIC CHARITY	HEALTH	3,628
UNITED WAY OF SOUTHERN TIER 2832 300 CIVIC CENTER PLZ 2 CORNING, NY 148302832	NONE	PUBLIC CHARITY	HEALTH	25,403
UNIVERSITY OF IOWA FOUNDATION 1 WEST PARK ROAD IOWA CITY, IA 52242	NONE	PUBLIC CHARITY	HEALTH AND HUMAN SERVICE	4,617
Total ► 3a				1,080,869

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>				
UNIVERSITY OF IOWA FOUNDATION 1 WEST PARK ROAD IOWA CITY, IA 52242	NONE	PUBLIC CHARITY	CULTURE & ARTS - REBUILDING HANCHER	33,000
WEST LIBERTY COMMUNITY SCHOOLS 111 W 7TH ST WEST LIBERTY, IA 52776	NONE	PUBLIC CHARITY	EDUCATION - READY, SET, GROW	1,000
WHITETAILED UNLIMITED 2220 235TH STREET MT PLEASANT, IA 52641	NONE	PUBLIC CHARITY	CIVIC & COMMUNITY	228
WINFIELD MT UNION COMMUNITY SCHOOLS 208 SOUTH OLIVE STREET WINFIELD, IA 52659	NONE	PUBLIC CHARITY	EDUCATION	746
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	NONE	PUBLIC CHARITY	HEALTH	4,933
MUSCATINE COMMUNITY COLLEGE FOUNDATION 152 COLORADO ST MUSCATINE, IA 52761	NONE	PUBLIC CHARITY	EDUCATION - LOPER HALL	50,000
NOYES HEALTH 111 CLARA BARTON STREET DANVILLE, NY 14437	NONE	PUBLIC CHARITY	EDUCATION - ANN GUNLOCKE AND CARL MYERS CANCER CENTER	25,000
Total 				1,080,869
3a				

TY 2016 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	231,194	331,686
HARBOR INTERNATIONAL FUND	AT COST	246,785	222,259
VANGUARD INFLATION PROTECTED	AT COST	228,499	220,734
DIAMOND HILL	AT COST	203,268	220,408
DOUBLELINE	AT COST	1,224,074	1,218,097

TY 2016 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	29,877	22,027		0

TY 2016 Taxes Schedule**Name:** HNI CHARITABLE FOUNDATION**EIN:** 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	367	367		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	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, 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 33¹/₃% 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 600 E 2ND STREET MUSCATINE, IA 527610071	\$ 883,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

42-1246787

Part II	Noncash Property
----------------	-------------------------

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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