efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491169003129

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.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

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

City or town, state or province, country, and ZIP or foreign postal code
Muscatine, IA 52761

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)* ▶$ 2,091,713

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)	891,352			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	1,851	1,851		
	4	Dividends and interest from securities	64,492	64,492		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	69,845			
	b	Gross sales price for all assets on line 6a 1,017,532				
	7	Capital gain net income (from Part IV, line 2)		69,845		
	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	1,027,540	136,188		
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)	20,851	12,401		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	454	454		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	21,305	12,855		0
	25	Contributions, gifts, grants paid	1,139,637			1,139,637
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,160,942	12,855		1,139,637
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-133,402			
	b	**Net investment income** (if negative, enter -0-)		123,333		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	154,307	97,956	97,956
	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)	2,094,701	2,017,650	1,993,757
	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)	2,249,008	2,115,606	2,091,713
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	2,249,008	2,115,606	
	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)	2,249,008	2,115,606	
	31 **Total liabilities and net assets/fund balances** (see instructions)	2,249,008	2,115,606	

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	2,249,008
2	Enter amount from Part I, line 27a	2	-133,402
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	2,115,606
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	2,115,606

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	998,721		947,687	51,034
b	18,811			18,811
c				
d				
e				

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

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
a				51,034
b				18,811
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	69,845
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))
2017	1,084,953	2,803,181	0 387044
2016	1,079,754	2,840,608	0 380114
2015	731,547	2,713,338	0 269611
2014	973,532	2,830,918	0 343893
2013	695,513	2,891,739	0 240517

2	**Total** of line 1, column (d)	2	1 621179
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 324236
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	2,691,648
5	Multiply line 4 by line 3	5	872,729
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,233
7	Add lines 5 and 6	7	873,962
8	Enter qualifying distributions from Part XII, line 4	8	1,139,637

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 ▶ ☐ 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	1,233
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	1,233
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	1,233
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 1,369		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	1,369
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
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	136
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 136 **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 2018 or the taxable year beginning in 2018? See the 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 ▶ Lindsay McCullough Telephone no ▶ (563) 272-5655

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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2018, 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?		Yes	No
		16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	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)			
	(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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ 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 2018 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 2018).*	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 2018?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

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

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See 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	2,498,787
b	Average of monthly cash balances	1b	233,851
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	2,732,638
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	2,732,638
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	40,990
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,691,648
6	**Minimum investment return.** Enter 5% of line 5	6	134,582

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	134,582
2a	Tax on investment income for 2018 from Part VI, line 5	2a	1,233		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	1,233
3	Distributable amount before adjustments Subtract line 2c from line 1			3	133,349
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	133,349
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	133,349

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	1,139,637
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	1,139,637
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	1,233
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,138,404

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				133,349
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 553,001				
b From 2014. 834,152				
c From 2015. 596,992				
d From 2016. 939,954				
e From 2017. 947,454				
f Total of lines 3a through e.	3,871,553			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 1,139,637				
a Applied to 2017, 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 2018 distributable amount.				133,349
e Remaining amount distributed out of corpus	1,006,288			
5 Excess distributions carryover applied to 2018	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	4,877,841			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions) . . .	553,001			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	4,324,840			
10 Analysis of line 9				
a Excess from 2014. . . . 834,152				
b Excess from 2015. . . . 596,992				
c Excess from 2016. . . . 939,954				
d Excess from 2017. . . . 947,454				
e Excess from 2018. . . . 1,006,288				

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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 foundation 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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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 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**				
b *Approved for future payment* Blue Grass Police Department 606 W Mayne St Blue Grass, IA 52726	None	Public Charity	Civic & Community Non Muscatine	2,950
Iowa State University 2505 University Boulevard Ames, IA 50011	None	Public Charity	Student Innovation Center	1,000,000
Scott County YMCA 606 W 2nd St Davenport, IA 52801	None	Public Charity	New Facility	250,000
Total . . . . . ▶ **3b**				

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	1,851	
4 Dividends and interest from securities. . . .			14	64,492	
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	69,845	
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		136,188	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	136,188

(See worksheet in line 13 instructions to verify calculations)

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) (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) (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

******	2019-06-06	******
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		2019-06-06		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	Director 2 00	0	0	0
Lindsay McCullough 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 2 00	0	0	0
Tim Heth 600 E Second St Muscatine, IA 52761	Director 2 00	0	0	0
Jeff Lorenger 600 E Second St Muscatine, IA 52761	President & CEO 2 00	0	0	0
Jack Michaels 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
Donna Meade 600 E Second St Muscatine, IA 52761	Director 2 00	0	0	0
Jennifer Petersen 600 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 & Hum Serv Non Muscatine	551
American Cancer Society 2397 Cumberland Square Bettendorf, IA 52722	None	Public Charity	Health & Human Serv Muscatine	2,275
American Foundation for Suicide Preventio 120 Wall Street 29th Floor New York, NY 10005	None	Public Charity	Health & Hum Serv Non Muscatine	1,875
Total . . . . . ▶ **3a**				1,139,637

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*				
American Heart Association 1035 N Center Point Rd Ste B Hiawatha, IA 52233	None	Public Charity	Health & Hum Serv Non Muscatine	717
American Red Cross1100 River Drive Moline, IL 61265	None	Public Charity	Health & Hum Serv Non Muscatine	1,230
Animal Rescue League of Iowa 5452 NE 22nd St Des Moines, IA 50313	None	Public Charity	Civic & Community Non Muscatine	260
Total . . . . . ▶ **3a**				1,139,637

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*				
Autism Speaks1060 State Rd 2nd Floor Princeton, NJ 08540	None	Public Charity	Health & Hum Serv Non Muscatine	520
Big BrothersBig Sisters 5511 Staples Mill Road Suite 200 Richmond, VA 23228	None	Public Charity	Health & Human Serv Muscatine	10,405
Birdies for Charity15623 Coaltown Road East Moline, IL 61244	None	Public Charity	Education Muscatine	20,000
Total . . . . . ▶ **3a**				1,139,637

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*				
Cedartown United FundPO Box 311 Cedartown, GA 30125	None	Public Charity	Health & Hum Serv Non Muscatine	11,225
Child Abuse Council524 15th St Moline, IL 61265	None	Public Charity	Health & Human Serv Muscatine	295
City of Fruitland104 Sand Run Rd Fruitland, IA 52749	None	Public Charity	Civic & Community Muscatine	1,000
Total . . . . . ▶ **3a**				1,139,637

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*				
City of HOPE1055 Wilshire Blvd 12 Los Angeles, CA 900172424	None	Public Charity	Health & Hum Serv Non Muscatine	7,852
City of Muscatine215 Sycamore St Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	50
Community Foundation Greater Des Moines 1915 Grand Ave Des Moines, IA 50309	None	Public Charity	Education Non Muscatine	1,000
Total . . . . . ▶ **3a**				1,139,637

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*				
Community Foundation of Greater Muscatine 208 West 2nd Street Suite 213 Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	40,605
Community Foundation of Greater Muscatine 208 West 2nd Street Suite 213 Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	1,580
Crossroads1424 Houser St Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	1,065
Total . . . . . ▶ **3a**				1,139,637

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*				
Cystic Fibrosis Foundation 1501 42nd St 230 West Des Moines, IA 50266	None	Public Charity	Health & Hum Serv Non Muscatine	500
Delta Waterfowl1102 Main Street Mediapolis, IA 52637	None	Public Charity	Civic & Community Non Muscatine	335
Diversity Center of Iowa 119 Sycamore Street Ste 420 Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	4,500
Total . . . . . ▶ **3a**				1,139,637

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*				
Equal Opportunity Schools 1725 N Dodge St Iowa City, IA 52245	None	Public Charity	Education Non Muscatine	150
Family Resources 119 Sycamore Street Ste 200 Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	525
Feed My Starving Children 740 Wiley Farm Ct Schaumburg, IL 61073	None	Public Charity	Health & Hum Serv Non Muscatine	265
Total . . . . . ▶ **3a**				1,139,637

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*				
Flickinger Learning Center413 Mulberry Muscatine, IA 52761	none	Public Charity	Education Muscatine	17,500
Friends of Pine Creek Grist Mill 1226 Vista Court Muscatine, IA 52761	none	Public Charity	Civic & Community Muscatine	1,000
Fruitland Fire Department136 E North St Fruitland, IA 52749	None	Public Charity	Civic & Community Non Muscatine	20,000
Total . . . . . ▶ **3a**				1,139,637

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*				
GiGi's Playhouse6507 University Ave Windsor Heights, IA 50324	None	Public Charity	Health & Hum Serv Non Muscatine	268
Gilda's Club Muscatine 3241 Mulberry Ave Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	750
Girl Scouts of Eastern IA & Western IL 940 Golden Valley Dr Bettendorf, IA 52722	None	Public Charity	Civic & Community Muscatine	3,000
Total . . . . . ▶ **3a**				1,139,637

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*				
Great River Medical Center 1221 S Gear Ave W Burlington, IA 52655	None	Public Charity	Health & Hum Serv Non Muscatine	819
Habitat for Humanity-Quad Cities 3625 Mississippi Ave Devenport, IA 52807	None	Public Charity	Health & Hum Serv Non Muscatine	395
Historic Muscatine 117 West Second Street Muscatine, IA 52761	none	Public Charity	Culture & Arts Muscatine	10,800
Total . . . . . ▶ **3a**				1,139,637

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 Business Council 100 E Grand Ave 260 Des Moines, IA 50309	None	Public Charity	Civic & Community Non Muscatine	3,018
Iowa College Foundation 505 5th Ave Ste 1034 Des Moines, IA 503092396	none	Public Charity	Education Non Muscatine	1,000
Iowa Donor Network 550 Madison Avenue North Liberty, IA 52317	None	Public Charity	Health & Human Serv Muscatine	2,110
Total . . . . . ▶ **3a**				1,139,637

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 Engineering Society - Muscatine 225 Iowa Avenue Muscatine, IA 52761	None	Public Charity	Education Muscatine	250
Iowa Historical Foundation 600 E Locust St Des Moines, IA 50319	None	Public Charity	Culture & Arts Non Muscatine	1,000
It's All Love Only Love Coalition PO Box 373 Bettendorf, IA 52722	None	Public Charity	Health & Hum Serv Non Muscatine	320
Total . . . . . ▶ **3a**				1,139,637

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*				
Junior Achievement800 12th Avenue Moline, IL 61265	None	Public Charity	Education Muscatine	528
Kiwanis Club of Muscatine 225 Iowa Avenue Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	200
L&M High School14354 170th St Letts, IA 52754	None	Public Charity	Education Muscatine	75
Total . . . . . ▶ **3a**				1,139,637

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*				
Lake City ISD #813300 S Garden St Lake City, MN 55041	None	Public Charity	Education Non Muscatine	1,000
Louisa County Ambulance105 Gamble St Columbus Junction, IA 52738	none	Public Charity	Civic & Community Non Muscatine	1,000
Louisa Development Group 317 Van Buren St Wapello, IA 52653	none	Public Charity	Civic & Community Muscatine	500
Total . . . . . ▶ **3a**				1,139,637

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*				
Make a Wish Foundation 3838 70th Street Suite 101 Urbandale, IA 503223220	None	Public Charity	Health & Human Serv Muscatine	11,408
MCSA312 Iowa Avenue Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	34,375
Muscatine Art Center 1314 Mulberry Avenue Muscatine, IA 52761	None	Public Charity	Culture & Arts Muscatine	1,000
Total . . . . . ▶ **3a**				1,139,637

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 Beyond 2000 300 E 2nd Street Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	90,000
Muscatine Chamber Foundation Suite 102 Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	53,276
Muscatine Chapter of IA Eng Society 225 Iowa Avenue Muscatine, IA 52761	None	Public Charity	Education Muscatine	500
Total . . . . . ▶ **3a**				1,139,637

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 CharitiesPO Box 973 Muscatine, IA 52761	None	Public Charity	Education Muscatine	9,500
Muscatine Civic Chorale 602 W Fulliam Street Muscatine, IA 52761	None	Public Charity	Culture & Arts Muscatine	250
Muscatine Community College Foundation 152 Colorado St Muscatine, IA 52761	None	Public Charity	Education Muscatine	21,200
Total . . . . . ▶ **3a**				1,139,637

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 Community Food Pantry 119 W Mississippi Drive Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	675
Muscatine Community School District 2900 Mulberry Avenue Muscatine, IA 52761	None	Public Charity	Education Muscatine	8,711
Muscatine Community YMCA 1823 Logan Street Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	245,800
Total . . . . . ▶ **3a**				1,139,637

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 County Conservation Board 3300 Cedar St Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	22,400
Muscatine County Sheriff's Department 3600 Park Ave W Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	400
Muscatine County Veterans Association 315 Iowa Ave Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	275
Total . . . . . ▶ **3a**				1,139,637

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 Diabetes Walk Project 3300 Cedar St Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	260
Muscatine Fire Department 312 E 5th St 2 Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	3,863
Muscatine Flames110 Union Street Muscatine, IA 52761	none	Public Charity	Civic & Community Muscatine	500
Total . . . . . ▶ **3a**				1,139,637

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 High School 2705 Cedar Street Muscatine, IA 52761	None	Public Charity	Education Muscatine	2,750
Muscatine Humane Society 920 South Houser Street Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	3,195
Muscatine Lions ClubPO Box 173 Muscatine, IA 52761	None	Public Charity	Civic & Community Muscatine	250
Total . . . . . ▶ **3a**				1,139,637

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 Production Boosters 2705 Cedar Street Muscatine, IA 52761	None	Public Charity	Culture & Arts Muscatine	500
Muscatine Soccer Club 2705 Cedar Street Muscatine, IA 52761	None	Public Charity	Education Muscatine	250
Muscatine Symphony Orchestra PO Box 573 Muscatine, IA 52761	None	Public Charity	Culture & Arts Muscatine	5,500
Total . . . . . ▶ **3a**				1,139,637

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*				
Nature Conservancy1620 231st St Letts, IA 52754	None	Public Charity	Civic & Community Muscatine	5,000
Noyes Health111 Clara Barton Street Dansville, NY 14437	None	Public Charity	Health & Hum Serv Non Muscatine	25,000
Outdoor Youth Jamboree 18853 152nd Ave Sperry, IA 52650	None	Public Charity	Education Non Muscatine	521
Total . . . . . ▶ **3a**				1,139,637

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*				
Paws No Kill Animal Shelter2031 48th St Fort Madison, IA 52627	None	Public Charity	Civic & Community Non Muscatine	403
Pearl City Outreach509 Mulberry Ave Muscatine, IA 52761	none	Public Charity	Health & Human Serv Muscatine	500
Quad Cities Paws2031 48th St Fort Madison, IA 52627	none	Public Charity	Civic & Community Non Muscatine	497
Total . . . . . ▶ **3a**				1,139,637

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*				
Quilts of Valor5951 Hunt Road Burlington, IA 52601	None	Public Charity	Civic & Community Non Muscatine	270
Red Wing Public Schools 154 Tower View Drive Red Wing, MN 55066	None	Public Charity	Education Non Muscatine	750
River Bend Foodbank730 Hawkins Drive Iowa City, IA 52246	None	Public Charity	Health & Human Serv Muscatine	2,409
Total . . . . . ▶ **3a**				1,139,637

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*				
Ronald McDonald House Charities 5444 S Drexel Ave Chicago, IL 60615	None	Public Charity	Health & Hum Serv Non Muscatine	300
Salvation Army-Muscatine 1000 Oregon Street Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	2,341
Second Harvest Heartland 1140 Gervais Ave St Paul, MN 55109	None	Public Charity	Health & Hum Serv Non Muscatine	195
Total . . . . . ▶ **3a**				1,139,637

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*				
Senior Resources1808 Mulberry Avenue Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	5,000
Special Olympics of Muscatine 1823 Logan Street Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	500
St Jude Children's Research Hospital W 37th Pl Chicago, IL 60609	None	Public Charity	Health & Hum Serv Non Muscatine	320
Total . . . . . ▶ **3a**				1,139,637

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*				
The ALS Association - Iowa Chapter 3636 Westown Pkwy 204 West Des Moines, IA 50266	None	Public Charity	Health & Hum Serv Non Muscatine	205
Trinity Muscatine Foundation 1518 Mulberry Avenue Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	15,000
UNI Foundation204 Commons Cedar Falls, IA 50613	None	Public Charity	Education Non Muscatine	250,000
Total . . . . . ▶ **3a**				1,139,637

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*				
United Way of MuscatinePO Box 797 Muscatine, IA 52761	None	Public Charity	Health & Human Serv Muscatine	98,200
United Way of Red WingPO Box 319 Red Wing, MN 55066	None	Public Charity	Health & Hum Serv Non Muscatine	3,266
United Way of Southern Tier 2832 300 Civic Center Plz 2 Corning, NY 148302832	None	Public Charity	Health & Hum Serv Non Muscatine	13,370
Total . . . . . ▶ **3a**				1,139,637

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*				
University of Iowa2 West Jefferson Iowa City, IA 52242	None	Public Charity	Education Non Muscatine	100
University of Iowa Foundation 1 West Park Road Iowa City, IA 52242	None	Public Charity	Health & Hum Serv Non Muscatine	18,056
Wapello JrSr High School 501 Buchanan Ave Wapello, IA 52653	None	Public Charity	Education Non Muscatine	1,000
Total . . . . . ▶ **3a**				1,139,637

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*				
Wayland Joint Fire District 14 East Naples Street Wayland, NY 14572	None	Public Charity	Civic & Community Non Muscatine	1,000
West Liberty Community Schools 1103 N Elm St West Liberty, IA 52776	None	Public Charity	Education Non Muscatine	1,000
Wilton Community School District 1002 Cypress St Wilton, IA 52778	None	Public Charity	Education Muscatine	1,000
Total . . . . . ▶ **3a**				1,139,637

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*				
Wilton Public Library1215 Cypress St Wilton, IA 52778	None	Public Charity	Civic & Community Non Muscatine	100
Winfield Mt Union Community Schools 208 South Olive Street Winfield, IA 52659	None	Public Charity	Education Non Muscatine	630
Wounded Warrior Project 4899 Belfort Rd Ste 300 Jacksonville, FL 32256	none	Public Charity	Health & Hum Serv Non Muscatine	1,553
Total . . . . . ▶ **3a**				1,139,637

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491169003129

TY 2018 Investments - Other Schedule

Name: HNI Charitable Foundation

EIN: 42-1246787

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Vanguard 500 Index Fund	AT COST	222,376	280,453
Vanguard Inflation Protected	AT COST	215,909	204,557
Diamond Hill	AT COST	200,832	189,975
Doubleline	AT COST	1,153,249	1,129,196
American Fund	AT COST	225,284	189,576

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491169003129

TY 2018 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	20,851	12,401		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491169003129

TY 2018 Taxes Schedule

Name: HNI Charitable Foundation

EIN: 42-1246787

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Foreign Tax	454	454		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491169003129

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
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2018

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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
HNI Charitable Foundation	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 52761	$ 891,352	☑ 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	Employer identification number
HNI Charitable Foundation	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
		$	
		$	
		$	
		$	
		$	
		$	
		$	

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	