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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2010

Department of the Treasury Internal Revenue Service	Note. The foundation may	be able to use a copy of this		rting requirements	2010
For calendar year 2010,			, and ending		
G Check all that apply	Initial return Amended return	Initial return of a fo	ormer public charity	Final return Name change	
C/O R	INC. CHARITABLE	OMPANY, INC.		A Employer identification of 42-1504431	number
· ·	BOX 2120	et address)	Room/sulte	B Telephone number 319-338-118	34
H Check type of organia Section 4947(a)(1	CITY, IA 52244-	exempt private foundation Other taxable private foundation	ation Accrual	C If exemption application is per D 1. Foreign organizations, 2. Foreign organizations meet check here and attach com E if private foundation statu under section 507(b)(1)(/	check here ung the 85% test, putation s was terminated
(from Part II, col. (c), ►\$		Other (specify) umn (d) must be on cash	basis)	F If the foundation is in a 60 under section 507(b)(1)(1)	
	evenue and Expenses punts in columns (b), (c), and (d) may not all the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions,	gifts, grants, etc., received if the foundation is not required to attach Sch. B	15,000.			
4 Dividends and 5a Gross rents	interest from securities	2.	2.		Statement 1
Da Net gain or (loss) Gross sales price assets on line 6a	from sale of assets not on line 10 for all		0.		·, · · · · · · · · · · · · · · · · · ·
7 Capital gain net l 8 Net short-term 9 Income modifi 10a Gross sales less and allowances	cations .		0.		
b Less Cost of go c Gross profit of 11 Other Income	(loss)	15 002	2.	. 0.	
13 Compensation o	os 1 through 11 f officers, directors, trustees, etc	15,002.	0.		0
15 Pension plans	e salaries and wages , employee benefits				
b Accounting fer		EIVED	0.	. 0.	C
b Accounting feres to Other professi 17 Interest 18 Taxes 19 Depreciation a 20 Occupancy 21 Travel, confere 22 Printing and p 23 Other expenses 24 Total operation expenses. Ad	2				
Y 21 Travel, conference 22 Printing and p	S				
25 Contributions	g and administrative d lines 13 through 23 gifts, grants paid	440. 15,175.	0.	. 0.	15,175
26 Total expense Add lines 24 a 27 Subtract line 2		15,615.	0.	0.	15,175
a Excess of revenu	ne over expenses and disbursements	<613.	2	. 0.	
	ncome (if negative, enter -0-) perwork Reduction Act Notice, set	the instructions	I		Form 990-PF (2010

Page 2

D		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
	ar t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,402.	789.	
	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			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	1	Ì	
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä		Investments - U S and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds		-	·
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		Ì	
	12	Investments - mortgage loans			
		Investments - other			
		Land, buildings, and equipment basis	· · · · · · · · · · · · · · · · · · ·		
		Less accumulated depreciation	ĺ		
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	1,402.	789.	789.
_		Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
je j	21	Mortgages and other notes payable			
Ľ		Other liabilities (describe			
					4
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
and	25	Temporarily restricted			
Bal	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balanc		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	1,402.	789.	
let	30	Total net assets or fund balances	1,402.	789.	
~	-	Total Hot doodly of fatta additional			
	31	Total liabilities and net assets/fund balances	1,402.	789.	
_					
P	art	Analysis of Changes in Net Assets or Fund B	odiances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,402.
	-	r amount from Part I, line 27a	-	2	<613.>
		r increases not included in line 2 (itemize)		3	0.
		tines 1, 2, and 3		4	789.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	. 6	789.
					Form 990-PF (2010)

Form 990-PF (2010) C/O RIVER PRODUCTS COMPANY, INC.

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Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income	14:-				
(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.)		` P	P - Purchase D - Donation) Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)			
1a									
b NC	ONE	 			ļ				
C					┝				
<u>d</u>					_				
<u>e</u>	(6)	Depression allowed	(a) Coc	t or other basis	Т,			(h) Gain or (lo	
(e) Gross sales price	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Depreciation allowed (or allowable)		xpense of sale			(e) plus (f) minu	
<u>a</u>	-						-		
<u>b</u>	 								
4	 								
<u>d</u>	 								
Complete only for assets show	ing gain in	column (h) and owned by	the foundation	on 12/31/69			(I) G	ains (Col (h) ga	in minus
Outspicte only for assets show		(i) Adjusted basis	T	cess of col (I)			col (k), but not less t	nan -0-) or
(i) F M V as of 12/31/69		as of 12/31/69		col (j), if any				osses (from co	(h))
<u>a</u>	1		ļ						=
b	 						_		
<u>c</u>	 								•
<u>d</u>	 						-		
<u>e</u>	<u> </u>		1		\neg				
? Capital gain net income or (net o	capital loss) { If gain, also enter) If (loss), enter -0	r in Part I, line ` - in Part I, line	7 7	<u> </u>	2			
Net short-term capital gain or (lo	oss) as def	ined in sections 1222(5) ar	nd (6)		١,				
If gain, also enter in Part 1, line 8		(c)			 				
Part V Qualification	8	24 4040/-\ 4	Dadwaad	Tow on Not		3	nt Inco		
<u> </u>		····							
(For optional use by domestic priva	te foundat	ions subject to the section of	4940(a) tax on	net investment ii	ncom	e)			
If section 4940(d)(2) applies, leave	this part b	tank							
									Yes X No
Was the foundation liable for the se				-	riody				L Yes LA_ INC
f "Yes," the foundation does not qu Enter the appropriate amount in	ality under	section 4940(e) Do not co	ompiete this pa	making any entri	es				
(a)	i cacii cuiu		detions before	making any cite	(c)				(d)
Base penód vears	nina in)	(b) Adjusted qualifying dis	tributions	Net value of no			e assets	Disi (col.(b)	tribútión ratio divided by col. (c))
Calendar year (or tax year begini 2009	ning in)	, , , ,	1,775.				984.	(66. (6)	11.96646
2008		1	8,925.				587.		32.24020
2007			0,190.				512.		39.43359
2006			8,305.			3	,025.		6.05124
2005			4,060.				,133.		11.27988
2000		l <u> </u>					<u></u>		
2 Total of line 1, column (d)								2	100.97138
3 Average distribution ratio for the	e 5-vear ba	se period - divide the total	on line 2 by 5.	or by the numbe	r of ve	ears	•		
the foundation has been in exist	=		•		,			3	20.19427
(10 100110000111100 00011 111 07101		o man o youro .					•		
4 Enter the net value of noncharite	able-use as	ssets for 2010 from Part X.	line 5					4	2,233
					•				
5 Multiply line 4 by line 3								5	45,094
		·							
6 Enter 1% of net investment inco	ome (1% o	f Part I, line 27b)						6	0
	,	•							
7 Add lines 5 and 6								7	45,094
B Enter qualifying distributions fro	om Part XII	, line 4						8	15,175
If line 8 is equal to or greater tha	an line 7, c	heck the box in Part VI, line	e 1b, and comp	olete that part usi	ng a 1	% tax rat	te		
See the Part VI instructions				····					

	· RPC, INC. CHARITABLE FOUNDATION					
Form	m 990-PF (2010) C/O RIVER PRODUCTS COMPANY, INC.		42-150	4431		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 494	10(b), 4940(e), or 4	948 - see	instru	ctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" or	n line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1			0.
	of Part I, line 27b					
C	 All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, III	ne 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter-		2			0.
		• •	3		-	0.
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			0.
6	Credits/Payments					
а	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	b Exempt foreign organizations - tax withheld at source 6b					
	c Tax paid with application for extension of time to file (Form 8868) 6c	· · · · · · · · · · · · · · · · · · ·				
	d Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	··· ··· · · · · · · · · · · · · · · ·	7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.
10		•	10			
_	Enter the amount of line 10 to be Credited to 2011 estimated tax	Refunded ►	11			
	art VII-A Statements Regarding Activities					
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	it participate or intervene	ın		Yes	No
	any political campaign?			1a		Х
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see insi	tructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	·	d or		· · ·	
	distributed by the foundation in connection with the activities	,			ĺ	
C	Did the foundation file Form 1120-POL for this year?			10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	posed on foundation	•		ĺ	
	managers ▶ \$0.				É	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,	articles of incorporation, o	or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	o If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					,
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	e law			
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7		X
	If "Yes," complete Part II, col. (c), and Part XV.				ĺ	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) 🕨 🔃			. [i	
	IA					
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen	ieral (or designate)	_			1
	of each state as required by General Instruction G? If "No," attach explanation		N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942((j)(3) or 4942(j)(5) for cale	ndar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete P			9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their	r names and addresses		10		X

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	550-FF (2010) C/O RIVER PRODUCTS COMPANY, INC. 42-1504	<u>431</u>		raye J
Pa	rt 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	.	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
-	Website address ► NONE			
14	The books are in care of ▶ TODD SCOTT Telephone no ▶319-33	8-1	184	
	Located at ▶ P.O. BOX 2120, IOWA CITY, IA ZIP+4 ▶52			20
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
	the foreign country ►	1		
Pa	rt 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.	l''''	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	16		
	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			
٠	before the first day of the tax year beginning in 2010?	10		Х
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)).			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
_	before 2010? Yes X No			
	If "Yes," list the years			·
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) N/A	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			
•	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
h	If "Yes," did it have excess business holdings in 2010 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 2010.)	3ь	[[
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
-	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	46		Х

RPC, INC. CHARITABLE FOU	NDATION			
orm 990-PF (2010) · C/O RIVER PRODUCTS COMPA			42-150443	31 Page 6
Part VII-B Statements Regarding Activities for Which I				10900
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1.4045(0\\2	□ v _o	s X No	
	,		3 (22) 110	
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, unectly or mune		s X No	
any voter registration drive?	^		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		. L Te	S TY NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	г	[[]	1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described (n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ined		
expenditure responsibility for the grant?	N	T/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	, -	Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		i	ь X
If "Yes" to 6b, file Form 8870.	organia banan cantraat		·	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		s X No	
			N/A 7	'h
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trust		nagore Highly		<u> </u>
Part VIII Paid Employees, and Contractors	ees, roundation wa	iriagers, mignij		
List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(е) Ехрепѕе
				ICI LADGIISC
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	account, other
	to position		employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT		(If not paid,	employee benefit plans and deferred	account, other
THOMAS SCOTT P.O. BOX 2120	PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00	(If not paid,	employee benefit plans and deferred	account, other
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT	PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120	to position PRESIDENT 1.00 SECRETARY	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120	1.00 SECRETARY	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING	to position PRESIDENT 1.00 SECRETARY	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER	(If not paid, enter -0-) O •	employee benefit plans and deferred compensation O •	account, other allowances 0 .
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120	1.00 SECRETARY	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER	(If not paid, enter -0-) O •	employee benefit plans and deferred compensation O •	account, other allowances 0 .
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER	(If not paid, enter -0-) O •	employee benefit plans and deferred compensation O •	account, other allowances 0 .
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O.	employee benefit plans and deferred compensation O •	account, other allowances 0 .
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O.	employee benefit plans and deferred compensation O . O .	account, other allowances 0 .
PHOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 FODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O .	0 . 0 . (e) Expense
THOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 TODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O.	employee benefit plans and deferred compensation O •	0 .
P.O. BOX 2120 IOWA CITY, IA 52244-2120 IODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
PHOMAS SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 FODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
P.O. BOX 2120 IOWA CITY, IA 52244-2120 IODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
P.O. BOX 2120 IOWA CITY, IA 52244-2120 IODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
P.O. BOX 2120 IOWA CITY, IA 52244-2120 IODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
P.O. BOX 2120 IOWA CITY, IA 52244-2120 IODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
P.O. BOX 2120 IOWA CITY, IA 52244-2120 IODD SCOTT P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 MATTHEW BANNING P.O. BOX 2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120 IOWA CITY, IA 52244-2120	to position PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	O . O . (e) Expense account, other allowances
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Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(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		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce:		Expenses
ı N/A		
2		
3		
4		
Port IV D C		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2	Amount
NONE		
		0
2		
All other program-related investments See instructions		
3 NONE		
		0
Total Add lines 1 through 3	•	0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1a	0.
b	Average of monthly cash balances	1b	2,267.
C		1c	
d	Total (add lines 1a, b, and c)	1d	2,267.
e	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,267.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,233.
6	Minimum investment return Enter 5% of line 5	6	112.
P	Part XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundate foreign organizations check here and do not complete this part)	ions and certain	
1	Minimum investment return from Part X, line 6	1	112.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	112.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	112.
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	112.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		15 155
а	F	1a	15,175. 0.
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		
а	· · · · · · · · · · · · · · · · · · ·	3a	
b	,	3b	15 175
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	15,175.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,175.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation qualifies for the	section
	4940(e) reduction of tax in those years		

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI.	Оограз	- Tears prior to 2003		2010
line 7				112.
2 Undistributed income, if any, as of the end of 2010		. ,,,		
a Enter amount for 2009 only	·****		0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2010		1		
a From 2005 23,953. b From 2006 18,154.				
d From 2007 20, 164.				
8 From 2009 11,726.				
f Total of lines 3a through e	92,893.			
4 Qualifying distributions for 2010 from	327030.			
Part XII, line 4 ▶\$ 15,175.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior	128 22 24 11 11 11 11 11 11 11 11 11 11 11 11 11			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	<u> </u>			
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				112.
e Remaining amount distributed out of corpus	15,063.			
Excess distributions carryover applied to 2010 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	107,956.			
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 2009. Subtract line				
4a from line 2a Taxable amount - see ınstr.			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2011			······································	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	22 052			
not applied on line 5 or line 7	23,953.			
9 Excess distributions carryover to 2011.	84,003.			
Subtract lines 7 and 8 from line 6a	04,003.			
10 Analysis of line 9 a Excess from 2006 18,154.				
a Excess from 2006 18,154. b Excess from 2007 20,164.				
c Excess from 2008 18,896.				
d Excess from 2009 11,726.		-		
e Excess from 2010 15,063.	,			
6 LAGGS HUIII 2010 15/005				5 000 DE (0010)

RPC, INC. CHARITABLE FOUNDATION C/O RIVER PRODUCTS COMPANY, INC. 42-1504431 Form 990-PF (2010) Page 10 N/A Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling 4942(j)(5) 4942(i)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2010 (c) 2008 (d) 2007 (e) Total (b) 2009 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 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 the instructions.) 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

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 I	Regarding (Contribution, C	Grant, Gift, I	Loan, Schol	arship, etc.	, Programs

Check here \(\sum \big| \sum \big| \sum \big| \sum \big| 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 of the person to whom applications should be addressed

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

c Any submission deadlines

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

RPC, INC. CHARITABLE FOUNDATION

Form 990-PF (2010)

C/O RIVER PRODUCTS COMPANY, INC.

42-1504431 Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
	,			
See Statement 3				
Total			▶ 3a	15,175
b Approved for future payment				
		,		
None				
		_		
Total			▶ 3h	0

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Enter group amounts amount of more more and	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion	Amount	function income
3					
b					
C					
d					
e			ļ. <u>.</u>		
f			ļ		
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·	ļ		
3 Interest on savings and temporary cash			1 4	2.	
investments			14	Z •	
4 Dividends and interest from securities					
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 9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue			İ		
a					
b		-			
c			<u> </u>		
d					
8					
12 Subtotal Add columns (b), (d), and (e)		0.		2.	0. 2.
13 Total. Add line 12, columns (b), (d), and (e)				13 _	<u>2.</u>
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	cemp	ot Purposes	
Line No. Explain below how each activity for which income	me in reported	in column (a) of Part YVI-A	contri	huted importantly to the accor	nnlishment of
Explain below how each activity for which income the foundation's exempt purposes (other than	bv providina fi	ands for such purposes)	Contin	bated importantly to the accor	iipiioiiiioiie oi
		· · · · · · · · · · · · · · · · · · ·			
					
		 			
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RPC, INC. CHARITABLE FOUNDATION C/O RIVER PRODUCTS COMPANY, INC.

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Part XVII	Information Regarding	 	 	Noncharitable
	Exempt Organizations			

ī	Did the or	ganization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in sec	tion 501(c) of		Yes	No
	the Code ((other than section 501(c))(3) organizations) c	or in section 52	7, relating to political organ	izations?				
а	Transfers	from the reporting founda	ation to a nonchanta	ible exempt org	ganization of					
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran	sactions								
	(1) Sales	of assets to a noncharital	ble exempt organiza	ition				1b(1)		Х
	• •	nases of assets from a nor						1b(2)		X
	• •	of facilities, equipment, (·			•	1b(3)		X
	• •	bursement arrangements						16(4)	-	X
		s or loan guarantees						1b(5)		X
		rmance of services or me	mbership or fundra	ısına solicitatio	ns			1b(6)		Х
C	٠,	f facilities, equipment, mai	•	•				10		X
	=				dule Column (b) should alv	wavs show the fair	market value of the o		ets.	
_				-	ed less than fair market valu	-	-		,	
		I) the value of the goods,				,	3			
a) ∟		(b) Amount involved			exempt organization	(d) Description	n of transfers, transaction	ns, and sharing ar	rangeme	ents
-				N/A						
										
										
					 		· · · · · · · · · · · · · · · · · · ·	-		
						· · · · · · · · · · · · · · · · · · ·				
								·	·	
					-		· · · · · · · · · · · · · · · · · · ·			
									-	
								-		
	<u> </u>									
22	Is the four	adation directly or indirect	l thy affiliated with or	related to one	or more tax-exempt organi	zations described				
_ 4		501(c) of the Code (other			, •	24(10)13 403011004		Yes	X] No
h		omplete the following sche		,,(0), 01 iii 300t	.011 027					
<u>., , , , , , , , , , , , , , , , , , , </u>	11 163, 60	(a) Name of org			(b) Type of organization	I	(c) Description of re	elationship		
		N/A		·	(-) -)		(-,			
				/						
	Unde	er penalties of perjury, I declare	e that I have examined t	this return, includi	I	d statements, and to t	he best of m knowledge	e and belief, it is tr	ue, com	ect,
Çi.					ased on all Information of which					
	re	Money	1/4	71.	1 4/09	9/11 .	462510	ENT		
•••		Signature of officer or tru	istee	<i></i>	Date	///	Title		-	
	1 -	Print/Type preparer's na		Preparer's si	ionature Date	Date	Check If	PTIN		
		Trinib Type preparer 3 na		1	-	i i	self- employed	_		_
Рa	:4	MICHAEL M.	DECAN	micha	rel m. Regan	3/29/11	our compleyed	P00351	617	7
_							Simula SINI			
	eparer				COMPANY, P.C	•	Firm's EIN > 4	2-12435	38	
US	e Only		O. BOX 10		52410 0200					70
		Firm's address ► CE	DAK KAPIL	o, IA	52410-0200		Phone no (319)294	-00	00
		<u> </u>					1	Form QQ(\ DE	(0040)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OM8 No 1545-0047

2010

Employer identification number

RPC, INC. CHARITABLE FOUNDATION C/O RIVER PRODUCTS COMPANY, INC. 42-1504431 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. — For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

_	1	_	1	
Page	Τ	ot		of Part

Schedule B	(Form 990.	990-EZ	or 990-PF)	(2010)

Name of organization
RPC, INC. CHARITABLE FOUNDATION
C/O RIVER PRODUCTS COMPANY, INC.

Employer identification number

42-1504431

Part I Contributors (see instructions)
-----------------------	-------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	P.O. BOX 2120 IOWA CITY, IA 52244-2120	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990.	990-EZ.	or 990-PF	(2010	١

Page

of Part II

Name of organization

RPC, INC. CHARITABLE FOUNDATION C/O RIVER PRODUCTS COMPANY, INC.

Employer identification number 42-1504431

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	990, 990-EZ, or 990-PF) (2010)		Page of of Pa
ame of organi	zation C. CHARITABLE FOUNDATI	ON	Employer identification number
•	ER PRODUCTS COMPANY, I Exclusively religious, charitable, etc., ind more than \$1,000 for the year. Complete	NC . lividual contributions to section columns (a) through (e) and the	an 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing
	Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this information)	mation once. See instructions.)	► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
-	Transferee's name, address, and	1 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
	<u></u> 1.	(e) Transfer of gift	t
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_		(e) Transfer of gift	t
	Transferee's name, address, and	1 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	t
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee

Form 990-PF Interest on Savi	ngs and Tem	porary Cash	Investments	Statement	1
Source				Amount	
INTEREST INCOME			-		2.
Total to Form 990-PF, Part I,	line 3, Co	lumn A	=		2.
Form 990-PF Accounting Fees Statement					
Description	(a) Expenses Per Books	(b) Net Invest- ment Income			
ACCOUNTING FEES	440.	0 .	. (<u> </u>	0.
To Form 990-PF, Pg 1, ln 16b	440.	0 .	. ().	0.

Form 990-PF Grants Paid	Statement 3		
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
AMERICAN CANCER SOCIETY IOWA CITY, IA 52246	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	1,000.
AMERICAN DIABETES ASSOCIATION CEDAR RAPIDS, IA 52402	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	100.
BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY IOWA CITY, IA 52246	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	500.
CHS PARTY AFTER THE PROM IOWA CITY, IA 52240	FOR UNRESTRICTED USE BY RECIPIENT	EDUCATION	100.
CITY OF IOWA CITY GREEN FUND IOWA CITY, IA 52240	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	250.
CLEAR CREEK AMANA POST PROM TIFFIN, IA 52340	FOR UNRESTRICTED USE BY RECIPIENT	EDUCATION	100.
COLUMBUS POST PROM PARTY COLUMBUS JUNCTION, IA 52738	FOR UNRESTRICTED USE BY RECIPIENT	EDUCATION	100.
DIAMOND DREAMS IOWA CITY, IA 52240	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	100.

• RPC, INC. CHARITABLE FOUNDATION	C/O RIVE			42-1504431
GLORIA DEI LUTHERAN CHURCH IOWA CITY, IA 52245	FOR UNRESTRICTED BY RECIPIENT	USE	CIVIC	50.
HIGHLAND ESO AINSWORTH, IA 52201	FOR UNRESTRICTED BY RECIPIENT	USE	EDUCATION	100.
ICARE IOWA CITY, IA 52240	FOR UNRESTRICTED BY RECIPIENT	USE	CIVIC	100.
ILPA SCHOLARSHIP FOREVER FUND DES MOINES, IA 50322	FOR UNRESTRICTED BY RECIPIENT	USE	CIVIC	2,500.
IOWA CITY CYCLING CLUB IOWA CITY, IA 52240	FOR UNRESTRICTED BY RECIPIENT	USE	CIVIC	5,000.
IOWA CITY HOSPICE IOWA CITY, IA 52240	FOR UNRESTRICTED BY RECIPIENT	USE	CIVIC	500.
IOWA COLLEGE FOUNDATION IOWA CITY, IA 52244	FOR UNRESTRICTED BY RECIPIENT	USE	EDUCATION	1,250.
IOWA COUNTY ENGINEERS OFFICE ORGANIZATION OTTUMWA, IA 52501	FOR UNRESTRICTED BY RECIPIENT	USE	CIVIC	100.
IOWA MENNONITE SCHOOL KALONA, IA 52247	FOR UNRESTRICTED BY RECIPIENT	USE	EDUCATION	200.
KEOTA EDUCATIONAL FOUNDATION KEOTA, IA 52248	FOR UNRESTRICTED BY RECIPIENT	USE	EDUCATION	100.

• RPC, INC. CHARITABLE FOUNDATION	C/O RIVE		42-1504431
•	FOR UNRESTRICTED UBY RECIPIENT	CIVIC	100.
KEOTA YOUTH PLUS KEOTA, IA 52248	FOR UNRESTRICTED UBY RECIPIENT	EDUCATION JSE	100.
LONE TREE POST PROM LONE TREE, IA 52755	FOR UNRESTRICTED UBY RECIPIENT	EDUCATION JSE	100.
LOUISA-MUSCATINE HIGH SCHOOL AFTER PROM LETTS, IA 52754	FOR UNRESTRICTED UBY RECIPIENT	EDUCATION JSE	100.
MAYOR'S YOUTH EMPOWERMENT PROGRAM IOWA CITY, IA 52244	FOR UNRESTRICTED UBY RECIPIENT	EDUCATION JSE	500.
MID PRAIRIE HIGH SCHOOL PROM WELLMAN, IA 52356	FOR UNRESTRICTED UBY RECIPIENT	EDUCATION JSE	100.
MID PRAIRIE MUSIC BOOSTERS WELLMAN, IA 52356	FOR UNRESTRICTED UBY RECIPIENT	EDUCATION JSE	100.
OLD CAPITOL SERTOMA IOWA CITY, IA 52240	FOR UNRESTRICTED UBY RECIPIENT	CIVIC JSE	125.
PILOTS CLUB OF IOWA CITY IOWA CITY, IA 52245	FOR UNRESTRICTED UBY RECIPIENT	CIVIC	100.
REGINA FOUNDATION IOWA CITY, IA 52245	FOR UNRESTRICTED UBY RECIPIENT	CIVIC	100.

RPC, INC. CHARITABLE FOUNDATION	C/O RIVE		42-1504431
REGINA HIGH SCHOOL POST PROM IOWA CITY, IA 52240	FOR UNRESTRICTED USE BY RECIPIENT	EDUCATION	100.
TIFFIN FIRE DEPARTMENT TIFFIN, IA 52340	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	500.
TRI RIVERS CONSERVATION FOUNDATION WAPELLO, IA 52653	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	300.
UNITED WAY OF JOHNSON COUNTY CORALVILLE, IA 52241	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	500.
VA HOSPITAL & CLINIC IOWA CITY, IA 52242	FOR UNRESTRICTED USE BY RECIPIENT	CIVIC	100.
WEST HIGH PARTY AFTER PROM IOWA CITY, IA 52246	FOR UNRESTRICTED USE BY RECIPIENT	EDUCATION	100.
Total to Form 990-PF, Part XV, lin	ne 3a		15,175.