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Form 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

Name of foundation A Employer Islandification number A2-1504431	LOI	Caici	illar year zorr or tax year beginning		, and ending		
Runnwish Selegiphone number 319 and selection to severe address) Runnwish Selegiphone number 319 and 319 a	F	RPC	, INC. CHARITABLE FOUND			A Employer identification	number
Remercials Federation and street pr PO Dec. 20 20	_(:/0	RIVER PRODUCTS COMPANY	42-1504431			
P.O. BOX 2120 Gly or town, slb, and 2IP code I/ONA CITY, IA 52244-2120 G Check at that apply. Initial return	Nυ	mber a	and street (or PO box number if mail is not delivered to street	address)	Room/sulte		
City or town, state, and 2P code TOWA CITY , I A TOWA CITY , I B Town and the state of the st	I	84					
TOWA CITY, IA 52244-7120 Initial return Initial ret	Cit	y or t					
Final return	נ	OW	A CITY, IA 52244-2120			- II diding ion approach to p	onema, oneset note
Final return Amended return Amende	G	Chect	call that apply. Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	. check here
H. Check type of organization:			Final return				
H. Check type of organization:			Address change	Name change		Foreign organizations me 2. check here and attach co	eting the 85% test,
Section 497(a)(1) nonexempt charitable trust	Н	Check	type of organization: X Section 501(c)(3) ex				
Fart market value of all assets at end of year J. Accounting method.		□ Se			tion		
International Content Inte	I F	air m					
Part	(f	rom	Part II, col (c), line 16)	her (specify)			
1 Contributions, grits, grants, etc., received 2 Cheek 1 the storation in national size 3 case in investments 3 case investme					asis.)		(2), 6.1.6011 11616 1.1.5
1 Contributions, grits, grants, etc., received 2 Cheek 1 the storation in national size 3 case in investments 3 case investme	P	art l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(1) Disbursements
1 Contributions, grits, grants, etc., received 2 Cheek 1 the storation in national size 3 case in investments 3 case investme			necessarily equal the amounts in column (a))				for chantable purposes (cash basis only)
2 Check ▶		1		11,500.	······································		
3 cinterest on servings and temporary 4 Dividends and interest from securities 5 Gross rents 5 Gross rents 5 Diver notal more on or (hose) 6 Net stand interest from securities 7 Capital gain relicone (from Part N, tine 2) 8 Net short-term capital gain 9 Income modifications 10a end allowances 10 Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 11,500. 0. 0. 0. 13 Compensation of officers, directors, fusities, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Legal fees 17 Interest PECEIVED 18 Tass 19 Dephension and adaptations 20 Occupator 21 Total type contents, and meetings 22 Printing and administrative 23 Printing and administrative 24 Total aperating and administrative 25 Printing and administrative 27 Subtractions (fines gains gains) 28 Total aperating and administrative 28 Printing and gains gains 29 Printing and gains gains 20 Contributions, gifts, grants paid 21 Total aperating and administrative 22 Printing and gains gains 23 Dephension and addinistrative 24 Total aperating and administrative 25 Total aperaness and disbursements. 26 Total appraises and disbursements. 27 Subtract time 26 from line 12 28 Excess of revenue over expenses and disbursements 3 Del Investment income (finespave, enter -0) 3 Del Contributions gifts grants paid 4 Douglast and 15 Deceive (Finespape) 4 Del Contributions gifts grants paid 5 Del Investment income (finespave, enter -0) 5 Del Contributions gifts grants paid 5 Del Investment income (finespave, enter -0) 5 Del Contributions gifts grants paid 5 Del Contributions gifts gr		2			······································		
4 Dividends and interest from secunties 5a Gross rents b Net gain or possip from sale of assets not on line 10 b assets on line 6a 7 Capital gain and interest from part IV, line 2] 8 Not short-term capital gain 9 Income modifications 10a and dividences b Less Cost of goods wold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 13 Compensation of officers, directors, fustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 15a Legal fees b Accounting fees c Other professional fees c Other professional fees c Other professional fees c Other professional fees c Transition and additional fees 17 Interest RECEIVED 18 Taxis 17 Interest RECEIVED 19 Deprection and depletion 20 Confidences, and meetings 21 Travel, conferences, and meetings 22 Printing and glubtletitips N UT 20 Confidences and disbursements. Add lines 24 and 25 27 Subtrations of the signature and 11, 010 . 28 Decreases and disbursements. Add lines 24 and 25 27 Subtrations of the signature and 12 28 Excess of revenue over expenses and disbursements b Net Investment Income (meapsive, enter -0) 5 C Adjusted ent Income (meap		3					
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D Not rental income or poss)		5a	•••				***************************************
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25 Contributions, gifts, grants paid	ē	þ	-				
25 Contributions, gifts, grants paid	ũ	C					
25 Contributions, gifts, grants paid	ŧį	17					
25 Contributions, gifts, grants paid	it Ta	18					
25 Contributions, gifts, grants paid	inis	19	Depreciation and depletion				
25 Contributions, gifts, grants paid	Ē	20	occupancy				
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25 Contributions, gifts, grants paid	Ē	23	Other expenses				
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25 Contributions, gifts, grants paid	ē		expenses. Add lines 13 through 23	0.	0	0.	0.
26 Total expenses and disbursements. Add lines 24 and 25 11,010 0 0 11,010 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0	. 0	25	- · · · · · · · · · · · · · · · · · · ·	11,010.			11,010.
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27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements 490. b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	- -		·	11,010.	0	. 0.	11,010.
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		27	· ·		/	······································	
Augusteu net meome (it negauve, enter -0-)	لاہ ال	1		490.			
Augusteu net meome (it negauve, enter -0-)	Ž	i	·		0	•	
		1					
	1235 12-0			instructions.		····	Form 990-PE (2011)

RPC, INC. CHARITABLE FOUNDATION C/O RIVER PRODUCTS COMPANY, INC. 42-1504431 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing. 789. 1,279.2 Savings and temporary cash investments 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U S. and state government obligations b Investments - corporate stock ... c Investments - corporate bonds ... 11 Investments - land, buildings, and equipment basis Less accumulated depreciation . . 12 Investments - mortgage loans ... Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ► 789. 1,279. 1,279. 16 Total assets (to be completed by all filers) 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 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0. Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0. 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0 29 Retained earnings, accumulated income, endowment, or other funds 789. 1,279 30 Total net assets or fund balances 789. 789 1,279. 31 Total liabilities and net assets/fund balances

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	Т	
	(must agree with end-of-year figure reported on prior year's return)	1	789.
2	Enter amount from Part I, line 27a	2	490.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,279.
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	1,279.

Page 3

		(s) of property sold (e.g. common stock, 200 shs			P-	ow acquired Purchase Donation	(c) I	Date acquired io., day, yr.)	(d) Date sold (mo , day, yr.)
1a									
	ONE								<u> </u>
<u>C</u>									<u> </u>
<u>d</u>					<u> </u>				
<u>e</u>	/f) De	avariation allowed	(a) Coo		└		L	h) One on (leas	<u></u>
(e) Gross sales price		preciation allowed or allowable)		t or other basis epense of sale			(e)	h) Gain or (loss plus (f) minus) (g)
ab	 -				_				
C									
d									
е									
Complete only for assets show	ing,gaın in co	lumn (h) and owned by t	he foundation	on 12/31/69				ns (Col (h) gain	
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (i) col. (j), if any		С	ol. (k), Lo:	but not less tha sses (from col	n -0-) or (h))
									· · · · · · · · · · · · · · · · · · ·
<u> </u>	1							·	·-···
C .	† -					··· <u> </u>			
ď	<u> </u>								
e									
Capital gain net income or (net o	oss) as define			7 7	. }	2			
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8						2			
Part V Qualification		ction 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	ncom	ie	 -
For optional use by domestic priva									
			(. ,			,			
f section 4940(d)(2) applies, leave	this part blan	k.							
Vas the foundation liable for the se	ction 4942 ta	x on the distributable am	ount of any ye	ar in the base pe	riod?				Yes X No
f "Yes," the foundation does not qu									· · · · · · · · · · · · · · · · · · ·
Enter the appropriate amount in	each column	n for each year; see instru	ictions before	making any entri	es.			,	(4)
(a) Base period years Calendar year (or tax year beginr	ning in)	(b) Adjusted qualifying dist		Net value of no	(c) onchari				(d) bution ratio vided by col (c))
2010		1.	5,175.			2,23			6.795790
2009			1,775.			98			11.966463
2008		1	8,925.				7.		32.240204
2007		2	0,190.				2.		39.433594
2006		1	8,305.			3,02	5.		6.051240
? Total of line 1, column (d)								2	96.487291
3 Average distribution ratio for the									
the foundation has been in exist	•	•	• .		•		-	3	19.297458
4 Enter the net value of noncharita	able-use asse	ts for 2011 from Part X, I	ine 5		•		-	4	783.
Multiply line 4 by line 3							.	5	15,110.
Enter 1% of net investment inco	ome (1% of P	art I, line 27b)						6	0.
Add lines 5 and 6								7	15,110.
B Enter qualifying distributions fro	om Part XII, lii	ne 4						8	11,010.
If line 8 is equal to or greater that See the Part VI instructions.							_		

	RPC, INC. CHARITABLE FOUNDATION					
11111	n 990-PF (2011) C/O RIVER PRODUCTS COMPANY, INC.	42-	1504	431		Page 4
Pá	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstr	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ľ.				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			·····	0.
_	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u></u>			<u>0.</u>
_	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u> </u>
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ			0.
	Credits/Payments					
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	-[
	Exempt foreign organizations - tax withheld at source	-				
	Tax paid with application for extension of time to file (Form 8868) 6c	-				
	Backup withholding erroneously withheld	┨	1	•		^
	Total credits and payments. Add lines 6a through 6d	7	1			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2012 estimated tax Refunded	10	 			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ► Int VII-A Statements Regarding Activities	<u> 11</u>				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni	n in		T	Yes	No
, 4	101.	# III		10	163	X
h	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		• •••••	1a 1b	<u> </u>	X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials publish			<u>! !!</u>	ļ	
	distributed by the foundation in connection with the activities.	eu oi				
C	Pul No foundation Plantage Bolt C. D.			10	İ	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	•••	•	<u> </u> '		<u> </u>
•	(1) On the foundation \blacktriangleright \$ 0 . (2) On foundation managers \blacktriangleright \$					
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?			2	İ	Х
	If "Yes," attach a detailed description of the activities.					1
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	ĺ	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	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			ŀ		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law		ļ.		
	remain in the governing instrument?			6	Х	ļ <u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	ļ	X
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		
	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)			1		
	of each state as required by General Instruction G? If "No," attach explanation		/À	8b	<u> </u>	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call			1		
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	<u> </u>	X

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

•	RPC, INC. CHARITABLE FOUNDATION			
	1990-PF (2011) C/O RIVER PRODUCTS COMPANY, INC. 42-1504	431		Page 5
	art 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)			v
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11	<u> </u>	X
12	If "Yes," attach statement (see instructions)	,,		J.,
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	17	X
10	Website address NONE	13	X	
14	The books are in care of ► TODD SCOTT Telephone no ►319-33	0 1	104	
17	Located at P.O. BOX 2120, IOWA CITY, IA			
15	Section 4947/3)(1) papayament charitable tructs filing Form 000 PE in liquid Form 4944 Charles	244	<u> </u>	-
-	and enter the amount of tax-exempt interest received or accrued during the year	 N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	Ni-
	securities, or other financial account in a foreign country?	1	162	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	16		_^_
	country			
Ρŧ	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	F''''	Vac	No
1a	During the year did the foundation (either directly or indirectly):	ļj	162	INO
	(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? Yes X No			
	(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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
		16	•	İ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 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 2011?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
	defined in section 4942(j)(3) or 4942(j)(5))			
3	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No	}		
b	If "Yes," list the years ►, 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.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2011 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 2011.) N/A	3b		1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2011?

RPC, INC. CHARITABLE FOUND C/O RIVER PRODUCTS COMPA			42-15044	31 Page	. 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be		ued)	- rage	<u>~</u>
5a During the year did the foundation pay or incur any amount to:	•	,	["		·
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y _E	es X No		
(2) Influence the outcome of any specific public election (see section 4955); (
any voter registration drive?			s X No	1 1 .	γ.
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Y	s X No	1 1	
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No	1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary.					,
the prevention of cruelty to children or animals?			e X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un					
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	ib d	
Organizations relying on a current notice regarding disaster assistance check h				,,,,	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
			🗆	1 1	
If "Yes," attach the statement required by Regulations section 53.494		'(A L) TE	8 L NO		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		ţ.		
			[V]		
a personal benefit contract?					•
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		· ·	ib X	
If "Yes" to 6b, file Form 8870.			[]		
7a At any time during the tax year, was the foundation a party to a prohibited tax					ш
b If 'Yes,' did the foundation receive any proceeds or have any net income attrib				7b	_
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		inagers, Highly	<i>y</i>		
1 List all officers, directors, trustees, foundation managers and their	compensation.				_
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe). -
THOMAS SCOTT	to position PRESIDENT	`enter -0-) '	compensation	allowances	—
P.O. BOX 2120	LKESIDENI				
IOWA CITY, IA 52244-2120	1.00	0.	0.	^	
	SECRETARY	<u> </u>	0.	0	<u>•</u>
P.O. BOX 2120	DECKETAKI				
IOWA CITY, IA 52244-2120	1.00	0.	ا م ا	^	
	TREASURER	<u> </u>	0.	0	<u>•</u>
P.O. BOX 2120	TREASURER				
	1 00		ا م ا	•	
IOWA CITY, IA 52244-2120	1.00	0.	0.	0	•
2 Compensation of five highest-paid employees (other than those inc	luded on time 4). If none	"NONE II			_
2 Compensation of tive nignest-paid employees (other than those inc		enter "NONE."	(d) Contributors to	(a) Europea	_
(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, othe allowances	9r
NONE					_
	}				
					_
					_
	1				
					_
	1]		
		 		·	_
	1				
Total number of other employees paid over \$50,000					0

number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A

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 1 and 2. Amount 1 NONE 0. All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3

Expenses

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 Average of monthly cash balances 1b Fair market value of all other assets 10 795. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 0. 1e 2 Acquisition indebtedness applicable to line 1 assets 795. Subtract line 2 from line 1d 3 3 12. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 783. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum Investment return. Enter 5% of line 5 39. ĥ 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.) Minimum investment return from Part X, line 6 39. 1 Tax on investment income for 2011 from Part VI, line 5 2a_ Income tax for 2011. (This does not include the tax from Part VI.) 2b 0. Add lines 2a and 2b 2c 39. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 0. 4 39. 5 Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 6 39. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 11,010. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) ... 3a Cash distribution test (attach the required schedule) 3h 11,010. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

Form 990-PF (2011)

4940(e) reduction of tax in those years.

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI, line 7				39.
2 Undistributed income, if any, as of the end of 2011:	**************************************			
a Enter amount for 2010 only	,		´ O .	
b Total for prior years:	!!-!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			,
3 Excess distributions carryover, if any, to 2011:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	***************************************	
a From 2006 18,154.	,			
b From 2007 20, 164.				
c From 2008 18,896.		,	,	
d From 2009 11,726.	,			
e From 2010 15,063.	,			
f Total of lines 3a through e	84,003.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 11,010.				
a Applied to 2010, but not more than line 2a .			0.	Ĺ
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 2011 distributable amount				39.
e Remaining amount distributed out of corpus	10,971.	· · · · · · · · · · · · · · · · · · ·		
5 Excess distributions carryover applied to 2011 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	94,974.			
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 2010 Subtract line		0.		·
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				1
be distributed in 2012				0.
7 Amounts treated as distributions out of		·		**************************************
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	18,154.	·····		
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	76,820.	·····		
O Analysis of line 9				
a Excess from 2007 20, 164.				
b Excess from 2008 18,896.		+		
c Excess from 2009 11,726.	``			
d Excess from 2010 15,063. e Excess from 2011 10,971.				
e Excess from 2011 10,971.	1		<u></u>	5

RPC, INC. CHARITABLE FOUNDATION C/O RIVER PRODUCTS COMPANY, INC. Form 990-PF (2011) 42-1504431 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 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 2011, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years income from Part I or the minimum (a) 2011 (b) 2010 (c) 2009 (d) 2008 (e) Total 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" atternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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.) 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number 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:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Purpose of grant or contribution show any relationship to Foundation any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient a Paid during the year AMERICAN CANCER SOCIETY civic FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52246 500. AMERICAN CANCER SOCIETY civic FOR UNRESTRICTED USE BY RECIPIENT WASHINGTON, IA 52353 500. BIG BROTHERS BIG SISTERS OF JOHNSON civic FOR UNRESTRICTED USE COUNTY BY RECIPIENT IOWA CITY, IA 52246 100. CAROLINE SLOCUM MEMORIAL FUND civic FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52245 100. CHS PARTY AFTER THE PROM EDUCATION FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52240 100. See continuation sheet(s) **▶** 3a Total 11,010. b Approved for future payment None <u>3b</u> Total ٥.

inter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Exclude	d by section 512, 513, or 514	(-)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	-		1		
b			 -		
<u> </u>			- -		
·			++		
d			 	-	
e			+ +		
g Fees and contracts from government agencies			+		
Membership dues and assessments			+ +		
Interest on savings and temporary cash			- -		
	1		14		
investments			14-		
Net rental income or (loss) from real estate:		***************************************			
a Debt-financed property	ļ <u>.</u>				
b Not debt-financed property	-				
Net rental income or (loss) from personal	1				
property					
Other investment income			4		
Gain or (loss) from sales of assets other			1		
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b					
_					
C					
d					
d	1		+-+		
de	1	0	•	0.	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)					
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to	o the Accom	plishment of E	xempt	Purposes	
t But total Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) But worksheet in line 13 instructions to verify calculations.) Relationship of Activities to	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
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e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
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Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Eworksheet in line 13 instructions to verify calculations.) Relationship of Activities to Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.) Relationship of Activities to Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	
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e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to ne No. Explain below how each activity for which incor	o the Accorr	plishment of E	xempt	Purposes	

C/O RIVER PRODUCTS COMPANY, INC.

42-1504431

Page 13

Part XVII	Information Re Exempt Organ	egarding Trans	fers To a	nd Transactions a	nd Relations	ships With Noncha	ritable		ige 10
1 Did the or			the following	g with any other organization	on described in sec	tion 501(c) of	Ţ	Yes	No
				7, relating to political organ		11011 00 1(0) 01	-	. 55	-110
	from the reporting found								
(1) Cash	_			,			1a(1)	† • •	X
• •	assets			• •			1a(2)		X
b Other tran		· ···· ··· ·					1.0/27		
	of assets to a nonchanta	hie exempt organizatio	nn.				1b(1)		Х
	nases of assets from a no							-	X
	il of facilities, equipment,						1b(2)		X
						• •••	1b(3)		X
• •	bursement arrangements					• • • • •	1b(4)	 	X
• •	s or loan guarantees						1b(5)	 	X
• •	rmance of services or me		-			•••••	1b(6)	 	X
	f facilities, equipment, ma						1c		
or service:		oundation If the found	lation receive			market value of the goods, on or sharing arrangement, s		sets,	
	(b) Amount involved			exempt organization	(d) Description	on of transfers, transactions, and	phoring o		
(a) alle lio	(b) Allouit ilivoivou	(o) Marile of II	N/A	exempt organization	(u) Description	in of dansiers, dansactions, and	enaming a	rangente	TILS
			14/ A						
		·							
									
									
						······			
									
		<u> </u>							
in section	501(c) of the Code (othe omplete the following sch	r than section 501(c)(; edule.			zations described	C	Yes	X] No
	(a) Name of org	janization	·····	(b) Type of organization		(c) Description of relations	hip		
	N/A			<u> </u>	 -				
				-	 				
		//_			<u> </u>				
Sign Under and be	penates of pentry, I declare	mplete. Decleration of prec	retum, includin	g accompanying schedules and n taxpayer) is based on all infor	hation of which prepar	er has any knowledge ret	y the IRS um with the	discuss ne prepa	this rer
Here	/ Nomas	pett		4/04/12	3 Me	sedent 1	Yes		No
Sigr	nature of officer or trustee	9 /		Date	Title				
	Print/Type preparer's na	aglie	Preparer's s	ignature	Date	Check if PTIN			
	/	//	.	1000)	3/27/12	self- employed			
Paid	MICHAEL M.	REGAN	Much	alm Regan	7/1/16	P0	0356	177	1
Preparer				COMPANY, P.C	· · · · · · · · · · · · · · · · · · ·	Firm's EIN ► 42-1			
Use Only		,	. ==: 						
	Firm's address ▶ P.	O. BOX 526	57						
		RALVILLE,		241-0267		Phone no. (319	1248	3-03	67
-					.		m 99		

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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2011

	O RIVER PRODUCTS COMPANY, INC.	42-1504431						
Organization type (check		42-1304431						
Filers of:	Carting							
riiers oi:	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	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in nolete Parts I and II.	noney or property) from any one						
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributions for u If this box is chec purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to ked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because le, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000. ely religious, charitable, etc., it received nonexclusively						
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

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

Employer identification number

42-1504431

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 2120 IOWA CITY, IA 52244-2120	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

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

Employer identification number

42-1504431

			1204421
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)					Page 4
Name of orga		INC . vidual contributions to section he following line entry. For org c , contributions of \$1,000 or	anizations comp	letino Part III. enter	Employer identification number $42-1504431$ and that total more than \$1,000 for	r
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	t	(d) Desc	cription of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		•	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	it	(d) Desc	cription of how gift is held	
	(e) Transfer of Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Des	cription of how gift is held	

(e) Transfer of gift

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

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			
				

Relationship of transferor to transferee

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		, · 		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CLEAR CREEK AMANA POST PROM		EDUCATION	FOR UNRESTRICTED USE BY RECIPIENT	100.
COLUMBUS POST PROM PARTY COLUMBUS JUNCTION, IA 52738		EDUCATION	FOR UNRESTRICTED USE BY RECIPIENT	100.
COMMUNITY CHEST WASHINGTON, IA 52353		civic	FOR UNRESTRICTED USE BY RECIPIENT	100.
COMMUNITY FOUNDATION OF JOHNSON COUNTY		civic	FOR UNRESTRICTED USE BY RECIPIENT	•
IOWA CITY, IA 52240				500.
COMMUNITY MENTAL HEALTH CENTER FOR MID-EASTERN IOWA		civic	FOR UNRESTRICTED USE BY RECIPIENT	
IOWA CITY, IA 52240				250.
CORALVILLE CENTER FOR THE PERFORMING ARTS		civic	FOR UNRESTRICTED USE BY RECIPIENT	
CORALVILLE, IA 52241				2,500.
HILLS FIRE DEPARTMENT HILLS, IA 52235		CIVIC	FOR UNRESTRICTED USE BY RECIPIENT	100.
ICARE		civic	FOR UNRESTRICTED USE BY RECIPIENT	
IOWA CITY, IA 52240				100.
IOWA CITY HOSPICE		CIVIC	FOR UNRESTRICTED USE BY RECIPIENT	500.
IOWA COLLEGE FOUNDATION		EDUCATION	FOR UNRESTRICTED USE BY RECIPIENT	
IOWA CITY, IA 52244		.1		2,500.
Total from continuation sheets	<u> </u>	<u></u>	<u> </u>	9,710.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, **Foundation** show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient IOWA COUNTY ENGINEERS OFFICE CIVIC FOR UNRESTRICTED USE ORGANIZATION BY RECIPIENT 100. OTTUMWA, IA 52501 IOWA MENNONITE SCHOOL EDUCATION FOR UNRESTRICTED USE BY RECIPIENT KALONA, IA 52247 100. KEOTA VOLUNTEER FIRE DEPARTMENT FOR UNRESTRICTED USE CIVIC BY RECIPIENT **KEOTA, IA 52248** 100. KEOTA YOUTH PLUS EDUCATION FOR UNRESTRICTED USE BY RECIPIENT KEOTA, IA 52248 100. LARRY F SHEETZ MEMORIAL CIVIC FOR UNRESTRICTED USE BY RECIPIENT 100. WAPELLO, IA 52653 FOR UNRESTRICTED USE LONE TREE POST PROM EDUCATION BY RECIPIENT LONE TREE, IA 52755 100. MAYOR'S YOUTH EMPOWERMENT PROGRAM EDUCATION FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52244 500. MID PRAIRIE HIGH SCHOOL PROM FOR UNRESTRICTED USE EDUCATION BY RECIPIENT WELLMAN, IA 52356 100. MID PRAIRIE MUSIC BOOSTERS FOR UNRESTRICTED USE EDUCATION BY RECIPIENT 100. WELLMAN, IA 52356 MUSCULAR DISTROPHY ASSOCIATION **bivic** FOR UNRESTRICTED USE BY RECIPIENT DES MOINES, IA 50309 500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** contribution any foundation manager status of Name and address (home or business) recipient or substantial contributor PILOTS CLUB OF IOWA CITY civic FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52245 100. REGINA HIGH SCHOOL POST PROM EDUCATION FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52240 100. SOLON FIRE DEPARTMENT civic FOR UNRESTRICTED USE BY RECIPIENT SOLON, IA 52333 100. TIFFIN FIRE DEPARTMENT CIVIC FOR UNRESTRICTED USE BY RECIPIENT TIFFIN, IA 52340 100. UNITED WAY OF JOHNSON COUNTY CIVIC FOR UNRESTRICTED USE BY RECIPIENT CORALVILLE, IA 52241 500. VA HOSPITAL & CLINIC CIVIC FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52242 100. WEST BRANCH ASA SOFTBALL civic FOR UNRESTRICTED USE BY RECIPIENT WEST BRANCH, IA 52358 60. WEST HIGH PARTY AFTER PROM EDUCATION FOR UNRESTRICTED USE BY RECIPIENT IOWA CITY, IA 52246 100. Total from continuation sheets