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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
RIGGS EMPLOYEE'S FUND

D Employer identification number
71-0608123

E Telephone number
501-570-3519

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 81,047.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Expenses	1	Contributions, gifts, grants, and similar amounts received	1	80,417.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	630.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1). Attach Schedule G if the sum of such gross income and contributions exceeds \$15,000	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81,047.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	80,873.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	421.
	17	Total expenses. Add lines 10 through 16	17	81,294.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<247.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	69,027.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	68,780.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ N/A		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9 ▶ N/A		
39b Gross receipts, included on line 9, for public use of club facilities ▶ N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ BECKY JAMES Telephone no ▶ 501-570-3519 Located at ▶ P.O. BOX 1399, LITTLE ROCK, AR ZIP + 4 ▶ 72203-1399		
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

	Yes	No
52	X	

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

Sign Here

Signature of officer

Date

GARY HOLLAND

CHAIRMAN

06-04-2012

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

RAMI KASSISSIEH

RAMI KASSISSIEH

06/02/12

P01328714

Firm's name HUDSON, CISNE & CO. LLP

Firm's EIN 71-0650689

Firm's address 11412 HURON LANE
LITTLE ROCK, AR 72211

Phone no (501) 221-1000

May the IRS discuss this return with the preparer shown above? See instructions

	Yes	No
53	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

RIGGS EMPLOYEE'S FUND

Employer identification number

71-0608123

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☒ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE ATTACHMENT 1		1, 3, 9		X	X		X		
Total									0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

RIGGS EMPLOYEE'S FUND

Employer identification number
71-0608123

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

630.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SEE ATTACHMENT 1

GRANTEE NAME:

GRANTEE ADDRESS: SEE ATTACHMENT 2

GRANTEE RELATIONSHIP: SEE ATTACHMENT 1

AMOUNT GIVEN:

39,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

80,873.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

MISCELLANEOUS

421.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PRIMARY EXEMPT PURPOSE
OF THE ORGANIZATION IS TO MAKE CHARITABLE DONATIONS IN THE FORM OF
EDUCATIONAL SCHOLARSHIPS AND OTHER DONATIONS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

Attachment 1

RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Make a Wish Foundation 320 Executive Court, Suite 101 Little Rock, AR 72205	\$1,000.00	None	Fund Donation
Arkansas Children's Hospital Terry Howard Memorial Trail Ride 85 Dallas 227 Sparkman, AR 71763	\$200.00	None	Fund Donation
Cross Road Church 200 Rudy Road Alma, AR 72921	\$500.00	None	Disaster Relief
Immanuel Baptist Church 701 South West Ave. El Dorado, AR 71730	\$500.00	None	Disaster Relief
American Red Cross 401 South Monroe Little Rock, AR 72205	\$2,500.00	None	Fund Donaton
1st Missionary Baptist Church P. O. Box 126 Mabelvale, AR 72103	\$1,000.00	None	Disaster Relief
Wynne Baptist Church P. O. Box 874 Wynne, AR 72396	\$3,500.00	None	Disaster Relief
Milam Chapel Church 10829 State Highway 118 Turrell, AR 72384	\$500.00	None	Disaster Relief
Liberty Baptist Association Project South 912 Mt. Holly Road El Dorado, AR 72730	\$300.00	None	Fund Donation
Heart of Arkansas United Way 516 Pershing Blvd. North Little Rock, AR 72114	\$15,000.00	None	Fund Donation to various organizations

RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
United Way of Saline County P. O. Box 1576 Benton, AR 72015	\$3,750.00	None	Fund Donation to various organizations
1st Baptist Church of Hoxie Bags of Blessings 200 Southwest Lindsey Street Hoxie, AR 72433	\$250.00	None	Disaster Relief
Community Rescue Mission P. O. Box 607 Fort Smith, AR 72902	\$1,000.00	None	Fund Donation
Crisis Intervention Center 5603 South 14th Street Fort Smith, AR 72901	\$1,000.00	None	Fund Donation
ABATE District 4 P. O. Box 3280 Fayetteville, AR 72702	\$500.00	None	Fund Donation
Northwest Arkansas Children's Shelter 7702 SW Regional Airport Blvd. Bentonville, AR 72712	\$1,000.00	None	Fund Donation
Teen Challenge Ranch of NW Arkansas P. O. Box 20 Morrow, AR 72749	\$500.00	None	Fund Donation
Meals on Wheels Benton County Centers 3501 SE L Street Bentonville, AR 72712	\$500.00	None	Fund Donation
St. Jude Hospital P. O. Box 50 Memphis, TN 38101	\$1,250.00	None	Fund Donation
1st Assembly of God 503 North Missouri Street West Memphis, AR 72301	\$250.00	None	Disaster Relief
Steudle Learning Center P. O. Box 2627 West Memphis, AR 72303	\$1,500.00	None	Fund Donation

RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Boys and Girls Club 1201 North West Ave. El Dorado, AR 71730	\$1,000.00	None	Fund Donation
Longley Baptist Church 9900 Geyer Springs Road Little Rock, AR 72209	\$500.00	None	Disaster Relief
Second Chance at Life 1199 Smackover Highway El Dorado, AR 71730	\$1,000.00	None	Fund Donation
Subtotal Contributions	\$39,000.00		

Attachment 2

**RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID**

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Justin Holstead U. C. A Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	\$2,500.00	Employment	Educational Scholarship
Whitney Dixon Harding University Business Office P. O. Box 10770 Searcy, AR 72149-0770	\$2,500.00	Employment	Educational Scholarship
Hunter Petrus Arkansas State University Financial Aid Office P. O. Box 1620 State University, AR 72467-1620	\$2,500.00	Employment	Educational Scholarship
Haley Petrus Arkansas State University Financial Aid Office P. O. Box 1620 State University, AR 72467-1620	\$2,500.00	Employment	Educational Scholarship

RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Emily Chandler Harding University Student Financial Aid Services 915 E. Market HU Box 12282 Searcy, AR 72149-2282	\$2,500.00	Employment	Educational Scholarship
Catie Willis University of Arkansas at Fayetteville Attn: Treasurer's Office P. O. Box 1404 Fayetteville, AR 72702	\$2,500.00	Employment	Educational Scholarship
Jamye Miller U.A.L.R. Financial Aid Office Attn: Gail Johnson 2801 South University Little Rock, AR 72201	\$1,250.00	Employment	Educational Scholarship
Aaron Eades University of Central Florida Undergraduate Admission Scholarship P. O. Box 160000 Orlando, FL 32816	\$3,123.10	Employment	Educational Scholarship
Allison Linzy U C. A. Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	\$2,500.00	Employment	Education Scholarship
Sarah Marrs Wright Arkansas State University Financial Aid Office P. O. Box 1620 State University, AR 72467-1620	\$2,500.00	Employment	Education Scholarship
Lindsey Peters U A L.R. Financial Aid Office Attn: Gail Johnson 2801 South University Little Rock, AR 72201	\$2,500.00	Employment	Education Scholarship

RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Tiffany Crawford U. C. A. Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	\$2,500.00	Employment	Education Scholarship
Alex Avlos Eckerd College Financial Aid Office 4200 54th Ave. South St. Petersburg, FL 33711	\$1,250.00	Employment	Education Scholarship
Brittany Kiser Southern Nazarene University Attn: Business Office 6729 NW 39th Expressway Bethany, OK 73008-2605	\$1,250.00	Employment	Education Scholarship
Nick Peters Arkansas Tech University Financial Aid Office 1605 Coliseum Drive Russellville, AR 72801	\$2,500.00	Employment	Education Scholarship
Jayne Miller U.A.M.S. Student Financial Services 4301 West Markham, Slot 864 Little Rock, AR 72205-7199	\$1,250.00	Employment	Education Scholarship
Morgan Miller University of Arkansas at Fayetteville Attn: Treasurer's Office P. O. Box 1404 Fayetteville, AR 72702	\$1,250.00	Employment	Education Scholarship
Bailey Smith Belmont University Student Financial Services 1900 Belmont Blvd. Nashville, TN 37212	\$1,250.00	Employment	Education Scholarship

RIGGS EMPLOYEES' FUND
71-0608123
2011 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Rocky Hedrick University of Arkansas at Fayetteville Attn: Treasurer's Office P. O. Box 1404 Fayetteville, AR 72702	\$1,250.00	Employment	Education Scholarship
Madison Avlos University of Arkansas at Fort Smith Cashier's Office P. O. Box 3649 Fort Smith, AR 72913-3649	\$1,250.00	Employment	Education Scholarship
Casey Higgs Arkansas Tech University Student Accounts Office 1605 South Colliseum Drive Russellville, AR 72801	\$1,250.00	Employment	Education Scholarship
Subtotal for Scholarships	\$41,873.10		