See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 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

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O. BOX 1399

City or town, state or province, country, and ZIP or foreign postal code
LITTLE ROCK, AR 72203-1399

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 Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 78,140.

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 ☒

1	Contributions, gifts, grants, and similar amounts received		1	77,958.
2	Program service revenue including government fees and contracts		2	
3	*Membership dues and assessments*		3	
4	Investment income	SEE SCHEDULE O	4	182.
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	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 $ _____ of contributions 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		
b	Less cost of goods sold	7b		
c	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	78,140.
10	Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10	76,100.
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)*	SEE SCHEDULE O	16	72.
17	**Total expenses** Add lines 10 through 16 ▶		17	76,172.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,968.
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	62,274.
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	64,242.

Revenue / Expenses / Net Assets

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2013)

332171
11-25-13

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Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	62,274.	22	64,242.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	62,274.	25	64,242.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	62,274.	27	64,242.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 CHARITABLE CONTRIBUTIONS ARE MADE TO OTHER CHARITABLE ORGANIZATIONS AND CAUSES.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 36,100.

29 GRANTED EDUCATIONAL SCHOLARSHIPS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 40,000.

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 76,100.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY HOLLAND CHAIRMAN	0.00	0.	0.	0.
PAUL FAILCHILD	0.00	0.	0.	0.
MIKE COOK	0.00	0.	0.	0.
GINA GOODHUE	0.00	0.	0.	0.
RODNEY PARNELL	0.00	0.	0.	0.

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	33		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)	34		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)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	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	35c		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	37b		X
b	Did the organization file **Form 1120-POL** for this year?			
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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b 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.			
b	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	40b		X
c	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.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	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	40e		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			
b	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.**	42b		X
c	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 ▶	42c		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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		

			Yes	No
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	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

			Yes	No
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	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	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 title of each employee	(b) 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 business address of each independent contractor	(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 ▶ [X] Yes ☐ No

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 - Board of Trustees Jun 2, 2014
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RAMI KASSISSIEH		05/30/14		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 ▶ [X] Yes ☐ No

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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 - Non-functionally integrated

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?

		Yes	No
11g(i)	(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?		X
11g(ii)	(ii) A family member of a person described in (i) above?		X
11g(iii)	(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
SEE ATTACHMENT 1		1,3,9		X	X		X		
Total 1									0.

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

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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:
	182.

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:	36,100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	76,100.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MISCELLANEOUS	72.

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 SHCOLARSHIPS 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.

Attachment 1

RIGGS EMPLOYEES' FUND
71-0608123
2013 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Make a Wish Foundation 320 Executive Court, Suite 101 Little Rock, AR 72205	$700.00	None	Fund Donation
St. Jude Hospital 262 Danny Thomas Place Memphis, TN 38105	$1,000.00	None	Fund Donation
Arkansas Children's Hospital P O. Box 50 Memphis, TN 38101	$200.00	None	Fund Donation
Buffalo Island Jr. Livestock Craighead County 4H P. O. Box 240 Jonesboro, AR 72403	$200.00	None	Fund Donation
Travelers & Community Service 172 Turkey Lane Clinton, AR 72031	$1,500.00	None	Fund Donation
Liberty Church of Christ 755 Highway 351 Paragould, AR 72450	$1,250.00	None	Disaster Relief
First Missionary Baptist Church of Mabevale P O. Box 126 Mabelvale, AR 72103	$2,050.00	None	Disaster Relief
Grace Community Church 4001 Brooken Hill Drive Fort Smith, AR 72908	$1,000 00	None	Disaster Relief
Christian Community Care Clinic 220 W. South Street Benton, AR 72015	$625 00	None	Fund Donation
Churches Joint Council on Human Needs 103 E. Elm Street Benton, AR 72015-4325	$625 00	None	Fund Donation
Central Arkansas Development Council 400 Edison Benton, AR 72015	$625.00	None	Fund Donation
Boy Scouts of America 3220 Cantrell Road Little Rock, AR 72202	$3,000.00	None	Fund Donation
Safe Haven PO Box 1100 Benton, AR 72018	$625.00	None	Fund Donation

RIGGS EMPLOYEES' FUND
71-0608123
2013 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Boys & Girls Club - Central Arkansas 1616 West 3rd Street Little Rock, AR 72201	$3,000.00	None	Fund Donation
The Center Against Family Violence 2400 W. Markham Street Little Rock, AR 72205	$3,000 00	None	Fund Donation
Ronald McDonald House 1009 Wolfe St. Little Rock, AR 72202	$3,000.00	None	Fund Donation
Arkansas Food Bank Network 4301 West 65th Street Little Rock, Arkansas 72209	$3,000 00	None	Fund Donation
Civitan Services 121 Cox Street Benton, AR 72015	$625.00	None	Fund Donation
Boys & Girls Club of Saline County 105 Cox Street Benton, AR 72015	$625 00	None	Fund Donation
First Baptist Church of Greenwood 19 N Adair St. Greenwood, AR 72936	$1,700 00	None	Disaster Relief
United Way of Union County 200 North Jefferson, Suite 103 El Dorado, AR 71730	$250.00	None	Fund Donation
Camp Aldersgate 2000 Aldersgate Rd. Little Rock, AR 72205	$2,500.00	None	Fund Donation
ABATE District 4 P. O. Box 3280 Fayetteville, AR 72702	$500.00	None	Fund Donation
Benton County Senior Center 3501 SE L Street Bentonville, AR 72712	$500 00	None	Fund Donation
Northwest Arkansas Children's Shelter 7702 SW Regional Airport Blvd. Bentonville, AR 72712	$500.00	None	Fund Donation
Valley View Church 1911 Excelsior Road Greenwood, AR 72936	$500.00	None	Disaster Relief
Randy Sam's Homeless Shelter 402 Oak Street Texarkana, TX 75501	$750.00	None	Fund Donation

RIGGS EMPLOYEES' FUND
71-0608123
2013 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Temple Memorial 1315 Walnut Street Texarkana, TX 75501	$750 00	None	Fund Donation
Texarkana Friendship Center 620 West 4th Street Texarkana, TX 75505	$750.00	None	Fund Donation
Watersprings Ranch 7707 Sanderson Lane Texarkana, AR 71854	$750.00	None	Fund Donation
Subtotal Contributions	**$36,100.00**		

Attachment 2

RIGGS EMPLOYEES' FUND
71-0608123
2013 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
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
Madison Avlos University of Arkansas at Fort Smith Cashier's Office P. O. Box 3649 Fort Smith, AR 72913-3649	$2,500.00	Employment	Education Scholarship
Jordan James University of Arkansas at Little Rock Financial Aid Office Attn: Gail Johnson 2801 South University Little Rock, AR 72201	$2,500.00	Employment	Education Scholarship
Tyler Haley University of Arkansas at Little Rock Financial Aid Office Attn: Gail Johnson 2801 South University Little Rock, AR 72201	$2,500 00	Employment	Education Scholarship
Kendall Goodhue University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$2,500 00	Employment	Education Scholarship
Rocky Hedrick University of Arkansas at Fayetteville Attn: Treasurer's Office P. O Box 1404 Fayetteville, AR 72702	$2,500.00	Employment	Education Scholarship
Tiffany Crawford University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$1,250.00	Employment	Education Scholarship
Hunter Petrus Arkansas State University Financial Aid Office P O Box 1620 State University, AR 72467-1620	$1,250 00	Employment	Education Scholarship

RIGGS EMPLOYEES' FUND
71-0608123
2013 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Haley Petrus Arkansas State University Financial Aid Office P. O. Box 1620 State University, AR 72467-1620	$2,500.00	Employment	Education Scholarship
Catie Willis University of Arkansas at Fayetteville Attn: Treasurer's Office P. O. Box 1404 Fayetteville, AR 72702	$1,250.00	Employment	Education Scholarship
Aaron Eades University of Central Florida Undergraduate Admission Scholarship P. O. Box 160000 Orlando, FL 32816	$1,250.00	Employment	Education Scholarship
Bailey Smith Belmont University Student Financial Services 1900 Belmont Blvd. Nashville, TN 37212	$2,500.00	Employment	Education Scholarship
Morgan Miller Mid South Community College 2000 West Broadway West Memphis, AR 72301	$1,250.00	Employment	Education Scholarship
Emily Chandler Harding University Student Financial Aid Services 915 E. Market HU Box 12282 Searcy, AR 72149-2282	$2,500.00	Employment	Education Scholarship
Aaron Hastings Louisiana Tech University Office of Comptroller P. O. Box 7924 Ruston, LA 71272	$2,500.00	Employment	Education Scholarship
Morgan Miller Arkansas State University Financial Aid Office P. O. Box 1620 State University, AR 72467-1620	$1,250.00	Employment	Education Scholarship
Scott Sterling University of Colorado Office of Admissions and Financial Aid 1420 Austin Bluffs Parkway Colorado Springs, CO 80918	$1,250.00	Employment	Education Scholarship

RIGGS EMPLOYEES' FUND
71-0608123
2013 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE
Mason McAlexander Arkansas State University Financial Aid Office P. O. Box 1620 State University, AR 72467-1620	$1,250.00	Employment	Education Scholarship
Rachel Box University of Arkansas at Fayetteville Attn: Treasurer's Office P. O. Box 1404 Fayetteville, AR 72702	$1,250.00	Employment	Education Scholarship
Rachael Jeans National Park Community College Attn: Sara Brown, Asst. Dir. Of Financial Aid 101 College Drive Hot Springs, AR 71913	$1,250 00	Employment	Education Scholarship
Erika Franklin University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$1,250.00	Employment	Education Scholarship
Kayla Harrison University of Arkansas at Fort Smith Cashier's Office P. O. Box 3649 Fort Smith, AR 72913-3649	$1,250.00	Employment	Education Scholarship
Subtotal for Scholarships	**$40,000.00**		
Total for Charitable Contributions	**$76,100.00**		

ARKANSAS ATTACHMENT TO IRS FORM 990EZ

If you file an IRS Form 990EZ, the Office of the Arkansas Attorney General requires that you also file a functional expense statement and a schedule of contributions showing total direct public support and government grants as separate figures. The following section is provided for your convenience.

Organization Name Riggs Employee's Fund

Federal EIN 71-0608123 **Year-Ending:** 12/31/13

STATEMENT OF FUNCTIONAL EXPENSES

2. Total amount of revenue collected:	**$** 77,958.00
3. Amount allocated for Program Services:	**$** 76,100.00
4. Amount allocated for Management and General expenses:	**$** 72.00
5. Fund-raising expenses:	**$** -

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at** ***www.irs.gov/form8868***

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing ***(e-file).*** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number: Employer identification number (EIN) or
File by the due date for filing your return. See instructions	RIGGS EMPLOYEE'S FUND	71-0608123
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1399	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LITTLE ROCK, AR 72203-1399	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ BECKY JAMES P.O. BOX 1399, LITTLE ROCK, AR - 72203-1399
  Telephone No. ▶ 501-570-3519 Fax No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [X] calendar year 2013 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.