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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 ▶ $ 79,048.

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	78,773.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income SEE SCHEDULE O	4	275.
	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	79,048.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	72,827.
	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	377.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	73,204.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,844.
	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	64,242.
	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	70,086.

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2014)

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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	64,242.	22	70,086.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	64,242.	25	70,086.
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)	64,242.	27	70,086.

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 ☒

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; optional for others.)

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

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 27,700.

29 GRANTED EDUCATIONAL SCHOLARSHIPS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 45,127.

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 72,827.

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.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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

			Yes	No
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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
b	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 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 — JUN 23, 2015

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		06/10/15		P01328714

Firm's name ▶ HUDSON, CISNE & CO. LLP — Firm's EIN ▶ 71-0650689

Firm's address ▶ 11025 ANDERSON DRIVE, STE. 300 LITTLE ROCK, AR 72212 — 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

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☒ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations: 27

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
SEE ATTACHMENT 1		1,3,9		X		
Total					0.	0.

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2014.** 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 - 2013.** 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 - 2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		X
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a	X	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		X

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		X

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	0.	0.
2 Recoveries of prior-year distributions	2	0.	0.
3 Other gross income (see instructions)	3	182.	0.
4 Add lines 1 through 3	4	182.	0.
5 Depreciation and depletion	5	0.	0.
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0.	0.
7 Other expenses (see instructions)	7	72.	0.
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	110.	0.

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	0.	0.
b Average monthly cash balances	1b	69,019.	0.
c Fair market value of other non-exempt-use assets	1c	0.	0.
d **Total** (add lines 1a, 1b, and 1c)	1d	69,019.	0.
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**): 0.			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3 Subtract line 2 from line 1d	3	69,019.	0.
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	1,035.	0.
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	67,984.	0.
6 Multiply line 5 by .035	6	2,379.	0.
7 Recoveries of prior-year distributions	7	0.	0.
8 **Minimum Asset Amount** (add line 7 to line 6)	8	2,379.	0.

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		110.
2 Enter 85% of line 1	2		94.
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		2,379.
4 Enter greater of line 2 or line 3	4		2,379.
5 Income tax imposed in prior year	5		0.
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		2,379.

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	72,827.
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	427.
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	73,254.
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions.	72,827.
9 Distributable amount for 2014 from Section C, line 6	2,379.
10 Line 8 amount divided by Line 9 amount	100%

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			2,379.
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014.			
a			
b			
c			
d			
e From 2013			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ 73,254.			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			2,379.
c Remainder. Subtract lines 4a and 4b from 4	70,875.		
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c.	70,875.		
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014 70,875.			

Part VI 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)

PART IV SECTION A LINE 1

THE ORGANIZATION DESIGNATES THE SUPPORTED ORGANIZATIONS BY PURPOSE. THE ORGANIZATION'S TRUST INSTRUMENT LIMITS THE CHARITABLE PURPOSES TO RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF THOSE TERMS AS USED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. PLEASE SEE ATTACHMENT 1 FOR DETAIL.

PART IV SECTION A LINE 5A

SEE ATTACHMENT 1 FOR THE NAMES AND EINS OF THE SUPPORTED ORGANIZATIONS. THE ORGANIZATION'S DECISIONS TO ADD, SUBSTITUTE, OR REMOVE SUPPORTING ORGANIZATIONS ARE BASED ON A SET OF CRITERIA THAT IS REVIEWED ANNUALLY BY THE COMMITTEE. THE AUTHORITY TO ADD, SUBSTITUTE, OR REMOVE SUPPORTING ORGANIZATIONS IS GRANTED BY THE ORGANIZATION'S TRUST DOCUMENT AS LONG AS SUPPORTING ORGANIZATIONS ARE MEETING THE CHARITABLE PURPOSE REQUIREMENT.

PART IV SECTION D LINE 2

THE OFFICERS OF THE SUPPORTING ORGANIZATION AND OF THE SUPPORTED ORGANIZATIONS MAINTAIN A CLOSE AND CONTINUOUS WORKING RELATIONSHIP ONCE THE DONATION IS MADE BY OCCASIONALLY TOURING THE FACILITY AND MEETING WITH THE LEADERSHIP OF THE SUPPORTED ORGANIZATIONS. THE SUPPORTED ORGANIZATION HAS THE ROLE OF DIRCTING THE FUNDS TO THE SPECIFIC USE. BECAUSE OF THIS RELATIONSHIP, THE SUPPORTED ORGANIZATION HAS A SIGNIFICANT VOICE IN THE SUPPORTING ORGANIZATION'S TIMING OF GRANTS, MANNER OF MAKING GRANTS, AND SELECTION OF GRANT RECIPIENTS (THE "SIGNIFICANT VOICE" TEST).

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

2014

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:
	275.

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

ACTIVITY CLASSIFICATION: SEE ATTACHMENT 1

GRANTEE NAME:

GRANTEE ADDRESS: SEE ATTACHMENT 1

GRANTEE RELATIONSHIP: SEE ATTACHMENT 1

AMOUNT GIVEN: 27,700.

ACTIVITY CLASSIFICATION: SEE ATTACHMENT 2

GRANTEE RELATIONSHIP: SEE ATTACHMENT 2

AMOUNT GIVEN: 45,127.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 72,827.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MISCELLANEOUS	377.

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:

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

2014

Open to Public Inspection

Name of the organization

RIGGS EMPLOYEE'S FUND

Employer identification number

71-0608123

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
2014 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE	EIN	
Make a Wish Foundation 320 Executive Court, Suite 101 Little Rock, AR 72205	$2,500 00	None	Fund Donation	62-1253153	Hand Delivered
Special Olympics of Arkansas 3004 Trowbridge Paragould, AR 72450	$250 00	None	Fund Donation	7-10666671	Hand Delivered
Arkansas Children's Hospital 1 Children's Way Little Rock, AR 72202	$450 00	None	Fund Donation	71-0568795	Hand Delivered
First Missionary Baptist Church of Mabevale P O Box 126 Mabelvale, AR 72103	$1,000 00	None	Disaster Relief	71-0528749	Hand Delivered
Grandma's House 501 West Stephenson Ave Harrison, AR 72601	$500 00	None	Fund Donation	27-1366139	Hand Delivered
Boys & Girls Club - Central Arkansas 1616 West 3rd Street Little Rock, AR 72201	$1,000 00	None	Fund Donation	20-8095568	Hand Delivered
The Center Against Family Violence Women & Children First 2400 W Markham Street Little Rock, AR 72205	$1,000 00	None	Fund Donation	71-0513011	Hand Delivered
Dorcas House 823 South Park Street Little Rock, AR 72202	$1,000 00	None	Fund Donation	71-0348993	Hand Delivered
Camp Aldersgate 2000 Aldersgate Rd Little Rock, AR 72205	$1,000 00	None	Fund Donation	71-0265209	Mailed
Christian Community Care Clinic 220 W South Street Benton, AR 72015	$1,000 00	None	Fund Donation	71-0829146	Hand Delivered
Boys & Girls Club of Saline County 105 Cox Street Benton, AR 72015	$1,000 00	None	Fund Donation	23-0411510	Hand Delivered
Civitan Services 121 Cox Street Benton, AR 72015	$1,000 00	None	Fund Donation	71-0496839	Hand Delivered
Churches Joint Council on Human Needs 103 E Elm Street Benton, AR 72015-4325	$1,000 00	None	Fund Donation	710675975	Hand Delivered

RIGGS EMPLOYEES' FUND
71-0608123
2014 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE		
Safe Haven PO Box 1100 Benton, AR 72018	$1,000 00	None	Fund Donation	71-0809018	Mailed
Central Arkansas Development Council 400 Edison Benton, AR 72015	$1,000 00	None	Fund Donation	71-0388673	Hand Delivered
Arkansas Food Bank Network 4301 West 65th Street Little Rock, Arkansas 72209	$3,500 00	None	Fund Donation	71-0596734	Hand Delivered
Ronald McDonald House 1009 Wolfe St Little Rock, AR 72202	$3,000 00	None	Fund Donation	71-0525252	Hand Delivered
Alzheimer's Arkansas 201 Markham Center Drive Little Rock, AR 72205	$500 00	None	Fund Donation	71-0590114	Mailed
Wounded Warriors 4899 Belfort Road Jacksonville, FL 32256	$1,500 00	None	Fund Donation	20-2370934	Mailed
HOPE Landing 214 Hope Landing El Dorado, AR 71730	$1,500 00	None	Fund Donation	20-3361493	Hand Delivered
United Way of Union County 200 North Jefferson, Suite 103 El Dorado, AR 71730	$500 00	None	Fund Donation	71-0338355	Hand Delivered
Foodbank of Northeast AR 3414 One Place Jonesboro, AR 72402	$250 00	None	Fund Donation	71-0810999	Hand Delivered
March of Dimes 272 Southwest Drive Jonesboro, AR 72401	$250 00	None	Fund Donation	13-1846366	Hand Delivered
Watersprings Ranch 7707 Sanderson Lane Texarkana, AR 71854	$500 00	None	Fund Donation	71-0671027	Hand Delivered
Texarkana Friendship Center 620 West 4th Street Texarkana, TX 75505	$500 00	None	Fund Donation	75-2678943	Hand Delivered
Temple Memorial 1315 Walnut Street Texarkana, TX 75501	$500 00	None	Fund Donation	71-0259137	Hand Delivered

RIGGS EMPLOYEES' FUND
71-0608123
2014 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE		
Harvest Texarkana 3210 West 19th St Texarkana, AR 71854	$500 00	None	Fund Donation	75-2671647	Hand Delivered
Subtotal Contributions	**$27,700.00**				

Attachment 2

RIGGS EMPLOYEES' FUND
71-0608123
2014 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE	EIN	
Lindsey Peters U A L R Financial Aid Office Attn Gail Johnson 2801 South University Little Rock, AR 72201	$1,250 00	None	Education Scholarship	71-0236904	Mailed with letter
Madison Avlos University of Arkansas at Fort Smith Cashier's Office P O Box 3649 Fort Smith, AR 72913-3649	$3,750 00	None	Education Scholarship	71-0394794	Mailed with letter
Jordan James University of Arkansas at Little Rock Financial Aid Office Attn Gail Johnson 2801 South University Little Rock, AR 72201	$2,500 00	None	Education Scholarship	71-0236904	Mailed with letter
Tyler Haley University of Arkansas at Little Rock Financial Aid Office Attn Gail Johnson 2801 South University Little Rock, AR 72201	$2,500 00	None	Education Scholarship	71-0236904	Mailed with letter
Kendall Goodhue University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$2,500 00	None	Education Scholarship	71-6001828	Mailed with letter
Rocky Hedrick University of Arkansas at Fayetteville Attn Treasurer's Office P O Box 1404 Fayetteville, AR 72702	$2,500 00	None	Education Scholarship	71-6003252	Mailed with letter

RIGGS EMPLOYEES' FUND
71-0608123
2014 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE	EIN	
Haley Petrus Arkansas State University Financial Aid Office P O Box 1620 State University, AR 72467-1620	$3,750 00	None	Education Scholarship	71-6000556	Mailed with letter
Aaron Eades University of Central Florida Undergraduate Admission Scholarship P O Box 160000 Orlando, FL 32816	$126 90	None	Education Scholarship	59-2924021	Mailed with letter
Bailey Smith Belmont University Student Financial Services 1900 Belmont Blvd Nashville, TN 37212	$2,500 00	None	Education Scholarship	62-0465076	Mailed with letter
Aaron Hastings Louisiana Tech University Office of Comptroller P O Box 7924 Ruston, LA 71272	$2,500 00	None	Education Scholarship	72-6000792	Mailed with letter
Morgan Miller Arkansas State University Financial Aid Office P O Box 1620 State University, AR 72467-1620	$2,500 00	None	Education Scholarship	71-6000556	Mailed with letter
Scott Sterling University of Colorado Office of Admissions and Financial Aid 1420 Austin Bluffs Parkway Colorado Springs, CO 80918	$2,500 00	None	Education Scholarship	84-6000555	Mailed with letter
Mason McAlexander Arkansas State University Financial Aid Office P O Box 1620 State University, AR 72467-1620	$1,250 00	None	Education Scholarship	71-6000556	Mailed with letter
Rachel Box University of Arkansas at Fayetteville Attn Treasurer's Office P O Box 1404 Fayetteville, AR 72702	$2,500 00	None	Education Scholarship	71-6003252	Mailed with letter
Rachael Jeans National Park Community College Attn Sara Brown, Asst Dir Of Financial Aid 101 College Drive Hot Springs, AR 71913	$1,250 00	None	Education Scholarship	71-0559526	Mailed with letter

RIGGS EMPLOYEES' FUND
71-0608123
2014 SCHEDULE OF GRANTS AND AMOUNTS PAID

NAME / ADDRESS	AMOUNT	RELATIONSHIP	PURPOSE	EIN	
Erika Franklin University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$2,500 00	None	Education Scholarship	71-6001828	Mailed with letter
Kayla Harrison University of Arkansas at Fort Smith Cashier's Office P O Box 3649 Fort Smith, AR 72913-3649	$2,500 00	None	Education Scholarship	71-0394794	Mailed with letter
Austin Thaxton University of Arkansas at Fayetteville Attn Treasurer's Office P O Box 1404 Fayetteville, AR 72702	$1,250 00	None	Education Scholarship	71-6003252	Mailed with letter
Dannon Daniel University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$1,250 00	None	Education Scholarship	71-6001828	Mailed with letter
Evan Thomas University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$1,250 00	None	Education Scholarship	71-6001828	Mailed with letter
Michaela Spurlin University of Central Arkansas Financial Aid Office McCastlain Hall, Room #001 Conway, AR 72035	$1,250 00	None	Education Scholarship	71-6001828	Mailed with letter
Talon Searles John Brown University 2000 W University Street Box 3529 Siloam Springs, AR 72761	$1,250 00	None	Education Scholarship	71-0239576	Mailed with letter
Subtotal for Scholarships	**$45,126.90**				
Total for Charitable Contributions	**$72,826.90**				

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 File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number Employer identification number (EIN) or
	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) 0 1

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, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2014 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.