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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u> </u>	For	the 20	112 calendar year, or tax year beginning	and	ending				
В	Check	c if able	C Name of organization			D Employer identifi	cation number		
Γ	Ad	dress ange	RIVER RIDGE FARM TRUST						
Ē	Na	me ange	Doing Business As			[†] 31−6	585455		
Ē	Ind		Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Telephone number			
. Ē		rmın-	5922 PARKCHESTER PLACE	,		937-298-3254			
Ē	Arr	nended urn	City, town, or post office, state, and ZIP code	9		G Gross receipts \$	3,797,953.		
		plica-	DAYTON, OH 45459-2921			H(a) Is this a group r			
		nding	F Name and address of principal officer:G.	DUFFEY HEGELE		for affiliates?	Yes X No		
			SAME AS C ABOVE			H(b) Are all affiliates inc	cluded? Yes No		
1	Tax-	exem	ot status: X 501(c)(3) 501(c)()		or 527	If "No," attach a	list. (see instructions)		
<u>J</u>	Web	site:	► N/A			H(c) Group exemption			
				sociation Other >	L Year	of formation: 1998	M State of legal domicile: OH		
Ŀ	art	_	ummary						
ģ	្ 1		efly describe the organization's mission or most				ION OF		
2013			IVER RIDGE FARM FOR THE						
Į,			eck this box if the organization discor	•	sed of mor	1	ssets I 1		
∰ (£	5 3		mber of voting members of the governing body			3	0		
2013	8 4		mber of independent voting members of the government of independent voting members of independen	4	0				
ော့	S 5		tal number of individuals employed in calendar y tal number of volunteers (estimate if necessary)	•		<u>5</u>	0		
2 8 8 8 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6		tal unrelated business revenue from Part VIII, co			7a	0.		
<u>@</u> , ≥	έ ′		t unrelated business taxable income from Form	• • •		7 <u>a</u>	0.		
	+	<u>D</u> ,40	t difficiated business taxable mostle from 1 on 1	300 1, 11110 0 7		Prior Year	Current Year		
	, в	Co	ntributions and grants (Part VIII, line 1h)			0.	0.		
	9		ogram service revenue (Part VIII, line 2g)			0.	0.		
复	10		restment income (Part VIII, column (A), lines 3, 4	, and 7d)		956,586.	216,764.		
	c 1.		ner revenue (Part VIII, column (A), lines 5, 6d, 8c	·		0.	0.		
SCANNED	12	2 To	tal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		956,586.	216,764.		
~~~	13	3 Gra	ants and similar amounts paid (Part IX, column (	A), lines 1-3)		431,188.	439,132.		
	14	<b>1</b> Be	nefits paid to or for members (Part IX, column (A	N), line 4)	. L	0.	0.		
ć	g   15	5 Sa	laries, other compensation, employee benefits (l	Part IX, column (A), lines 5-10)		22,800.	35,016.		
0 0 0 0 0 0 0	[ 1€	Sa Pro	ofessional fundraising fees (Part IX, column (A), l	ıne 11e)	_	0.	0.		
2	5	<b>b</b> To	tal fundraising expenses (Part IX, column (D), line	e 25) 🕨	<u>0.</u>		'		
u	<b>"</b>   17		her expenses (Part IX, column (A), lines 11a-11d		ļ	67,388.			
	18	3 To	tal expenses Add lines 13-17 (must equal Part l	Coolumn (A) Time 26)	·	521,376.	<del></del>		
	<u>၂</u> 19	Re	venue less expenses Subtract line 18 from line	12-0-IVED		435,210.	1		
Net Assets or	흷.		tal assets (Part X, line 16)	FED 10 - TO	<u>B</u>	eginning of Current Year	End of Year		
, Pse	뗾 20		11 11	FEB 1 3 2013	-	8,208,843. 0.	7,882,156.		
Jet /	를 2·		tal liabilities (Part X, line 26)	) Smar	-	8,208,843.			
	<u>리 2</u> Part		t assets or fund balances. Subtract line/21 from	MARATH, UT		0,200,043.	7,002,130.		
			s of perjury, I declare that I have examined this return,	including accompanying schedule	es and stater	nents, and to the hest of m	ny knowledne and helief it is		
	-		nd complete Declaration of preparer (other than office				ry knowledge and belief, it is		
===	20, 00.	100,4	1/C Jullas HM. la	Muston	р. орал	220	2017		
Si	ign		Signature of officer	77 1100 4 2		Date /			
	ere		G. DUFFEY HEGELE, TRUS	TEE					
			Type or print name and title				<del></del>		
		Pi	rint/Type preparer's name	Preparer's signature	QA	Date Check [	PTIN		
Pa	aid		AVID A. STORER	adult sam	CYA	2/1/13 If self-emplo	<del></del>		
Pr	epare	r <u>Fi</u>	rm's name BATTELLE & BATTE			Firm's EIN	31-0210560		
Us	se Onl	y   Fı	rm's address 2000 WEST DOROTH	Y LANE		1			
_			DAYTON, OH 45439			Phone no. S	37 298-0201		
<u>M</u>	ay th	e IRS	discuss this return with the preparer shown about	ove? (see instructions)			X Yes No		
22	2001	10 10 1	2 LHA For Paperwork Reduction Act Notice	e see the senarate instructi	ions		Form <b>990</b> (2012)		

Form	1990 (2012) RIVER RIDGE FARM TRUST	<u> 31-6585455</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
1		UBOR MITTON	
	TO PROVIDE FUNDS TO THE CHURCH OF THE TRANSFIGURATION,		<del></del>
	OHIO, TO MAINTAIN AND PRESERVE RIVER RIDGE FARM FOR ACT	IVITIES OF T	HE
	CHURCH.		_
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		X No
	• • • • • • • • • • • • • • • • • • • •	Yes	LA∟ NO
	If "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
		sis, the total expenses, a	1110
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$543,451. including grants of \$439,132. ) (Reven		)
	FUNDS PROVIDED TO THE CHURCH OF THE TRANSFIGURATION TO	<u>MAINTAIN AND</u>	
	PRESERVE RIVER RIDGE FARM FOR PROGRAMS AND ACTIVITIES OF	F THE CHURCH	,
	SUCH AS DAY CAMPING, OUTDOOR WORSHIP SERVICES, AND RELIG	GIOUS RETREA	TS.
		···	
4b	(Code) (Expenses \$) (Reven	ue \$	)
			<del></del>
		•	
4-	1- 1		
4c	(Code) (Expenses \$	ue \$	<del></del> )
		<del> </del>	
		. <u> </u>	
	Other and the Control of the Control	<u> </u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 543,451.		
		Form 9	90 (2012)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		•
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			- 11
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	i	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.5
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		41
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			 V
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2012)

	990 (2012) RIVER RIDGE FARM TRUST 31-658	5455	<u> </u>	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ס		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	Ī	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		ol		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del> </del>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	<u> </u>
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country.	70	1	
J	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	╁	X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	╁	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30	<del> </del>	i
oa	any contributions that were not tax deductible as charitable contributions?	6-		х
_	•	6a	1	1
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6		
-		6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	70	1	X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	1	1
b	Did the organization riotiny the donor of the value of the goods of services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	<del> </del>	<del> </del> -
С	to file Form 8282?	7-		X
		7c	-	<u>^</u>
d	• • • • • • • • • • • • • • • • • • • •	٦,	1	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	+	X
f				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h	N/	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	"	14/	<u>r                                     </u>
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
0			<del> </del>	1
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  N/A	9a		
a		9b		
10		30		
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter:	7		
	Gross income from members or shareholders  N/A			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	   12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	128		†
	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	†
d	Note. See the instructions for additional information the organization must report on Schedule O	138	+	1
<b>L</b>	Enter the amount of reserves the organization is required to maintain by the states in which the			1
D	organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand	$\dashv$		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	X
174	DIG THE ORGANIZATION RECEIVE ANY DAYMENTS FOR INDOOR TAINING SERVICES QUINING THE TAX YEAR!	i imd	1	4.4

Form **990** (2012)

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

RIVER RIDGE FARM TRUST 31-6585455 Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 0 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7<u>a</u> X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: G. DUFFEY HEGELE - 937-298-3254

232006 12-10-12

Form 990 (2012)

5922 PARKCHESTER PLACE, DAYTON, OH

45459-2921

Form 990 (2012)		Key Employees Highest Compensated	Page 7
000 (0010)	RIVER RIDGE FARM TRUS	31-6585455	D 7

Employees, and Independent Contractors

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizat	on nor any related	orga	anıza	ation	cor	mpe	nsat	ed any current officer, o	director, or trustee	
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) G. DUFFEY HEGELE TRUSTEE	3.00	X						35,016.	0.	0.
				ļ <u>.</u>						

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo	not c	Pos heck ss pe	ntion more erson tirecto		one h an stee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	3	com f org an	(F) stimate nount other npensa rom th janizate d relat anizate	of ation e cion ced
			_	-		-	-	-						
			-											
											—			
											—			
			L			L								
-				ļ	ļ									
1h	Sub-total	<u> </u>		<u> </u>			┕		35,016.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)	<u> </u>					<b>&gt;</b>		35,016.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable	€			O
	compensation from the organization									<del></del>			Yes	No
3	Did the organization list any former officer,			e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		-		0000	-t		d 0+1	har aampanaatian from			3		X
7	and related organizations greater than \$15								·	trie organization		4		х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	unr unr			idual for services				,
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J 1	or s	uch	pers	son_		<del></del>			5	]	X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthır	n the organization's tax	year.				
	(A) Name and business	address	N	INC	er.				( <b>B</b> ) Description of s	services	C		C) Insatio	n .
			111	<u> </u>	_				· · · · · · · · · · · · · · · · · · ·			<u>:</u>		
								_						
								1						
								_						
	•													
	Total number of independent contents of	- خریج - سرامی امرا			ما الم	46			d abouglushe	no se thos				
2	Total number of independent contractors ( \$100,000 of compensation from the organi	_	iUT II	111110	น 10		se II: O	sieo	above) who received it	iore man				

Form **990** (2012)

Form 990 (2012) RIVER R
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	in this Part VIII			
	•		·	` .	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ots	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am Am	С	Fundraising events	1c					
ar,	d	Related organizations	1d					
i,E	e	Government grants (contribut	ions) 1e					
tior S r	f	All other contributions, gifts, gran	ts, and					
ğ ţ		sımılar amounts not included abo	ve <u>1f</u>			***************************************		
d d	g	Noncash contributions included in lines	i 1a-1f \$					
<u>8</u>	h	Total. Add lines 1a-1f						
				Business Code				
8	2 a							<del> </del>
Program Service Revenue	b			-				<u> </u>
n S	С						<del></del> -	<del></del>
e a	d							<u></u>
<u>ğ</u> _	е							<del> </del>
-		All other program service reve	enue					<del> </del>
$\rightarrow$		Total. Add lines 2a-2f		<u> </u>				<del> </del>
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			288,515.			288,515.
	4	Income from investment of ta	x-exempt bond p	roceeds				<del>                                     </del>
	5	Royalties						<del>                                     </del>
	•	0	(i) Real	(ii) Personal				
		Gross rents					-	,
		Less: rental expenses			:			
ĺ		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory	3,509,438.	(ii) Otriei				
	<b>h</b>	Less: cost or other basis	3,309,436.					
	b	and sales expenses	3,581,189.					
	c	Gain or (loss)	-71,751.					
	d	Net gain or (loss)		<b>•</b>	- -71,751.		-	-71.751.
	8 a	Gross income from fundraisin						
nue	• -	including \$	of					
Other Reven		contributions reported on line	<del></del>					
ř.		Part IV, line 18						
the	b	Less direct expenses	, b					
0	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b	L				
	С	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu	Je	Business Code				
	11 a							<del> </del>
	b							<del> </del>
	С							<del> </del>
	d			Ļ				<del>                                     </del>
		Total. Add lines 11a-11d					_	
23200	<u>12</u>	Total revenue. See instructions.		<u> </u>	216 764.	0.	0	Form <b>990</b> (2012)
12-10-	12							1 Uttil 230 (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A).	
	' Check if Schedule O contains a respon	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	439,132.	439,132.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	35,016.	35,016.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	,			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				·
b	Legal				
С	Accounting	3,100.	3,100.		<del>-</del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			- 1	
f	Investment management fees	65,966.	65,966.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				<del></del>
14	Information technology .				
15	Royalties .				
16	Occupancy .	-			
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				······································
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Inn.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FILING FEES	200.	200.	·	
b	MISCELLANEOUS	37.	37.		<del>.</del>
c					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	543,451.	543,451.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	_			·

Form 990 (2012)
Part X Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	29,431.	1	31,989
2	Savings and temporary cash investments	184,417.	2	<u>252,155</u>
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	•		
	employers and sponsoring organizations of section 501(c)(9) voluntary	9		
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
_	Notes and loans receivable, net		7	
7	• • •		8	
8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a	-		
b	•		10c	
11	Investments - publicly traded securities	7 004 005	11	7 500 01
12	Investments - other securities. See Part IV, line 11	7,994,995.	12	7,598,01
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets See Part IV, line 11		15	5 000 45
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,208,843.	16	7,882,15
17	Accounts payable and accrued expenses		17	
18	Grants payable .		18	<del></del>
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D .		25	
26	Total liabilities. Add lines 17 through 25	0.	26	(
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
20	Capital stock or trust principal, or current funds	8,208,843.	30	7,882,15
30	•	0,200,043.	31	
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	<del></del>	
32	Retained earnings, endowment, accumulated income, or other funds	8,208,843.	-	7,882,15
27 28 29 30 31 32 33	Total net assets or fund balances			
34_	Total liabilities and net assets/fund balances	8,208,843.	34	7,882,15 Form <b>990</b> (20

Form **990** (2012)

Form **990** (2012)

## SCHEDULE A

Department of the Treasury

(Form 990 or.990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

2012

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

_____

			KIARK K	IDGE FARM TR	CUST					3	I-658545	5	
Par	t I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The o	rgan	zation is not a	private foundation	because it is. (For lines	1 through	11, check	only one b	ox)					
1 [		A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 [		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 [		A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(iii).					
4 [		A medical res	earch organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's na	me,	
_		city, and stat	e										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental unr	t describ	oed in		
_		section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 L	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public described	l ın	
-		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8	_			ection 170(b)(1)(A)(vi).		-							
9		An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, m	embershi	p fees, a	and gross receipts	s from	
			•	nctions - subject to certa	•		•				ŭ		
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired by	y the orga	nızatıon	after June 30, 19	975.	
			<b>509(a)(2).</b> (Complete	•			_						
10 L	37	_	•	perated exclusively to te	•	•			•		_		
11 L	X	_	-	perated exclusively for the				•			•		
			• • •	ations described in section		•		2). See <b>sec</b>	tion 509(a	a)(3). Ch	eck the box that		
			~ ~~~~	organization and comple		•		_	. [32] _				
ſ	X	a Type I	-	•	ype III - Fui	•	•				n-functionally inte	-	
e L	A			t the organization is not									
f			-	han one or more publicly ten determination from t		_				a(a)(1) or	section 509(a)(2)	)	
'		_	rganization, check th			шизату	pe i, Type	ii, oi Type	: 111			X	
_			,	irganization accepted ar	ov aft or co	ontribution	from any	of the follo	NATION DATE	enne?			
g		_		rectly controls, either al	. •		•		•		y, Yes	No	
		• •	-	upported organization?	one or tog	OCI 101 WIGH	poroono c	icoci ibod i	ii (ii) ai la (	, 50.011	11g(i)	X	
		•		n described in (i) above?	• •						11g(ii)	X	
			•	person described in (i) of		 <del>-</del> ?	-	•			11g(iii)	X	
h			•	about the supported or			•		•		(119()		
•••					<b>3</b> —	(-)-							
(i) N	Jame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notıfy the	(vi) ls	the	(vii) Amount of m	onetary	
٠., .		inization	(11) 2.11	(described on lines 1-9		sted in your			organizatio (i) organiz	on in col. ed in the	support	oncial y	
	Ū			above or IRC section	governing	document?	(i) of you	support?	(i) organız U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
		H OF											
THE	T	RANSFIG		1	Х		Х		X		439,	<u>132.</u>	
				ı	1			1					

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 439,132.

Schedule A (Form 990 or 990 EZ) 2012

Part II Support Schedule for 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4			<u> </u>			
	ction B. Total Support	_	1	· · · · · · · · · · · · · · · · · · ·		1	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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)				_		
	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	L	1 . 1	
	Gross receipts from related activities,					12	<del></del>
13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	<u> </u>
Sec	organization, check this box and store ction C. Computation of Publ		rcentage				
				ookuma (fl)		144	
	Public support percentage for 2012 ( Public support percentage from 2011		•	column (i))		15	9
	33 1/3% support test - 2012. If the o	•	*	on line 13, and line	14 is 33 1/3% or		
100	stop here. The organization qualifies	•			14 13 55 17570 01	more, check this be	N and
	33 1/3% support test - 2011. If the				d line 15 is 33 1/39	 % or more check th	nis box
-	and stop here. The organization qual				10 10 10 00 170.		<b>▶</b>
17a	10% -facts-and-circumstances tes		•		e 13, 16a, or 16h	and line 14 is 10%	or more
	and if the organization meets the "fac	-	•				
	meets the "facts-and-circumstances"			-		orgai	<b>•</b>
h	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
_	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ				- ·		• •
18	Private foundation. If the organization		_				s
-						edule A (Form 990	

### 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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
	include any "unusual grants.")						
2	Gross receipts from admissions.						
	merchandise sold or services per-						
	formed, or facilities furnished in					1	
	any activity that is related to the organization's tax-exempt purpose			i			
3	Gross receipts from activities that						<del> </del>
3	are not an unrelated trade or bus-						
	iness under section 513				1		
						<del>                                   </del>	-
4	Tax revenues levied for the organ-						
	ization'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						1
7 <i>a</i>	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons						
t	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						
,	Add lines 7a and 7b			İ			
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		I	<u> </u>	1		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(a) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 1014
_	Gross income from interest,		-				
100	dividends, payments received on						İ
	securities loans, rents, royalties						
	and income from similar sources				<del>                                     </del>	<del>-</del>	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carned on						
12	Other income Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for		s first second the	rd fourth or fifth t	tax vear as a section	on 501(c)(3) organi	zation
• •	check this box and stop here	the organization	o 11101, 0000110, 1111	a, rourin, or marr	abt your do a ocom	o oo . (o)(o) o.ga	<b>•</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (			column (fl)		15	%
	Public support percentage from 2011		•			16	%
	ction D. Computation of Inve			<del></del>	<del> </del>	1 10 1	
	Investment income percentage for 20					17	<u>~~~</u> %
	Investment income percentage from			10, 00101111 (1))	•	18	%
				on line 14 and lin	e 15 is more than		· · · · · · · · · · · · · · · · · · ·
198	a 33 1/3% support tests - 2012. If the	_					17 13 HOL
	more than 33 1/3%, check this box a	•					
ì	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che		•				` <b>P</b> H
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<b>_</b>
2220	23 12-04-12				Sc	hedule A (Form 9)	90 or 990-EZ) 2012

### **SCHEDULE D**

(Form 990) .

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990. 
➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

RIVER RIDGE FARM TRUST

Employer identification number

Da	KIVER RIDGE FARM T		31-6585455
Pa			inds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor	advised funds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	• • • — —
ŭ	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or donor advisor, or for any other purp	Yes No
Pa		ganization answered "Ves" to Form 9	
	· · · · · · · · · · · · · · · · · · ·		50, Fait IV, line I
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the f	form of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		_2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic st	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated b	by the organization during the tax
	year >	•	, ,
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		<del></del> a of
-	violations, and enforcement of the conservation easements	· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	• • • •	
7	Amount of expenses incurred in monitoring, inspecting, and	•	
8	Does each conservation easement reported on line 2(d) above	_	
Ū	and section 170(h)(4)(B)(ii)?	vo satisfy the requirements of section	Yes No
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and evn	• —
3	include, if applicable, the text of the footnote to the organiza	· ·	•
		tion's inalicial statements that descr	ibes the organization's accounting for
Pai	conservation easements.  † III   Organizations Maintaining Collections o	of Art Historical Treasures	or Other Similar Assets
1 4	Complete if the organization answered "Yes" to Form		o other ommar Assets.
			Antonional halance about words of out
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	·	nerance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue state	ment and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	of public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for fina	ancial gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		• \$
	···	• • • •	

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

TxI   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments Donated services and use of facilities Recovenes of prior year grants Cither (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b Cither (Describe in Part XIII) Add lines 4a and 4b Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12)  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Pror year adjustments Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25 Donated services and use of facilities 2a Cother (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part IX, line 25 Cother (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part IX, line 7b 4a Cother (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) Total expenses Add lines 3 and 4c, (This must equal Form 990, Part II, line 8 and 9 Part III, lines 1a and 4, Part IV, line 4; ie 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete th	edule D (Form 990) 2012 RIVER RIDGE FARM TRUST		31-6585455 Pa
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains on investments  Donated services and use of facilities  Recovenes of prior year grants  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total evenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12)  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Pinor year adjustments  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Investment expenses not included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part II, line 18.)		ents With Revenu	e per Return
Net unrealized gains on investments  Donated services and use of facilities  Recoveries of pnor year grants  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a and 4b  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Announts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Total expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 4a and 4b  Total expenses Add lines 5a and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 5a and 4c. (This must equal Form 990, Part II, line 18.)  Total expenses Add lines 4a and 4b  Total expenses Add lines 5a and 4c. (This must equal Form 990, Part II, line 18.)	11 1		1
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Recovenes of pnor year grants Other (Describe in Part XIII ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Ac Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12)  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Phor year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Ac Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)			
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Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  5  TXII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the state of the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the state of the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII, lines 1b and 2b, Part V, line 4; Inces 15  Activity in the part VIII.	Subtract line 2e from line 1		. 3
Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Total expenses and losses per audited financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 4 and 4b	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Total expenses and losses per audited financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Inc.)	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Total expenses Add lines 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 1 and 4, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part IV, lines 1b and 2b, Part V, line 4; Interest 2 and 4b, Part I	Other (Describe in Part XIII.)	4b	
Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information  Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, lines 1b and 2b, Part V, line 4; If the service in Part V, line 1b and 2b, Part V, line 4; If the service in Part V, line 1b and 2b, Part V, line 4; If the service in Part V, line 1b and 2b, Part V, line 4; If the service in Part V, line 1b and 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, line 2b, Part V, lin	Add lines 4a and 4b		4c
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olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; I			. 1 3
		· <u>·····</u>	Schedule D (Form 990)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

20.12

Open to Public Inspection

Employer identification number 31 – 6585455	the grants or assistance the grantage, almihility for the grants or assistance and the selection	To the grants of assistance, and the selection X Yes No		Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	(f) Method of valuation (book, valuation (book, hon-cash assistance or assistance other)	TO MAINTAIN RIVER RIDGE FARM FOR PROGRAMS AND N/A ACTIVITIES OF THE CHIRCH			1.
	orsotees' eligibility	שניים ביים מיים מיים מיים מיים מיים מיים מ	d States	Somplete if the orga	(e) Amount of non-cash assistance	c			
	or accretance the	ol assistance, the	unds in the Unite	United States. (	(d) Amount of cash grant	439 132			listed in the line 1 table
RUST		מווסמור סו נווס פומונט	oring the use of grant f	Organizations in the	(c) IRC section if applicable	170(B)(1)(A)(T)			
SE FARM T	d Assistance	substantiate tile tance?	cedures for monit	overnments and	5,000 Par II can (b) EIN				id government org
Name of the organization  RIVER RIDGE FARM TRUST  Dart   General Information on Grants and Assistance	ؤ  -	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to G	1 (a) Name and address of organization or government or government	CHURCH OF THE TRANSFIGURATION 972 S. MIAMI STREET WEST MILLON OH 45383			2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) ORGANIZATION THAT PROVIDES GRANTS TO ONLY THE CHURCH OF THE TRANSFIGURATION LINE 2: RIVER RIDGE FARM TRUST IS A SUPPORTING (d) Amount of non-cash assistance (c) Amount of cash grant 21 (b) Number of recipients FOR THE PRESERVANCE OF THE LAND. (a) Type of grant or assistance PART I, SCHEDULE I, 232102 12-18-12

Page 2

31-6585455

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

RIVER RIDGE FARM TRUST

Schedule I (Form 990) (2012)

Part III

## **SCHEDULE O**

(Forn

**Supplemental Information to Form 990 or 990-EZ** 

OMB No 1545-0047

(Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	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.	Open to Public Inspection		
Name of the organization		Employer identification numb		
	RIVER RIDGE FARM TRUST	31-6585455		
TODY 000 DIDE				

FORM 990, PART VI, SECTION A, LINE 8A: NOT APPLICABLE
FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO DUFFEY HEGELE FOR HER REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.