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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

2014 Open to Public Inspection

OMB No 1545-0047

~	roi tile	2014 Calendar year, or tax year beginning and	enang			· · · · · · · · · · · · · · · · · · ·
В	Check if applicable	C Name of organization		D Employer i	dentifica	tion number
	Addres	RIVER RIDGE FARM TRUST				
	Name change	Doing business as		] 3	31–65	85455
	Initial	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite		number	
	Final return/	5922 PARKCHESTER PLACE		. 9	37-2	98-3254
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	3,843,439.
Г	Ameno			H(a) Is this a g	roup retu	ım
F	Application			for subor		Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subo	rdinates incli	uded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( (insert no ) 4947(a)(1)	or 52			st. (see instructions)
		e: ► N/A	-	H(c) Group ex		
		organization: Corporation X Trust Association Other ▶	L Year			State of legal domicile OH
	art I	Summary	•			
~	1	Briefly describe the organization's mission or most significant activities: ${ m TO}~{ m F}$	UND TI	HE PRESER	ITAV	ON OF
Activities & Governance		RIVER RIDGE FARM FOR THE CHURCH OF THE T	RANSF	IGURATION	1	
E	2	Check this box   if the organization discontinued its operations or dispo	sed of mor	e than 25% of it	s net asse	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	1
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	0
es 🗲	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	0
¥	6	Total number of volunteers (estimate if necessary)			6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		·	7b	0.
				Prior Year		Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			0.	0.
eun	9	Program service revenue (Part VIII, line 2g)		·	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		474,0		776,379.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		474,0		776,379.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	433,9		451,004.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines-5:10)	;	22,8		22,800.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ر		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)	-0-	70	\= 1	72 240
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	B 0 9 20	772,0		73,248. 547,052.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line;25)	2 0 0 KO	115 528, 3 <54, 3		229,327.
ું}} * <u>⊃ υ</u>	19	Revenue less expenses. Subtract line 18 from line 12	3	<del></del>		·
Net Assets or Standard			. \ \	eginning of Currer 7,827,4		End of Year 8,056,759.
SSG	20	Total assets (Part X, line 16)		7,027,5	0.	0,030,733.
# E	21	Total liabilities (Part X, line 26)		7,827,4		8,056,759.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	•	770277	102.	0/030/1331
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	ac and ctator	ments and to the h	est of my i	knowledge and helief it is
		t, and <del>complete</del> Declaration of preparer (other than officer) is based on all information of w				kitowieuge allu bellet, it is
79.00		t, and complete beganning of prepare (other than since ) is a second of the instance of the	mon propare	1/12	1/13/	268
Sig	ın	Signature of officer		Date	<del> 3/-</del>	
He		G. DUFFEY HEGELE, TRUSTEE		•		
J		Type or print name and title				<del></del>
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Pai	d	TRACY A. POEPPELMAN Tracyal Pour		1/30/15	if self-employed	P00996263
	parer	Firm's name MCGLADREY LLP		Firm's		42-0714325
	Only	Firm's address 2000 W DOROTHY LN	•			
	•	DAYTON, OH 45439		Phone	<sub>no.</sub> 937	298-0201
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
	001 11-0		ions.			Form <b>990</b> (2014)

, Form	990 (2014) RIVER RIDGE FARM TRUST 31-6585	455	Р	age 3
Pa	t IV Checklist of Required Schedules			
	•		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_	X	ļ <u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		Х
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	ļ	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_	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	ŀ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
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_	<u>.</u>	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, 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,		i '	l
	Part VI	11a		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		v	
	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	44-		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<del>                                     </del>	Λ.
a	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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del></del>	X
e 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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			!
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.6		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b></b>	$\vdash$	<del></del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

	`		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ľ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ŀ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	ļ		
	Schedule K. If "No", go to line 25a	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		
d	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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		•	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33		33	•	X
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		X
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
35a	and the second s	000		<del></del> -
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000	<b></b> -	
36	If "Yes," complete Schedule R, Part V, line 2	36	1	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			† <u> </u>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
	Tractor / III   Williams and Industrial to Continue Conti			(2014)

Form 990 (2014) RIVER RIDGE FARM TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and repo	rtable gaming	] :		
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	a C			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	2b		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acceptable (1997).	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<b></b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o	rganizatıon solıcıt			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or gifts			
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	s provided to the payor?			<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ogutrod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was it to file Form 8282?	equiled	7c		X
А	If "Yes," Indicate the number of Forms 8282 filed during the year	a	<del></del>		<del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	<del>-   </del>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7 <del>1</del>		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A		4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b	4		
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders N/A	a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	.			
	amounts due or received from them.)		۱		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	ļ,	<b></b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12	D	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	120	<u> </u>	<b></b>
а	Is the organization licensed to issue qualified health plans in more than one state?	11/ jA	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	h			
_	Enter the amount of reserves on hand		1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	<del>- 1</del>	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	· 	14b		
				990	(2014)

RIVER RIDGE FARM TRUST 31-6585455 Form 990 (2014) 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 0 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 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. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official . 15a X 15b **b** Other officers or key employees of the organization 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 16b 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 17 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 18 for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records: G. DUFFEY HEGELE - 937-298-3254

5922 PARKCHESTER PLACE, DAYTON, 45459-2921

Form 990 (2014)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 employee.'
- 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.

(A) Name and Title	(B) Average hours per	rage Position						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	institutional trustee	od a d	irecto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) G. Duffey Hegele Trustee	3.00	x						22,800.	0.	0
44										
		-								
										· · · · ·
				-						
		-					_			
		-								
432007 11-07-14			<u> </u>		L	L	L	L		Form <b>990</b> (2)

432007 11-07-14

Jara Var Section A. Omicers, Directors, Tru.	stees, Ney Lin	bio2	CCS	, aii	<u> </u>	9.10	31.	Joinpensated Employe	CS (COTTATIBLE)	· ·		
(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	th an	compensation	<b>(E)</b> Reportable compensation	on amoun		
	week (list any hours for related organizations below line)	tee or director	er and structure	Officer Officer		Highest compensated cmployee		the	from related organizations (W-2/1099-MISC)	or	other inpensation the ganizate and relation	ation ie tion ted
		-	-	٦	×	Ξ 85	<u> </u>					
		ļ				-	-			+		
						<u> </u>						
		ļ <u>.</u>										
	<del></del>											
						-				+		
						_	_			1		
1b Sub-total							<b>•</b>	22,800.	0			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A		• •				<b>&gt;</b>	22,800.	0			0.
2 Total number of individuals (including but i	not limited to th	ose	liste	d al	DOV	e) wh	no r	received more than \$100	,000 of reportable			0
compensation from the organization									· · ·		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	3		х
4 For any individual listed on line 1a, is the s			ompo	ensa	ation	n and	d ot	her compensation from	the organization	-		
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>									dual for conject	4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							еш	ted organization or indivi	dual for services	5		x
Section B. Independent Contractors  1 Complete this table for your five highest co		done		nt o	onti	ranto		that received more than	\$100,000 of compen	eation	from	
the organization. Report compensation for										Sation		
<b>(A)</b> Name and business	address	NC	ONE	7.				<b>(B)</b> Description of s	ervices		C) ensatio	n
				-								
	<u> </u>											
								- · · · · · · · · · · · · · · · · · · ·				
		_					$\dashv$					
						_					<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>
2 Total number of independent contractors ( \$100,000 of compensation from the organ	-	ot lii	mite	d to		se lı: O	stec	d above) who received m	ore than			
φτου,ουο οι compensation from the organ	ization -				`			<del></del>	t,.	Form	990 (	2014)

					E	ARM TRUS	1'		31-658	0455 Page <b>9</b>
Pa	rt \	/11	Statement of Reve	nue						
			Check if Schedule O conf	tains a resi	onse	or note to any lin	e 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 - 514
nts	1	а	Federated campaigns	. 1	а					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1	ь	·				
S, E		С	Fundraising events	1	С					
ar		d	Related organizations	- T	d					
S,E			Government grants (contribut	tions)	е					
io i			All other contributions, gifts, gran							
F E		-	similar amounts not included abo		f					
		а	Noncash contributions included in lines							
ago		_	Total. Add lines 1a-1f	• · · · · <u></u>						
			1910117100 111100 12 11	•	-	Business Code	······			
	2	а				<u> </u>				İ
	-	ь								
Sei		c								
E S		d							•	
Program Service Revenue						-			<del></del>	
٦ <u>.</u>		f	All other program service reve	enue		-				
			Total. Add lines 2a-2f		•	<b>•</b>			,	
	3		Investment income (including	. dividends	inter					<u> </u>
	•		other similar amounts)	dividends	,	<b>►</b>	282,986.			282,986.
	4		Income from investment of ta	v-evemnt l	ond:					
	5		Royalties .	c cacripi	JOIIG	brodeceds			······································	<del> </del>
	•		noyalies .	(i) Re	al	(II) Personal				
ŀ	6	а	Gross rents	(0)110	<u> </u>	(ii) i cisonai				
	Ū		Less: rental expenses							
-			Rental income or (loss)							
			Net rental income or (loss)			<b>—</b>		İ		1
	7		Gross amount from sales of	(i) Secu	rities	(II) Other	<del></del>			
	•	а	assets other than inventory	3,560		·				
		<b>h</b>	Less: cost or other basis	3,500		<del> </del>				
			and sales expenses	3,067	060					
		_	Gain or (loss)		,393	<u> </u>				
-			Net gain or (loss)		, , , , ,	<u>'</u>	493 393	İ		493,393.
	۰		Gross income from fundraisin	Na evente (i	oot		<del></del>			
<u>۾</u>	0	a	including \$		101					
Other Revenue			contributions reported on line							
جّ   ا			Don't IV June 40		а					
		h	Less: direct expenses	-	b					
δ			Net income or (loss) from fund	draieina ev		<b>—</b>				
	a		Gross income from gaming ac							
	•	ŭ	Part IV, line 19		a					
		h	Less: direct expenses		b					
į			Net income or (loss) from gan			<b></b>		ĺ		
	10		Gross sales of inventory, less				., .,			
			and allowances	710101110	а					
		h	Less: cost of goods sold	•	b					
ľ			Net income or (loss) from sale	es of invent		<b>—</b>		İ		1
ļ		<u> </u>	Miscellaneous Revenu		<u> </u>	Business Code			- <u> </u>	
ŀ	11	2						Ī		1
	• •	a b								1
		C								
		d	All other revenue							
			Total. Add lines 11a-11d	•		<b>•</b>				
l		_						<del></del>		<del></del>

# Form 990 (2014) RIVER RIDGE F. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	. (C)	. (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	451 004	451 004		
	and domestic governments. See Part IV, line 21	451,004.	451,004.	· <b>!***</b> -****	. <del></del>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				**;; + + + *++-;-+++;+**
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 200	22 000		1
	trustees, and key employees	22,800.	22,800.		
6	Compensation not included above, to disqualified	:			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		. <u>.</u>		
7	Other salaries and wages		<u>-</u> .		
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):				
a	Management .	-			
b	Legal	2,750.	2,750.		
c	Accounting	2,750.	2,730.		
d	Lobbying	· -			
e	Professional fundraising services See Part IV, line 17	70,262.	70,262.		
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	707202.	7072021		
9	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel	- :			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			_ · ·	
24	Other expenses Itemize expenses not covered 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 0)				
а	FILING FEES	200.	200.		
b	BANK FEES	36.	36.		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	547,052.	547,052.	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 I if following SOP 98-2 (ASC 958-720)				

31-6585455 Page 11 RIVER RIDGE FARM TRUST Form 990 (2014) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 10,912. 14,123. 1 Cash - non-interest-bearing 500,894. 323,083. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 7,315,626. 7,719,553. 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 7,827,432. 8,056,759. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets

> 8,056,759. Form 990 (2014)

8,056,759.

29

30

31

32

33

0.

7,827,432.

7,827,432.

7,827,432.

29

30

31

32

33

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here X

Form 990 (2014)

## SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

2014

Open to Public Inspection

Name of the organization

1

Employer identification number

		RIVE	R RIDGE FA	KM TRUST				1-0383433_
Pa	rt I	Reason for Public	Charity Status	(All organizations must c	omplete th	ıs part.) Se	ee instructions.	
The	organ	zation is not a private found	dation because it is:	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch		•	•			
2		A school described in sect				• • • • • • • • • • • • • • • • • • • •		
3	一	A hospital or a cooperative			ection 170	) <i>(</i> Ь)(1)(А)(іі	ii).	
4	一	A medical research organiz	•				· ·	the hospital's name.
•		city, and state:	cation operated in or	manage with a moopha				ino morphism o marrio,
5		An organization operated f	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ed in
•	ш	section 170(b)(1)(A)(iv). (0		onege of university owner	u or opera	ted by a g	overninental unit describ	
		A federal, state, or local go				70/5\/4\/A\	<b>6.</b> A	
6	H	, ,	•				• •	
7	ш	An organization that norma	-	antial part of its support	irom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C						
8	$\forall$	A community trust describe			-			
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •	•	•		,	· ·
		activities related to its exer	•	•			• •	<del>-</del>
		income and unrelated busi		e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See <b>section 509(a)(2)</b> . (Co	•					
10		An organization organized	•	•	-			
11	X	An organization organized	•		•		•	•
		more publicly supported or	-					heck the box in
	_	lines 11a through 11d that	• •			•		
а			anızatıon operated, :	supervised, or controlled	by its sup	ported org	janization(s), typically by	giving
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the direc	ctors or trustees of the s	upporting
		organization. You must o	complete Part IV, S	ections A and B.				
b	, L		janization supervised	d or controlled in connec	tion with it	s supporte	ed organizatıon(s), by ha	ving
		control or management of	of the supporting org	janization vested in the s	ame perso	ons that co	ntrol or manage the sup	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.				
c		Type III functionally into	e <b>grated.</b> A supportin	ng organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instruction	s). You must complete l	Part IV, Se	ctions A,	D, and E.	
d	X	Type III non-functionally	y integrated. A supp	porting organization opei	rated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and an attentr	veness
		requirement (see instruct	tions). <b>You must co</b>	mplete Part IV, Sections	s A and D,	and Part	V.	
е	X	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, o						
f	Ente	er the number of supported	• •					1
a		ride the following information		ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	listed i	n your document?	support (see	other support (see
				(see instructions))	Yes	No	Instructions)	Instructions)
CH	URC	H OF THE		(				
		FIGURATION		1	Х		451,004.	
							,	
								<del></del>
_	<del>-</del>			-				<del></del>
						· · · · · · ·		
[ot:	.1						451,004,	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

13

Schedule A (Form 990 or 990-EZ) 2014

	fails to qualify under the tests	listed below, plea	ase complete Part	111.)		<del> </del>	
	ction A. Public Support		T	1	17.0010	1 (1004)	(0 T )
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ĺ			
_	include any "unusual grants.")	<u> </u>					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		-		<del></del>	<del>                                     </del>	
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					•	
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions			<del></del>			
,	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		<b>†</b>				
	ction B. Total Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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		<u></u>				
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.)						
	<b>Total support.</b> Add lines 7 through 10	<u> </u>	<u> </u>		1	- <del> </del>	
	Gross receipts from related activities			•		12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thu	d, fourth, or fifth t	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage		<u>-</u>		
	Public support percentage for 2014 (			column (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies						▶ 🗀
b	33 1/3% support test - 2013. If the				d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes		• •		ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more and if the organization meets to	ha "facte and circi	imetances" test ic	heck this box and	ston here Explai	n in Part VI how the	e

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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

Schedule A (Form 990 or 990-EZ) 2014

### 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.)

Sec	ction A. Public Support	siow, picase com	pioto i dit iii		<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that					_	
J	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	•						
_	or expended on its behalf	<u> </u>	<del> </del>			<del> </del>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	<del> </del>	<del> </del>				
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<del> </del>	-		<del> </del>	
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			<u> </u>			
	Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	1		
<u>Se</u>	ction B. Total Support		, <u> </u>	1	7		r <del></del>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 6						<del></del> .
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	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)						
	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organiz	zation,
	check this box and stop here	J		•	•	•	▶□
Sec	ction C. Computation of Publi	c Support Pe	rcentage	-			
	Public support percentage for 2014 (li			column (f))		15	%
	Public support percentage from 2013			.,,		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2014. If the			on line 14, and line	 a 15 is more than	·	
	more than 33 1/3%, check this box ar						. ▶□
ŀ	33 1/3% support tests - 2013. If the						and
•	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						▶ □

### 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 Or	ganizations
------------------------------	-------------

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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 Viwhat controls the organization put in place to ensure such use.
- 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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- **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.**
- 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.
- 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.
  - 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.)

<del></del>		Yes	No
		7.5	
	1	Х	
	2		X
-	3a		<u>X</u>
ļ	3ь		
	3c		
	4a		х
	. <del></del>		· ····
	4b		
	4c		
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	5b		
	5c		
	6		X
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	7		X
	7		
-	8		<u>X</u>
[	9a		<u>X</u>
	9b		Х
			<del></del>
	9c	///	<u>X</u>
_1	0a		X
1	0Ь		_
		0-EZ)	2014

Pa	t Ⅳ Supporting Organizations (continued)			
	·	<b>F</b>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		Х
	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
Sec	tion B. Type I Supporting Organizations			
		E	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	ļ	
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,	2		
900	supervised, or controlled the supporting organizations.			
Sec	tion 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		163	
•	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		
Sec	tion D. Type III Supporting Organizations	·	<u>.                                    </u>	
			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	
<u>Sec</u>	tion 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	s):		
а	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 insi	tructions		
2	Activities Test. Answer (a) and (b) below.	F	Yes	No
а	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 <b>Part VI identify</b>			
	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	2a		
_	that these activities constituted substantially all of its activities.	20		
ь	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 <b>Part VI</b> 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.		ļ	
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 <i>Part VI</i> .	3a	1	
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		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 0. 1 Net short-term capital gain 1 0. 2 Recoveries of prior-year distributions 474,051 776,378. 3 3 Other gross income (see instructions) 474,051. Add lines 1 through 3 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 94,851 96,048. 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 379,200. 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 0. 1a a Average monthly value of securities Ō. 0. **b** Average monthly cash balances 1b 9,020,077. 9,554,662. 1c c Fair market value of other non-exempt-use assets 9,020,077. 9,554,662 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other 0. factors (explain in detail in Part VI): 0. 0 -2 Acquisition indebtedness applicable to non-exempt-use assets 9,554,662. 9,020,077. 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 135,301. 8,884,776. 143,320. 9,411,342. 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 310,967. 329,397. 6 6 Multiply line 5 by .035 Ō. 0. 7 7 Recoveries of prior-year distributions 329,397. 310,967. 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 379,200. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 322,320. 2 Enter 85% of line 1 310,967. 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 322,320. Enter greater of line 2 or line 3 4 0. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 322,320. emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Part Y Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 451,004. Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 451,004. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 451,004. (provide details in Part VI). See instructions. 322,320. Distributable amount for 2014 from Section C, line 6 139% 10 Line 8 amount divided by Line 9 amount (iii) (i) (ii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Amount for 2014 Pre-2014 322,320. Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: Ь 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) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, 451,004. a Applied to underdistributions of prior years 322,320. b Applied to 2014 distributable amount 128,684. c Remainder. Subtract lines 4a and 4b from 4. 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). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j 128,684. and 4c. Breakdown of line 7: а d Excess from 2013 128,684. e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 RIVER RIDGE FARM TRUST 31-65	85455 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part VI	
Also complete this part for any additional information. (See instructions).	
SCHEDULE A, PART IV, SECTION D, LINE 2	
RIVER RIDGE FARM TRUST MAINTAINED A CLOSE AND CONTINUOUS WORKING	
RELATIONSHIP WITH THE CHURCH OF THE TRANSFIGURATION BY DISTRIBUTION	NG 5%
OF THE TRUST'S MONTHLY AVERAGE FAIR MARKET VALUE OF ASSETS TO THE	
CHURCH; THEY ALSO COMMUNICATE FREQUENTLY REGARDING THE NEEDS OF T	HE
CHURCH AND IF ADEQUATE FUNDING IS BEING PROVIDED.	
SCHEDULE A, PART IV, SECTION D, LINE 3	
THE CHURCH OF THE TRANSFIGURATION HAS A SIGNIFICANT VOICE REGARDING	NG
INVESTMENT POLICIES, TIMING OF DISTRIBUTIONS AND INVESTMENT DECIS	IONS.
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	RIVER RIDGE FARM T	RUST	31-6585455
Par	TI Organizations Maintaining Donor Advisor	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	nferring
-	Impermissible private benefit?	<u> </u>	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (e.g., recreation or	<del></del>	
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held state Fed of the Ten Vers
	T. I		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	musture included in (a)	2b 2c
c d	Number of conservation easements on a certified historic st Number of conservation easements included in (c) acquired	* *	20
a	listed in the National Register	after 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re		L
Ŭ	year >	noused, extragalished, st. terminated by the big	gamzation dating the tax
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements durin	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements.	(4 ) 11 1 1 1 7	Oliveita A a a da
Pai	Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		A of the first of the control of
та	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part Alli,
_	the text of the footnote to its financial statements that desci If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e		
		edication, of research in furtherance of public	service, provide the following amounts
	relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical tre		un, provide
-	the following amounts required to be reported under SFAS		,
а	Revenue included in Form 990, Part VIII, line 1		<b>. ▶ \$</b>
	Assets included in Form 990, Part X	•	<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	to Form 990 Part IV lin	e 11h See Form 990 Part Y lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
Financial derivatives	4-1-2-11 10122	(1)	
Closely-held equity interests			
3) Other			
(A) OTHER SECURITIES	7,719,553	. COST	<del> </del>
(B)	.,		
(C)			
(D)			
(E)	1		
(F)		""	
(G)	<del></del>		
(H)	<del> </del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 )	7,719,553	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990. Part IV. lin	e 11c. See Form 990. Part X. lir	ne 13.
(a) Description of Investment	(b) Book value		Cost or end-of-year market value
(1)	<u> </u>		
(2)	-		
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11d. See Form 990, Part X, Iir	ne 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	· ·	<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11e or 11f. See Form 990, Pa	ırt X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial	statements that reports the
organization's liability for uncertain tax positions unde			

432053 10-01-14 Schedule D (Form 990) 2014

SCHEDULEI (Form 990)

Internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public OMB No 1545-0047 2014 Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2014) **Employer identification number** å 0 31-6585455 ACTIVITIES OF THE CHURCH TO MAINTAIN RIVER RIDGE FARM FOR PROGRAMS AND (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance XXX (f) Method of valuation (book, FMV, appraisal, other) 0.N/A (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 451,004 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .70(B)(1)(A)(I) (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable RIVER RIDGE FARM TRUST Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CHURCH OF THE TRANSFIGURATION or government WEST MILTON, OH 45383 972 S. MIAMI STREET Name of the organization Parti Part # 3

Page 2

31-6585455

RIVER RIDGE FARM TRUST

Schedule I (Form 990) (2014) RIVER RIDGE FARM TRUST

| Pert | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  PART I, LINE 2:	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	iditional information.	
RIVER RIDGE FARM TRUST IS A SUPPORTING		ANIZATION	ORGANIZATION THAT PROVIDES GRANTS	DES GRANTS TO	
ONLY THE CHURCH OF THE TRANSFIGURATION		FOR THE PRESE	PRESERVANCE OF THE LAND.	THE LAND.	

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization **Employer identification number** RIVER RIDGE FARM TRUST 31-6585455 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.

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

Schedule O (Form 990 or 990-EZ) (2014)