# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2017 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization		D	Employer identification number			
	Addres	RIVER RIDGE FARM TRUST						
	Name change	Doing business as			31-6585455			
	initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 5922 PARKCHESTER PLACE	Room/si	uite E	E Telephone number 937-298-3254			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	3,792,366.			
	Ameno			H(	a) is this a group re	turn		
	Applic tion pendir	IF Name and address of principal officer G • DOFFET REGELLE	for subordinates  b) Are all subordinates in	? ☐ Yes 🗓 No				
7	Tax-exe	empt status X 501(c)(3) 501(c) ( ) (Insert no.) 4947(a)(1) c	or 1 /1	527	•	list (see instructions)		
		e: ► N/A	<del></del>	_~	c) Group exemption			
$\overline{}$		organization Corporation X Trust Association Other	LY			State of legal domicile: OH		
	art I	Summary	1					
_	1	Briefly describe the organization's mission or most significant activities TO FU	UND	THE	PRESERVAT	ION OF		
Activities & Governance	1	RIVER RIDGE FARM FOR THE CHURCH OF THE TR	RANS	FIGU	JRATION			
Гпа		Check this box   if the organization discontinued its operations or dispos				sets		
Š		Number of voting members of the governing body (Part VI, line 1a)			3	1		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4	0		
S	1	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			5			
ıtıe	1	Total number of volunteers (estimate if necessary)			6			
cţ	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
ď	ı	Net unrelated business taxable income from Form 990-T, line 34			7b	0.		
_	† ~	vot dimodeod buolinoon taxabio incomo nom i om i om i om i			Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)			0.	0.		
Revenue	1	Program service revenue (Part VIII, line 2g)			0.	0.		
ķ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			187,960.	641,463.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		0.	0.		
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A); line = 2)			187,960.	641,463.		
	13	Grants and similar amounts paid (Part IX, column (A), flines 1-3)	(%)		469,956.	444,108.		
		Benefits paid to or for members (Part IX, column (A), line 4) FEB 2 2 2018	ĺŎ	0.	0.			
S		2010	93		24,000.	41,195.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Fotal fundraising expenses (Part IX, column (D), line 25)	نځل		0.	0.		
per	h.	Fotal fundraising expenses (Part IX, column (D), line 25)	0.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			69,141.	74,454.		
	1	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			563,097.	559,757.		
	1	Revenue less expenses Subtract line 18 from line 12			<375,137.			
S or		to rando todo disponedo odustrade finto por montrato pe		Beginn	ing of Current Year	End of Year		
ets	20	Fotal assets (Part X, line 16)		<u>·</u>	,523,834.	7,605,540.		
Net Assets Fund Balan	21	Fotal liabilities (Part X, line 26)			0.	0.		
Net	22	Net assets or fund balances Subtract line 21 from line 20		7	,523,834.	7,605,540.		
	art II	Signature Block				<del></del>		
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and sta	tements.	, and to the best of my	knowledge and belief, it is		
		, and complete, declaration of prepare (other trap officer) is based on all information of wh				/		
		I fully H Mel. Onst			12/15/	0018		
Sıg	n	Signature of officer			Date	<u> </u>		
Her	í	G. DUFFEY HEGELE, TRUSTEE			•			
	Ĭ	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN		
Pair	d \	TRACY A. LUCKETT Jack a duck	1,4	121	0/18 If self-employe	P00996263		
	parer	Firm's name ▶ RSM US LLP	<del>~</del> 4		Firm's EIN	42-0714325		
	Only	Firm's address 2000 W DOROTHY LN						
		DAYTON, OH 45439			Phone no 93	7 298-0201		
Mar	the IE	S discuss this return with the preparer shown above? (see instructions)			11 110110 110 33	X Yes No		
ivid	y tite if	o glocosa mis retain with the higherer shown above, (see instructions)				140 LL 140		

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Part 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
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		Х
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			
	similar amounts as defined in Revenue Procedure 98-197 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		, i	
	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			· ·
_	Schedule D, Part III	8		X
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?			х
40	If "Yes," complete Schedule D, Part IV	9_		
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, VIII, IX, or X	14. A	學。	1 2 m
	as applicable			<b>A.</b>
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		X
ь	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	
c	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		Х
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_
e	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			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	i 1	х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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		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	لييا	X
		C	OOO /	00471

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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_	$\mathbf{X}_{-}$	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ł
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		1
	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 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ŀ
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			₩
00	Schedule L, Part I	25b		<u> </u>
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	20		<del></del>
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		<b>2</b>	
	instructions for applicable filing thresholds, conditions, and exceptions)	意		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	·······································	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 1		37
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	] ]		77
0.4	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
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			Х
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		$\frac{x}{x}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
	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?	1000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		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	
		Form	990 (	2017)

Га	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		163	1,40
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(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 2a 0	ıl İ		
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	3		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$oxed{oxed}$	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	oxdot	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_		1
7	were not tax deductible?	6b		<del></del>
7 a	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?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		A
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		<del> </del>
•	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		<del></del>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter		. 1	İ
a	Initiation fees and capital contributions included on Part VIII, line 12		.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	1	. 1	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	
120	amounts due or received from them)  Section 4047(aV4) page exercise to exist the second section (the Fermi 2000 in the control of the cont			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.		l	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\dashv$	
_	Note. See the instructions for additional information the organization must report on Schedule O	130		
b	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		- 1	
С	Enter the amount of reserves on hand		1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \dagger$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	- +	
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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			X			
Sec	ction 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 1	ſ <u> </u>					
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	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?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
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?	7a		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?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-1-0					
а		8a		X			
b	Each committee with authority to act on behalf of the governing body?	8b		X			
9	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	9		X			
Sec	tion 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?	10a	,,,,	X			
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					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	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		Х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	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?		İ				
а	The organization's CEO, Executive Director, or top management official	15a		X			
	Other officers or key employees of the organization	15b		Х			
	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		ŀ				
	taxable entity during the year?	16a		X			
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?	16b	- 1				
Sec	tion C. Disclosure	.00					
17	List the states with which a copy of this Form 990 is required to be filed ▶OH						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	 le				
	for public inspection. Indicate how you made these available. Check all that apply	· GIIGD					
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	lal				
	statements available to the public during the tax year	mail	ıal.				
20	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, OH 45459-2921						

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

Check this box if neither the organization r	(B)	<del>y.y.</del>		((		اب ر	,541	(D)	(E)	(F)
Name and Title	Average hours per week	age Position (do not check more that box, unless person is b			than is both	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
		Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	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	3.00	٠,,						41 105	0	0
TRUSTEE		Х						41,195.	0.	0
					_					
		_	_							
		_	_		_		_			
		_				-	_			
		_	_		_					
		-					-			
<del></del>		-			_		-			-
				_						
		_	 		_					
		_			_					

Form **990** (2017)

Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per	box	Position (do not check more than one box, unless person is both at officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of
		week (list any hours for related organizations below (ine)	individual trustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISO	C)   G	other compensation from the corganization and related rganizations
			1	<u>u</u>	0	- <del></del>	I 6	-		<del></del>		
		l				_				·		
—						-					_	
								_				
											+-	<del></del>
	Orb Andre						<u> </u>		41,195.		0.	0.
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	0. 41,195.		0.	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable		0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•	ıste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	3	172
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual		4	X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com, tion B. Independent Contractors							relat	ed organization or indiv	dual for services	5	~~~   ~~ · · · · · · ·   ~~ · · · · · ·
1	Complete this table for your five highest control the organization. Report compensation for the compensation for the compensation for the compensation for the compensation.	-									ensatio	on from
	(A) Name and business			ONE					(B) Description of s		Com	(C) pensation
							_	_				
- <del></del> -			_					_				
					_	_		$\dashv$	- <del></del>			
								1				
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	-	ot li	mrte	d to		se li:	stec	above) who received m	nore than		000 (0017)

L		Check if Schedule 0 cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a		· · · · · · · · · · · · · · · · · · ·			
ra u		Membership dues	1b					,
e E		Fundraising events	1c					ļ
##		Related organizations	10					
e, i		Government grants (contribut	<del></del>					]
Š		All other contributions, gifts, gran		<del></del>				
풀힐	•	similar amounts not included abo	l I	j		j		]
불리	_		LL					1
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines Total. Add lines 1a-1f	12-11 \$			ļ		
9.5		Total: Add liftes 12-11		Business Code	<del></del>			<u> </u>
	2 a			Busiliess Code				
Š	z a b		<del></del>	<u> </u>			<del></del>	<del> </del>
ine Ser								<del>                                     </del>
E 5	C	. <del></del>		<del> </del>	<del></del>			<del></del>
28	d		<del></del>					
Program Service Revenue	e	All other programmes and					<del></del>	<del> </del>
_		All other program service reve	enue	<b>•</b>				
	3	Total. Add lines 2a-2f	duudonda intere				<del></del>	<del> </del>
ł	3	Investment income (including	dividends, intere	sst, and	250,425.			250,425.
	4	other similar amounts)					<del></del>	- 230,123.
ł	4	Income from investment of ta	x-exempt bond p	oroceeds	<u>-</u>			<del> </del>
	5	Royalties	(2 Pool	(v) Porsonal				<del>                                     </del>
ľ	6.	Cross rents	(i) Real	(ii) Personal				·
		Gross rents						
i		Less: rental expenses		<del> </del>				,
		Rental income or (loss)  Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(II) Other				<del> </del>
	, a	assets other than inventory	3,541,941.	(ii) Other				
		Less: cost or other basis	0,311,311.	<del> </del>				
	, D	and sales expenses	3,150,903.	j				
	_	Gain or (loss)	391,038.	<del> </del>				
ļ		Net gain or (loss)		<b></b>	391,038.			391,038.
		Gross income from fundraisin	a events (not					,
evenue	O a	including \$	of	!				
ē .		contributions reported on line		j .				
æ		Part IV, line 18	a a	]				
Other Re	h	Less direct expenses	b	<b></b>				]
ō		Net income or (loss) from fund	-	<b></b>				
		Gross income from gaming ac	-					
- 1	<i>J</i> a	Part IV, line 19	a a	}				
	h	Less: direct expenses	b	<u> </u>				
l		Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less						
l	10 4	and allowances	а	1				
	h	Less cost of goods sold	b					
		Net income or (loss) from sale			= 1	-		1
		Miscellaneous Revenu		Business Code	<del></del>			<del></del>
ł	11 a					-		
İ	b	<del></del>						<del>                                     </del>
								<del> </del>
	С	All other revenue						<del> </del>
ſ		Total, Add lines 11a-11d		<u> </u>		-		
J	12	Total revenue. See instructions.		<b>.</b>	641,463.	0.	0	641,463,
	<u></u> -					<u> </u>		Form <b>QQQ</b> (2017)

# Form 990 (2017) RIVER RIDGE F. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respor	ise or note to any line in			
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	444,108.	444,108.		
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				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	41,195.	41,195.		
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):				
a	Management	4,539.	4,539.		<del></del>
b	Legal	2,800.	2,800.		
c d	Accounting	2,000.	2,000.		
u e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees	66,879.	66,879.		<del></del>
g	Other (If line 11g amount exceeds 10% of line 25,	00,0121			
9	column (A) amount, list line 11g expenses on Sch 0.)		1		
12	Advertising and promotion				<del></del>
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				<del></del>
23 24	Insurance 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.)	İ			
а	FILING FEES	200.	200.		
b	BANK FEES	36.	36.		
c					<del></del>
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	559,757.	559,757.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	J	ļ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		10,245.	1	8,803.
	2	Savings and temporary cash investments		192,062.	2	268,944.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for		·		
		trustees, key employees, and highest compensation				
		Part II of Schedule L	. ,		5	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED I
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of section				
v		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	Ì		8	
	9	Prepaid expenses and deferred charges	Ì		9	
	l	Land, buildings, and equipment cost or other	ı			
		basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b	······································	10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	, l	7,321,527.	12	7,327,793.
	13	Investments - program-related See Part IV, line 1	1		13	<u> </u>
	14	Intangible assets		14	.,	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	7,523,834.	16	7,605,540.	
	17	Accounts payable and accrued expenses	<u>, ,</u>	17	· · · · · · · · · · · · · · · · · · ·	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former				
iţie		key employees, highest compensated employees				
Liabilities		Complete Part II of Schedule L	o, and anaquamina persons		22	2 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P. 100 P.
ڌ	23	Secured mortgages and notes payable to unrelate	ted third parties	- ···	23	
	24	Unsecured notes and loans payable to unrelated	ſ	<del></del>	24	
	25	Other Irabilities (including federal income tax, pay	-			
		parties, and other liabilities not included on lines				
	1	Schedule D	, 2, 23		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	, check here			
Ø		complete lines 27 through 29, and lines 33 and	·			
2	27	Unrestricted net assets			27	The state of the s
ala	28	Temporarily restricted net assets			28	
g B	29	Permanently restricted net assets	····· · · · · · · · · · · · · · · ·	29		
5		Organizations that do not follow SFAS 117 (AS	SC 958), check here ▶ 🏻			
P		and complete lines 30 through 34.		•		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		7,523,834.	30	7,605,540.
1556	31	Paid-in or capital surplus, or land, building, or equ	uipment fund	0.	31	0.
et A	32	Retained earnings, endowment, accumulated inc		0.	32	0.
ž	33	Total net assets or fund balances		7,523,834.	33	7,605,540.
	34	Total liabilities and net assets/fund balances	7,523,834.	34	7,605,540.	

Form 990 (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

RIVER RIDGE FARM TRUST 31-6585455 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) CHURCH OF THE Х 444,108 TRANSFIGURATION 1 444,108. 0. Total

Part II Support Schedule for (Complete only if you checked						
fails to qualify under the tests					· · · · · · · · · · · · · · · · · · ·	
Section A. Public Support			4	,		
Calendar year (or fiscal year beginning in)▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(é) 2017	(f) Total
1 Gifts, grants, contributions, and			{		12	
membership fees received (Do not			İ	1	ŕ	
include any "unusual grants ")			-			ļ
2 Tax revenues levied for the organ				y f		
ization's benefit and either paid to				f f		
or expended on its behalf		<u> </u>			+	<del> </del>
3 The value of services or facilities				J. J. J. J. J. J. J. J. J. J. J. J. J. J		
furnished by a governmental unit to			"	ľ		
the organization without charge		<u>                                     </u>	7			<del>                                     </del>
4 Total. Add lines 1 through 3					<del> </del>	<del></del>
5 The portion of total contributions by each person (other than a		<i>a</i>	/			
governmental unit or publicly			/			
supported organization) included			/		1	
on line 1 that exceeds 2% of the				1	1	ļ
amount shown on line 11,		/	ď			
column (f)		/				
6 Public support. Subtract line 5 from line 4	•	/				
Section B. Total Support		/				
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> <sup>2</sup> 2014	(c) 2015	(d) 2016	(e) 2017	(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	/_		ļ	ļ		<del> </del>
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on					-	<del> </del>
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)	<u>/</u>					<del>}</del>
<ul><li>11 Total support. Add lines 7 through 10/</li><li>12 Gross receipts from related activities,</li></ul>	ata (saa instruct	l lone)	.L	<u> </u>	12	<u> </u>
13 First five years. If the Form 990 is for	-		rd fourth or fifth t	ax vear as a secti		
organization, check this box and stop	_	o mot, occoria, tin	ia, ioarai, or mare	ax your ao a ooon	01.007(0)(0)	ightharpoons
Section C. Computation of Publ	ic Support Pe	rcentage			-	
14 Public support percentagé for 2017 (	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15 Public support percentage from 2016	Schedule A, Part	: II, line 14			15	%
16a 33 1/3% support test - 2017. If the o	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifies		_				▶∟
b 33 1/3% support test - 2016. If the c				d line 15 is 33 1/3	% or more, check t	his box
and stop here. The organization qual				40 40 40	11 . 44 . 400	<b>▶</b>
17a 10% -facts-and-circumstances tes						
and if the organization meets the "facts-and-circumstances"					art viriow the orga	Inization
b 10% -facts-and-circumstances tes	_				r 17a and line 15 is	-
more, and if the organization meets the						
organization meets the "facts-and-circ						•
18 Private foundation. If the organization						ns 声
						0 or 990-EZ) 2017
					-	•
/						

## Schedule A (Form 990 or 990-EZ) 2017 RIVER RIDGE FARM TRUST Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	iow, piease com	piete Part II )		<del></del>		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(i) iotai
membership fees received (Do not						
include any "unusual grants ")					,	
					-	
2 Gross receipts from admissions, merchandise sold or services per-		1			i	
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					1	
3 Gross receipts from activities that				, '		
are not an unrelated trade or bus-				/		
iness under section 513				."		
4 Tax revenues levied for the organ-			- "	,4		
ization's benefit and either paid to						
or expended on its behalf				l g		
5 The value of services or facilities			/			
furnished by a governmental unit to			1			
the organization without charge						
6 Total. Add lines 1 through 5			/			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		ļ	<i>A</i>	ļ	<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						
O T do to Gappos Et (Spotiactime / C from time o)	変わるシャングン !	. /	大学 1954年本	y's	- 投口機動作	
Section B. Total Support		<i></i>				
Calendar year (or fiscal year beginning in) 📂 📘	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income	$\overline{}$					
(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.					1	
whether or not the business is			ļ			
regularly carried on		_		_		
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part V/)				<u> </u>		, <u></u>
13 Total support (Add lines 9/10c, 11, and 12)				_		
14 First five years. If the Form 990 is for t	the organization'	s first, second, thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here				-		▶□
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2017 (lir			column (fl)		15	
16 Public support percentage from 2016	,		(")		16	1
Section D. Computation of Invest				<del></del>		
17 Investment income percentage for 201			ne 13 column (f))	<del></del>	17	
18 Investment income percentage from 20			.5 10, 50/4/11/1 (1))		18	
			on line 14, and line	a 15 is more than		
19a 33 1/3% support tests - 2017. If the c	•					is 110t ▶ [
more than 33 1/3%, check this box an	-	-				ــا ◄
b 33 1/3% support tests - 2016. If the c	-					and
line 18 is not more than 33 1/3%, chec		· ·				<b>▶</b>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th			<b>&gt;</b> L
732023 10-06-17				Sch	nedule A (Form 990	or 990-EZ) 20

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 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 VI what 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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)

· ·	Yes	
1	X	
2		X
3a		X
3b		
3c	A114 1.A 44	
4a		X
4b	- 4144-	
40	25	
4c		
	4.	
5a		X
5b		
5c		
6		x
7	~~ -	X
8	-	X
9a	~~~~	X
9b	-	<u>x</u>
9c		<u>X</u>
10a_		X
10b		-
990 or 99	iU-EZ)	2017

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 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 0. 391,038. Net short-term capital gain 1 0. 2 Recoveries of prior-year distributions 187,961. 250,426. 3 Other gross income (see instructions) 187,961. 641,464. 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 115,650. 93,141 maintenance of property held for production of income (see instructions) 6 0 7 Other expenses (see instructions) 94,820. 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) 8,600,210 9,006,244. 1a a Average monthly value of securities 281,934. 1b **b** Average monthly cash balances 0. c Fair market value of other non-exempt-use assets 1c 8,882,144. 9,276,485. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 9,276,485. 8,882,144. 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 133,232 139,147. see instructions) 4 9,137,338. 8,748,912. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 306,212. 319,807. 6 Multiply line 5 by 035 6 0. 7 Recoveries of prior-year distributions 306,212. 319,807. 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 94,820. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 80,597. 2 Enter 85% of line 1 306,212. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 306,212. Enter greater of line 2 or line 3 4 0. Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 306,212. 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) 2017

instructions)

Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		444,108
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	•		<del>" =</del>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			444,108
-8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI) See instructions			444,108
9	Distributable amount for 2017 from Section C, line 6			444,108, 306,212,
10	Line 8 amount divided by line 9 amount			1009
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(ıii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			306,212
	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015	,		· · · · · · · · · · · · · · · · · · ·
	From 2016 174,061.		·	
		174,061.		
	Total of lines 3a through e	1,1,0010		<u> </u>
	Applied to underdistributions of prior years			174,061
	Applied to 2017 distributable amount			1,1,001
_ <u>i</u>				
	Remainder Subtract lines 3g, 3h, and 3i from 3f	<del> </del>		
4	Distributions for 2017 from Section D, line 7 \$ 444,108.		•	
		ļ		
	Applied to underdistributions of prior years			132,151
	Applied to 2017 distributable amount	311,957.		132,131
	Remainder Subtract lines 4a and 4b from 4	311,337.		
5	Remaining underdistributions for years prior to 2017, if	]		
	any Subtract lines 3g and 4a from line 2 For result greater	]		
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j	211 057		
	and 4c	311,957.		
8	Breakdown of line 7			
	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017 311, 957.			

Schedule A (Form 990 or 990-EZ) 2017

#### SCHEDULE D

(Form 990)

Department of the Treasury ternal Revenue Servic

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on 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 Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number RIVER RIDGE FARM TRUST 31-6585455 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2¢ c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items **▶** \$ a Revenue included on Form 990, Part VIII, line 1

732051 10-09-17

Schedule D (Form 990) 2017

b Assets included in Form 990, Part X

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

Τo	tal. (Column (b) must equal Form 990, Part X, col (B) line 25)	·			
2.	Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's f	inancial statements th	nat reports the	·
	organization's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of th	e footnote has been r	provided in Pa	rt XIII 📖

Schedule D (Form 990) 2017

(7) (8)

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

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

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public OMB No 1545-0047 Inspection 2017

Name of the organization RIVER RIDGE FARM TRUST	GE FARM T	RUST					Employer identification number 31 – 6585455
Part I General Information on Grants and Assistance	nd Assistance						
1 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	o substantiate the	amount of the grants	or assistance, the	grantees eligibilit	y for the grants or assi	stance, and the select	
criteria used to award the grants or assistance?	tance?					:	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the	cedures for monit	oring the use of grant	he use of grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organi	zations and Domestic	c Governments. C	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additi	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHURCH OF THE TRANSFIGURATION							TO MAINTAIN RIVER RIDGE
972 S. MIAMI STREET							
WEST MILTON, OH 45383		170(B)(1)(A)(I)	444,108.	0.	0.N/A	N/A	ACTIVITIES OF THE CHURCH

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

N

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

31-6585455 (Form 990) (2017) RIVER RIDGE FARM TRUST Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2017) Part III

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) J J A SUPPORTING ORGANIZATION THAT PROVIDES GRANTS Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE TRANSFIGURATION FOR THE PRESERVANCE OF THE LAND (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients RIVER RIDGE FARM TRUST IS (a) Type of grant or assistance THE CHURCH OF PART I, LINE 2: ONLY Schedule I (Form 990) (2017)

#### SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization 31-6585455 RIVER RIDGE FARM TRUST 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 11B: 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.