## Section I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Changes in Net Assets or Fund Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contributions, gifts, grants, and similar amounts received</td>
<td>10. Grants and similar amounts paid (list in Schedule O)</td>
<td>18. Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
</tr>
<tr>
<td>2. Program service revenue including government fees and contracts</td>
<td>11. Benefits paid to or for members</td>
<td>19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)</td>
</tr>
<tr>
<td>3. Membership dues and assessments</td>
<td>12. Salaries, other compensation, and employee benefits</td>
<td>20. Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>4. Investment income</td>
<td>13. Professional fees and other payments to independent contractors</td>
<td>21. Net assets or fund balances at end of year. Combine lines 18 through 20</td>
</tr>
<tr>
<td>5a. Gross amount from sale of assets other than inventory</td>
<td>14. Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>b. Less: cost or other basis and sales expenses</td>
<td>15. Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>c. Gain or (loss) from sale of assets other than inventory</td>
<td>16. Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>a. Gross income from gaming</td>
<td>17. Total expenses. Add lines 10 through 16</td>
<td></td>
</tr>
<tr>
<td>b. Gross income from fundraising events (not including</td>
<td>18. Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)</td>
<td>19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)</td>
<td></td>
</tr>
<tr>
<td>c. Gain or (loss) from sales of inventory (Subtract line 5b from line 5a)</td>
<td>20. Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>7a. Gross sales of inventory, less returns and allowances</td>
<td>21. Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td></td>
</tr>
<tr>
<td>b. Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Footnotes:
- Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
- Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
- Total expenses. Add lines 10 through 16
- Excess or (deficit) for the year (Subtract line 17 from line 9)
- Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)
- Other changes in net assets or fund balances (explain in Schedule O)
### Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II. □

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>18,821 22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>3,221 23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>7,274 24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>29,316 25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>1,638 26</td>
</tr>
<tr>
<td>27 Net assets or fund balances</td>
<td>27,678 27</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. □

What is the organization's primary exempt purpose? See Schedule O, Statement 3

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

#### 28 4th annual rockfish Valley Foundation kite festival at Bold Rock cider field; Richmond air force displays children’s kites, duck race, face painting, vendors...community event attended by over 600. Free of charge Sunday April 13, 2012; sponsored by community merchants; flier given to all 3000 school children

(Grants $ 0) If this amount includes foreign grants, check here ▶ 28a 1,374

#### 29 VA Tourism Corp, reimbursement grant for completing Nelson Scenic Loop and web content; utilized by 100s who use the web materials and now loop begins at Rockfish Valley Foundation natural History Center

(Grants $ 5,000) If this amount includes foreign grants, check here ▶ 29a 1,280

#### 30 Rockfish Valley Foundation Natural History Center; continue development started in 2011; affiliation with VA Museum of Natural History in Feb 2012; opening of first exhibit Living off the land June 16, 2012; (Continued on Schedule O, Statement 4)

(Grants $ 0) If this amount includes foreign grants, check here ▶ 30a 12,606

#### 31 Other program services (describe in Schedule O)

(Grants $ 0) If this amount includes foreign grants, check here ▶ 31a 0

#### 32 Total program service expenses (add lines 28a through 31a)

22 30,122
23 1,502
24 8,829
25 40,453
26 926
27 39,527

### Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. □

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter Agelasto III</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>President, trustee, executive committee, exec director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betsy Rawls Agelasto</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secretary, trustee, executive committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dale Weigel</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Treasurer, trustee, executive committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R Craig Cooper</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee executive committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter Agelasto IV</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Davis</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emeritus trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris Gensic</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hank Gibb</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharon Hudson</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Lachance</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liz Sargent</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>trustee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued on Schedule O, Statement 5)
### Part V  Other Information

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If “Yes,” to line 35a, has the organization filed a Form 990-T for the year? If “No,” provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If “Yes,” complete Schedule C, Part III .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37a Enter amount of political expenditures, direct or indirect, as described in the instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization file Form 1120-POL for this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If “Yes,” complete Schedule L, Part II and enter the total amount involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on line 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on line 9, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8886-T</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 List the states with which a copy of this return is filed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42a The organization’s books are in care of: Rockfish Valley Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Located at p o box 235 1368 rockfish valley hwy suite 4, Nellysford, VA 22958</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone no. 434-361-0271</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If “Yes,” enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c At any time during the calendar year, did the organization maintain an office outside the U.S.? If “Yes,” enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44a Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization operate one or more hospital facilities during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization receive any payments for indoor tanning services during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.  

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

47 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.  

48a Did the organization make any transfers to an exempt non-charitable related organization?  

49a If “Yes,” was the related organization a section 527 organization?  

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”  

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000  

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”  

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000  

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
Date

Paid Preparer Use Only

Print/Type preparer’s name  
Preparer’s signature  
Date  
Check if self-employed  
PTIN

Firm’s name ▶  
Firm’s EIN ▶  
Firm’s address ▶  
Phone no.

May the IRS discuss this return with the preparer shown above? See instructions  

Yes No
### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III–Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III–Non-functionally integrated</td>
</tr>
<tr>
<td>e</td>
<td>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</td>
</tr>
<tr>
<td>f</td>
<td>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.</td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td>i</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td>
</tr>
<tr>
<td>ii</td>
<td>A family member of a person described in (i) above?</td>
</tr>
<tr>
<td>iii</td>
<td>A 35% controlled entity of a person described in (i) or (ii) above?</td>
</tr>
</tbody>
</table>

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

### Table: Name of supported organization vs. EIN

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
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</table>
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>9,620</td>
<td>15,675</td>
<td>22,764</td>
<td>23,626</td>
<td>36,663</td>
<td>108,348</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 <strong>Total. Add lines 1 through 3.</strong></td>
<td>9,620</td>
<td>15,675</td>
<td>22,764</td>
<td>23,626</td>
<td>36,663</td>
<td>108,348</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>0</td>
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<tr>
<td>6 <strong>Public support. Subtract line 5 from line 4.</strong></td>
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<td>108,348</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
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<tbody>
<tr>
<td>7 Amounts from line 4</td>
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<td>108,348</td>
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</table>

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

9 Net income from unrelated business activities, whether or not the business is regularly carried on

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
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</thead>
<tbody>
<tr>
<td>11 <strong>Total support. Add lines 7 through 10.</strong></td>
<td>9,620</td>
<td>15,675</td>
<td>22,764</td>
<td>23,626</td>
<td>36,663</td>
<td>108,348</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>110,408</td>
</tr>
<tr>
<td>13 <strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
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</table>

#### Section C. Computation of Public Support Percentage

<table>
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<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
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<tbody>
<tr>
<td>14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>98.13</td>
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<tr>
<td>15 Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td>15</td>
<td>96</td>
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</table>

**16a 33½% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**16b 33½% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part IV how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization.

**17b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part IV how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization.

**17c Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
**Part III**  
Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

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<tr>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
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</table>

1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose.
3. Gross receipts from activities that are not an unrelated trade or business under section 513.
4. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.
5. The value of services or facilities furnished by a governmental unit to the organization without charge.
6. Total. Add lines 1 through 5.
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons.
b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.
c. Add lines 7a and 7b.
8. Public support (Subtract line 7c from line 6).

#### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
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<tr>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
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</table>

10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.
b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.
c. Add lines 10a and 10b.
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).
13. Total support. (Add lines 9, 10c, 11, and 12).
14. First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

#### Section C. Computation of Public Support Percentage

15. Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))
16. Public support percentage from 2011 Schedule A, Part III, line 15

#### Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))
18. Investment income percentage from 2011 Schedule A, Part III, line 17
19a. 33⅓% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization.
b. 33⅓% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization.
20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - Part II L 10 General Explanation - sales of inventory and other program service revenue L 17a,17b, and Part III L 12

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<td></td>
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</tbody>
</table>
Form 990-EZ, Part V, Line 34 - ARTICLE IV MEMBERS The Foundation shall have no members. ARTICLE V BOARD OF TRUSTEES (A) Limits on the Number of Trustees. The number of trustees, which shall not be less than six (6) nor more than fifteen (15), shall be fixed by the Board of Trustees of the Foundation from time to time. It is hoped that the Board of Trustees will itself be representative of or at a minimum shall avail itself of the broadest range of expertise in the areas of agriculture, non-agricultural conservation, and education. (a) One (1) Trustee shall represent the owners of contiguous land leased to the Foundation for the purpose of fulfilling its mission. As a group, such owners may elect said Trustee until such time as lease(s) expires. (b) Two (2) Trustees shall represent the Agelasto family in addition to and separate from afore land owner provision. Agelasto family members may serve as such Trustees or designate their successors until such time as the family is inactive in Nelson County or their relationship with the Foundation ceases. (c) The other Trustees, twelve (12), will be proposed and elected as outlined in Article V (C). (d) Emeritus, Advisory or Honorary Trustees. The Board of Trustees, from time to time, may appoint one or more trustees, who shall serve at the pleasure and discretion of the elected Board of Trustees. The appointee(s) will give such guidance and assistance in furthering the mission of the Foundation as the Chairperson may request. The appointee(s) shall be invited to attend all meetings of the Trustee Board, but shall have no vote. Appointee(s) may serve on committees, but shall have no vote. The emeritus, advisory or honorary trustee may resign at any time by written notice to the President of the Foundation Board. The number of appointee(s) should be limited. (H) Electronic Voting and Telephonic Attendance. Electronic voting by the Trustees will be recognized to the degree that it is legal, binding and appropriate under the laws of the Commonwealth of Virginia. Trustees may attend duly called Board meetings telephonically and will be considered as attending for quorum purposes.

$4,174.07 and Other Misc. Expense - $46.26 = Total: $11,926.69
<table>
<thead>
<tr>
<th>Description</th>
<th>EOY Amount</th>
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<tbody>
<tr>
<td>grants receivable</td>
<td>5,000</td>
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<tr>
<td>inventory asset</td>
<td>749</td>
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<tr>
<td>undeposited funds</td>
<td>3,080</td>
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<tr>
<td><strong>Total:</strong></td>
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### Other Liabilities Structured Explanation

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<td>accounts payable</td>
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<td>credit cards</td>
<td>680</td>
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<tr>
<td>accrued sales tax</td>
<td>77</td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>926</strong></td>
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Primary Exempt Purpose

Primary purpose is education in areas of natural sciences, culture, history and rural heritage tourism in Rockfish Valley and Nelson County VA.
Third Program Service Accomplishments Description

Description

attendance thru 12/31 over 1300 persons; admission free; opening event; dev of 50+ volunteer docents for staffing
<table>
<thead>
<tr>
<th>Name</th>
<th>Hours</th>
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<tr>
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<tr>
<td>Joseph W Prueher</td>
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</tbody>
</table>