Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	ar year, or tax year beginning 01/01/2022 and ending	12/31/20	22				
B c	Check if applicable: C Name of organization D Em				entification number				
	Address c	hange	20-3481268						
	Name cha	lephone n	umber						
=	nitial retur		PO BOX 235 1368 ROCKFISH VALLEY HWY	43	34-361-0271				
=	-ınaı retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	mption				
=		n pending	Nellysford, VA 22958	umber					
		ting Method:		if the	e organization is not				
		•			ach Schedule B				
				990).					
			☑ Corporation ☐ Trust ☐ Association ☐ Other:	-					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	:S					
			500,000 or more, file Form 990 instead of Form 990-EZ		121,214				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	Ψ					
			the organization used Schedule O to respond to any question in this Part I						
	1		ns, gifts, grants, and similar amounts received		110,408				
	2		ervice revenue including government fees and contracts	2	0				
	3	_	ip dues and assessments	3	0				
	4	Investment		4	30				
	5a		unt from sale of assets other than inventory	0					
	b		or other basis and sales expenses	0					
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	_	0				
	6	`	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)						
	а	-	ome from gaming (attach Schedule G if greater than						
Revenue	u u			0					
Ver	b	Gross inco	me from fundraising events (not including \$ 0 of contributions						
Be			aising events reported on line 1) (attach Schedule G if the						
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0					
	С	Less: direc	t expenses from gaming and fundraising events 6c	0					
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract						
		line 6c) .		6d	0				
	7a	Gross sale	s of inventory, less returns and allowances)1					
	b	Less: cost	of goods sold	26					
	С	Gross prof	t or (loss) from sales of inventory (subtract line 7b from line $7a$)	7c	3,575				
	8	Other reve	nue (describe in Schedule O) . See Schedule O, Statement 1	8	675				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,688				
	10		similar amounts paid (list in Schedule O)	10	0				
	11	Benefits pa	uid to or for members	11	0				
es	12	Salaries, of	her compensation, and employee benefits	12	27,581				
Expenses	13	Profession	al fees and other payments to independent contractors	13	42,319				
g	14	Occupancy	y, rent, utilities, and maintenance	14	23,514				
û	15	Printing, pu	ublications, postage, and shipping	15	2,859				
	16	Other expe	nses (describe in Schedule O) See Schedule O, Statement 2	16	27,193				
	17		nses. Add lines 10 through 16		123,466				
Ŋ	18	Excess or	deficit) for the year (subtract line 17 from line 9)	18	-8,778				
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with						
As			r figure reported on prior year's return)		169,894				
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)	20	0				
<u>z</u>	21		or fund balances at end of year. Combine lines 18 through 20	21	161,116				

Form 990-EZ (2022) Page **2**

Pai	till Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this			V
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			146,479	22	132,896
23	Land and buildings			19,514		19,465
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 3.		4,833		12,594
25	Total assets			170,826	-	164,955
26	Total liabilities (describe in Schedule O) See Sc	hedule O. Statement.	4	932	-	3,839
27	Net assets or fund balances (line 27 of column			169,894		161,116
Par		· , •				101/110
	Check if the organization used Schedule					Expenses
What	<u>~</u>	See Schedule O, Sta	•			uired for section
		· · ·				c)(3) and 501(c)(4) nizations; optional for
as m	ribe the organization's program service accomplist easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the			othe	
28	ROCKFISH RIVER TRAILS, CHILDREN'S NATURE TR	<u> </u>	DEEK DADK ODEDA	TIONS		
	MAINTENANCE AND VISITATION. All facilities were					
	(Continued on Schedule O, Statement 6)	open. increased level	3 OI VISITATION CONTIN	idea with		
	(Grants \$ 9,502) If this amount	includes foreign gra	nte chook horo		28a	20.040
20					20a	29,848
29	COMMUNITY NATURE PROGRAMS. RVF is the natur					
	the community as its top objective. The Natural Historia	ory Center (NHC) is a	n indoor teaching re	source. The		
	(Continued on Schedule O, Statement 7)					
	(Grants \$ 11,552) If this amount				29a	23,138
30	ENVIRONMENTAL LITERACY-building sustainability					
	understanding its natural resources, culture and his	tory as well as becom	ing environmentally	/ literate. The		
	(Continued on Schedule O, Statement 8)					
	(Grants \$ 11,258) If this amount				30a	8,564
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	📙	31a	0
	Total program service expenses (add lines 28a t				32	61,550
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					<u></u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	Estimated amount of ther compensation
Pete	A Agelasto IV	5.00	()	0	0
	tee, president	3.00	·		1	·
	y Rawls Agelasto	2.00	(1	0	0
	tee, secretary	2.00			1	·
	r A Agelasto III	10.00	(1	0	0
	tee, chairman emeritus	10.00			١	·
	e Wood	1.00	(1	0	0
	tee, treasurer	1.00		'	١	U
	s Gensic	1.00	(1	0	0
	ee emeritus	1.00		'	٩	U
	on Hudson	1.00	(\	0	0
trust		1.00		'	١	U
		1.00		\	_	
	Hughes	1.00	('	0	0
histo		1.00				
	d Peyton	1.00	('	0	0
exec	utive committee member					
					_	
		1				
					_	

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(a)(4) and 501(a)(4) argonizations. Did the expenienting express in any section 4958.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		Ť
J	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: VA			
42a	· · · · · · · · · · · · · · · · · · ·	134-36	1-0271	1
	Located at: PO BOX 235 1368 ROCKFISH VALLEY HWY, Nellysford, VA 22958 ZIP + 4		958	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		/
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			
	5		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		/
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2	022)						F	Page 4	
46		ne organization engage, directly or in						Yes	No	
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	s Only s must answer que	stions 47–49b an	d 52, and	d complete th	,		es	
		Check if the organization used Sch	nedule O to respond	i to any question ii	n this Par	t VI		Yes	. L	
47	year?	the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ar? If "Yes," complete Schedule C, Part II								
48 49a b 50	Did the If "Ye Comp	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organization five highest compens	uritable related orga on? sated employees (o	nization? other than	officers, direc	. 49	oa Ob tees, an		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu	Health benefits, itions to employee plans, and deferred ompensation		ated amo compensa		
None										
f 51	Comp \$100	number of other employees paid own plete this table for the organization' ,000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe			ch receive		thar	
None										
				-						
	Total	number of other independent contra	actors each receiving	over \$100,000						
52	Did 1	the organization complete Schedubleted Schedule A	_		ganization	s must attac	h a	es 🗆	No	
	enalties	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than				to the best of my l				
Sign Here		Signature of officer Peter Agelasto IV, President				Date				
		Type or print name and title	In	Т			1			
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-empl	if PTIN	I		
Use (Firm's name				Firm's EIN				
May th	ne IRS	discuss this return with the preparer	shown above? See i	instructions		Phone no.		es 🗆	No	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

20**22**

Department of the Treasury Internal Revenue Service

Name of the organization 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.

Open to Public Inspection

Employer identification number

		VALLEY FOUNDATION						81268
Par		Reason for Public Cha						ons.
_	•	zation is not a private founda		,		-	•	
1		church, convention of church					0(b)(1)(A)(i).	
2		school described in section					I\/A\/:::\	
3 4		hospital or a cooperative hos medical research organizatio						(iii) Enter the
4		espital's name, city, and state	•	orijuniction with a nosp	Jilai uesc	indea iii s	section 170(b)(1)(A)	(iii). Enter the
5		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
		ection 170(b)(1)(A)(iv). (Com		conogo or aniversity	ooa o	Горогии	ou by a government	ar arm doornood in
6	$\square A$	federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7		organization that normally			port from	a gover	nmental unit or from	n the general public
		escribed in section 170(b)(1)		•				
8	_	community trust described in			-			
9	or	n agricultural research organ university or a non-land-gra iiversity:						
10	su	n organization that normally recipts from activities related pport from gross investment output by the organization a	t income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	fees, and gross 33½% of its businesses
11	☐ Ar	organization organized and	l operated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).	
12	☐ Ar	organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
		e or more publicly supported						
	the	e box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а		Type I. A supporting organ						
		the supported organization supporting organization. Yes					he directors or trust	ees of the
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of organization(s). You must				persons	that control or man	age the supported
•		Type III functionally integ	-			onnectio	n with and functions	ally integrated with
С	ш	its supported organization(any integrated with,
d		Type III non-functionally i	• • •	•				orted organization(s)
ű		that is not functionally integ						
		requirement (see instructio						
е		Check this box if the organ	ization received	a written determination	on from tl	ne IRS th	at it is a Type I. Type	e II. Type III
		functionally integrated, or						·, . , po
f	Ente	er the number of supported o	organizations .					
g	Pro۱	vide the following information	n about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
								,
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
							1	

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (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 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			-				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees							
•	received. (Do not include any "unusual grants.")	81,484	77,162	81,503	110,919	111,083	462,151	
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	965	2,052	390	12,291	10,101	25,799	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_	_	_	_	_	_	
		0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to							
	or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities	0	0	0	0	0		
Ū	furnished by a governmental unit to the							
	organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5	82,449	79,214	81,893	123,210	121,184	487,950	
7a	Amounts included on lines 1, 2, and 3	,	,			·		
	received from disqualified persons .	0	0	0	0	0	0	
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	0	0	0	0	0	0	
C	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support. (Subtract line 7c from line 6.)							
Socti	on B. Total Support						487,950	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	Amounts from line 6	82,449	79,214	81,893	123,210	121,184	487,950	
10a	Gross income from interest, dividends,	02,447	77,214	61,673	123,210	121,104	467,730	
104	payments received on securities loans, rents,							
	royalties, and income from similar sources .	27	38	61	28	30	184	
b	Unrelated business taxable income (less			-				
	section 511 taxes) from businesses							
	acquired after June 30, 1975	0	0	0	0	0	0	
С	Add lines 10a and 10b	27	38	61	28	30	184	
11	Net income from unrelated business							
	activities not included on line 10b, whether							
	or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or							
	loss from the sale of capital assets (Explain in Part VI.)				2		•	
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0	
	and 12.)	82,476	79,252	81,954	123,238	121,214	488,134	
14	First 5 years. If the Form 990 is for the							
	organization, check this box and stop here							
Section C. Computation of Public Support Percentage								
15	Public support percentage for 2022 (line 8		•			15	99.96 %	
16	Public support percentage from 2021 Sch			<u> </u>		16	99.96 %	
Secti	on D. Computation of Investment In							
17	Investment income percentage for 2022 (-		17	0.04 %	
18	Investment income percentage from 2021					18	0.04 %	
19a	•••							
	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		_	_	
b	33 ¹ / ₃ % support tests—2021. If the organiz							
20	line 18 is not more than 331/3%, check this l	_	_	· ·		-	_	
20	Private foundation. If the organization di	d not check a h	oox on line 14	19a or 19h o	heck this hox	and see instruc	ctions	

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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.	9с		
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 line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C		
Part						
1	Check here if the organization satisfied the Integral Part Test as a qualifying					
Sect	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A—Adjusted Net Income (A) Prior Year (optional)					
1	Net short-term capital gain	1		(Optional)		
_ <u>.</u>	Recoveries of prior-year distributions	2				
_ _ _	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
<u>.</u>	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C-Distributable Amount	•		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization		

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
ROCKFISH VALLEY FOUNDATION	20.2401240
ROCKFISH VALLET FOUNDATION	20-3481268

Form: Form 990-EZ (2022)	EIN: 20-3481268
Page: 1	Part I, Line 8
Other Revenue Structured Explanation	
Description	Amount

ROCKFISH VALLEY FOUNDATION

Description	Amount
EVENT REGISTRATION	675
Total:	675

Schedule O, Statement 1

Schedule O, Statement 2 ROCKFISH VALLEY FOUNDATION

Form: Form 990-EZ (2022) EIN: 20-3481268

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
OFFICE AND COMPUTER EXPENSES	3,610
EVENT EXPENSES	890
DUES FEES AND BANK CHARGES	1,228
FUND DRIVE	4,341
EXHIBIT EXPENSES	1,282
MARKETING	1,592
INSURANCE	1,120
TRAVEL MEETINGS	236
MISCELLANEOUS	3,354
BOOKKEEPING OUTSIDE SERVICES	9,540
Total:	27,193

Schedule O, Statement 3 ROCKFISH VALLEY FOUNDATION

Form: Form 990-EZ (2022) EIN: 20-3481268

Page: 2 Part II, Line 24

Other Assets Structured Explanation

Description	EOY Amount
GIFTED EXHIBITS	9,238
DONATED INVENTORY	45
INVENTORY	3,311
Total:	12,594

Schedule O, Statement 4 ROCKFISH VALLEY FOUNDATION

Form: Form 990-EZ (2022) EIN: 20-3481268

Page: 2 Part II, Line 26

Other Liabilities Structured Ex	planation
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Description	EOY Amount
DUE TO CREDIT CARD	1,416
SALES TAX PAYABLE	448
PAYROLL LIABILITIES	1,975
Total:	3,839

Schedule O, Statement 5 ROCKFISH VALLEY FOUNDATION

Form: **Form 990-EZ (2022)** EIN: **20-3481268**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

The mission of the Rockfish Valley Foundation is to preserve the natural, historical, ecological and agricultural resources of the Rockfish Valley. We accomplish this with an education process that uses the following resources: the Nelson Scenic Loop, Spruce Creek Park, the Natural History Center, six miles in the Rockfish Valley Trail System, and lands associated with them. The mission further supports conservation, recreation, preservation, agricultural and environmental education, and promotes a rural tourism experience in the Rockfish Valley of Nelson County, Virginia. We aim to inspire a healthy lifestyle by offering hiking trails, a public park, programs and events. We support all students whether in Nelson public schools, home schools or private schools. The lands serve as our outdoor laboratory for students, the community and visitors, alike. Our vision is to enhance environmental literacy and create better stewards. We are the nature guys and Nature is our game.

Schedule O, Statement 6 ROCKFISH VALLEY FOUNDATION

Form: Form 990-EZ (2022) EIN: 20-3481268
Page: 2 Part III, Line 28

First Brogram Service Assemblishments Description

First Program Service Accomplishments Description

Description

estimates as high as two times pre Covid. Families and children especially took advantage of our access to outdoor play and learning. A significant grant was received and plans were made to improve parking and entrance roads in three areas in early 2023. Major repairs had been undertaken in 2021. To handle the increased grounds maintenance and provide hosts for the Natural History Center, focus continued on Volunteer recruitment of trail monitors and hosts, and help with maintenance; the volunteer system structure and management. Trash became a problem. Volunteer efforts show promise but require leadership. The 2020 grant with VA Department of Forestry, Chesapeake Bay Fdn and the James River Assoc for Rockfish for stream buffer planting in 2020 was monitored and there was major replanting in 2022. Major focus on invasives is planned for 2023 along with assessment and more plantings. The focus on native plants leapt forward with donation and planting support of more than 1200 native plant tubes in three places in Spruce Creek Park by Farfields Farm. New structures were added in the park such as a clubhouse, seating units and balance facilities.

Schedule O, Statement 7 ROCKFISH VALLEY FOUNDATION

Form: Form 990-EZ (2022) EIN: 20-3481268

Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

Description

Center was opened from April thru November and first curator was hired. Old Wintergreen Day was held with nearly 20 exhibitors, food and a band. It presented crafts and the way of life in the early days of Nelson County which was created in 1808. RVF continued and expanded two unique and valuable programs in 2022. The most significant accomplishment was the addition of the second StoryWalk, a collaboration with Nelson Memorial Library on along the Rockfish River Trails south of Camille Trail head. As the first of its kind in Nelson County and the wider region, the first was unveiled in October and the second one along the S. Rockfish trails was dedicated January 2022. StoryWalks are intended to provide a pleasant way to learn about the out of doors and focus on water, rocks, plants and animals.; another repeat was the RVF Plein Air Paint Out Event along the Rockfish trails which attracted 24 artists, produced many landscape paintings that were available for sale by the Center.

Schedule O, Statement 8 ROCKFISH VALLEY FOUNDATION

Form: Form 990-EZ (2022) EIN: 20-3481268
Page: 2 Part III, Line 30

Third Province Coming Assembly Description

Third Program Service Accomplishments Description

recreational trails grant was continued, funded by the VA Department of Conservation and Recreation, a local private foundation, and two community foundations: BAMA Works and Charlottesville Area Community Foundation. Paul Skalleberg continued as the ENLIT project manager. The project technology to display environmental modules was amended from NFT to QR codes. WiFi connectivity in the park was completed; WiFi connectivity along trails was contracted and undertaken. Upon completion of technology, content providers will be identified to provide materials that will be formed into story telling modules accessed on the trails for an educational trail walk learning experience. These content creators will be sought from the staff of state agencies, the area schools, nonprofits, and, in particular, those associated with the Virginia Conservation Network. Posts were installed and some module test content developed. An important project for Stream Buffer work was continued with VA Dept of Forestry. ENLIT will be a unique outdoor education program in Virginia. ENLIT is a transformational and multi-year project, and with it comes the necessity to refresh administration practices and capacity. Most task have been performed by the founders and transition continued in 2022. Plan was developed to build capacity and more than a dozen governance related documents were completed. The community support for the RVF continued with more than 300 donors for the second year. The organization continues to lack capacity and put too much responsibility on the founders and a few others. Challenges lie ahead. The budget must grow to provide funding to take the Future of RVF to sustainability and support its unique Nelson mission and vision. During the year RVF hired its first curator in the Natural History Center and refreshed all exhibits. Connecting that indoors experience with the outdoors took major step forward with addition of IPads for use by visitors. They are loaded with Apps such as PictureThis, INaturalist, Seek, Knot tying, Merlin and Audubon. A goal is to load them with EnLit and content focused on water, rocks, plants and animals. Families can take them from the Natural History Center into Spruce Creek Park. RVF does not anticipate hiring staff to provide programs but rather have an education committee, operations manager and volunteers working with students, teachers and schools.

Description