# EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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

Αŀ	or the	e 2019 calendar year, or tax year beginning $ m JUL1,2019$	g JUN 30, 2020	)
B	Check if applicable	C Name of organization	D Employer identif	ication number
Г	Addre	RADFORD UNIVERSITY FOUNDATION, INC.		
	Name chang		23-72197	782
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room.	/suite <b>E</b> Telephone numb	er
	Final return		540-831-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	20,369,849.
	Ameno	RADIORD, VA 24141	H(a) Is this a group	
	Application pendir		for subordinate	
		6226 UNIVERSITY PARK DR, RADFORD, VA 241		
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or ee: ► WWW.RADFORDUNIVERSITYFOUNDATION.ORG	<del></del>	a list. (see instructions)
			H(c) Group exemption	on number ▶ M State of legal domicile: VA
	art I		Year of formation. 1972	M State of legal doffliche. VA
		Briefly describe the organization's mission or most significant activities: TO SUPP	ORT RADFORD UN	JIVERSITY
Governance	'	briefly describe the organization's mission of most significant activities.	<u> </u>	<u></u>
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	assets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		18
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	8
Activities &		Total number of volunteers (estimate if necessary)		50
Act		Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 39		<del>-</del>
		Contributions and suspets (Dout VIII line 1b)	Prior Year 4,691,030.	Current Year 4,347,467.
ine		Contributions and grants (Part VIII, line 1h)	221 - 22	
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0 000 704	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2 2 4 2 4 2 2	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	1
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		-
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)   87,140.	1 605 006	1 211 402
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,773,671	
)r		Revenue less expenses. Subtract line 18 from line 12	5,216,033.  Beginning of Current Year	
ets c ance	20	Total assets (Part X, line 16)	120,563,639	
Ass. Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	35,222,441	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		
		Signature Block		
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to the best of r	ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowledge.	
		Signature of officer	Data	
Sig			Date	
Her	e	JOHN F. COX, JR., CHIEF EXECUTIVE OFFICE:  Type or print name and title	K.	
		Print/Type preparer's name  Preparer's signature	Date Check	I PTIN
Paid	d	MARK WOOLWINE MARK WOOLWINE	05/04/21 if self-emplo	
	parer	Firm's name BROWN, EDWARDS & COMPANY, L.L.P.	Firm's FIN ►	54-0504608
	Only	Firm's address 1715 PRATT DRIVE, STE 2700	1 1111 3 2111	
	•	BLACKSBURG, VA 24060	Phone no. ( 5	540) 443-3606
May	/ the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT RADFORD UNIVERSITY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,238,889 \cdot including grants of \$ 1,149,834 \cdot ) (Revenue \$ -395,333 \cdot)
<del>-t</del> a	UNIVERSITY SUPPORT:
	PURCHASE OF EQUIPMENT AND SUPPLIES FOR THE COLLEGES AND DEPARTMENTS
	CAPITAL UPGRADE OF THE UNIVERSITY'S FACILITIES AND BASEBALL FIELD
	PAYMENTS TO SUPPLEMENT UNIVERSITY PERSONNEL SALARIES AND BENEFITS
	SPEAKERS FOR AND SPONSORSHIP OF UNIVERSITY EVENTS
4b	(Code: ) (Expenses \$ 1,968,848 • including grants of \$ 1,968,848 • ) (Revenue \$ 0 • )
	SCHOLARSHIPS AND SPECIAL AWARDS:
	BENEFITTING STUDENTS AND FACULTY MEMBERS OF RADFORD UNIVERSITY
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 4,207,737.

# Form 990 (2019) RADFORD UNIV 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
_	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,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Α.
8		8	х	
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•	21	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		X
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		X
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		X
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	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	22	

# Form 990 (2019) RADFORD UNIVERSITY Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	<del>                                     </del>
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

# RADFORD UNIVERSITY FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No		
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 8					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b	X			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ıthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X		
b	If "Yes," enter the name of the foreign country	_					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	` '					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).			77			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi		7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·	_				
	to file Form 8282?	1	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		v		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e 7f		X		
f							
g			7g 7h				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
9	sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.						
а	Did the annualist annualistic make and to the distribution and an action 40000		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b		10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	l1a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	l1b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
		13b					
		13c			77		
14a			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b				
15							
	excess parachute payment(s) during the year?		15		X		
40	If "Yes," see instructions and file Form 4720, Schedule N.	0			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 18			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	Х	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
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		Х
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		77
	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
<b>h</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	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		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	ı) avail	ahle
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 51119	, avaii	abi0
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	iui		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOHN F. COX, JR 540-831-6714			
	6226 UNIVERSITY PARK DRIVE, RADFORD, VA 24141			

# 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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY E. ARTIS	2.00	,,							0	•
BOARD TREASURER	2 00	Х		Х				0.	0.	0.
(2) CHRISTOPHER HUTHER	2.00	٠,,		,,					0	•
BOARD CHAIR	2 00	Х		Х				0.	0.	0.
(3) MICHELLE O'CONNOR VICE CHAIR	2.00	X		x				0.	0.	0.
(4) MARQUETT SMITH	2.00	^		Δ				0.	0.	<u></u>
DIRECTOR	2.00	Х						0.	0.	0.
(5) BRIAN HEMPHILL, RU PRESIDENT	2.00							0.	0.	
DIRECTOR	2.00	х						0.	0.	0.
(6) CHAD REED, RU CFO & VP	2.00									
DIRECTOR	<del></del>	x						0.	0.	0.
(7) LYN LEPRE, RU PROVOST & VP	2.00							•		
DIRECTOR		х						0.	0.	0.
(8) WENDY LOWERY, RU VP ADVANCEMENT	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL DONNELLY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JAY KENSLOW	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LYNNE ROBINSON	2.00									
DIRECTOR		Х						0.	0.	0.
(12) WILLIAM MCNULTY	2.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(13) GEORGE P KITE III	2.00									•
DIRECTOR		Х						0.	0.	0.
(14) RONALD STRAWN	2.00								•	•
DIRECTOR		Х						0.	0.	0.
(15) DARIN ELY	2.00	,,							0	0
DIRECTOR	2 00	Х	$\vdash$		_			0.	0.	0.
(16) JOHN CHOMEAU	2.00	Į							_	^
DIRECTOR CARD D. FOUNTES	2.00	Х				-	$\vdash$	0.	0.	0.
(17) RACHEL D FOWLKES	4.00	Х						0.	0.	0.
DIRECTOR		Λ			<u> </u>			1 0.	0.	Eorm <b>990</b> (2010)

932007 01-20-20 Form **990** (2019)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)		(F)			
	Name and title	Average	(do		Pos		<b>)</b> than o	one	Reportable Reportable			Es	tima	ted
		hours per	box	, unle	ss pe	rson	is botl	h an	compensation compensation			amount of		
		week	_	cer ar	nd a d	lirecto	or/trus	tee)	from from related				othe	
		(list any	rector						the	organization			•	sation
		hours for related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	5C)		om t	
		organizations	rustee	trust		e e	ubeu		(44-2/1099-141130)				arııza d rela	ation ated
		below	Individual trustee or director	Institutional trustee	_	nploy	st col	ъ						tions
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18)	MARK RADER	2.00												
DIRE	CTOR		Х						0.		0.			0.
(19)	JOHN F COX JR	40.00												
CHIE	F EXECUTIVE OFFICER	2.00			Х				155,118.		0.		6,'	796.
(20)	DEREK NEAL	40.00												
CHIE	F FINANCIAL OFFICER	2.00			Х				107,975.		0.		4,'	786.
			1											
							Ш		262 002			1	1 1	- 0 0
	Subtotal								263,093.		0.		Ι,:	582. 0.
	Total from continuation sheets to Part VI								263,093.		0.	1	1 1	582.
	Total (add lines 1b and 1c)							<u> </u>	<u> </u>				<b></b> ;	004.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no r	received more than \$100	0,000 of reportab	ie			2
	compensation from the organization												Yes	
_	5										1		res	NO
3	Did the organization list any <b>former</b> officer,													x
	line 1a? If "Yes," complete Schedule J for s											3		<b>│</b> ^
4	For any individual listed on line 1a, is the su												Х	
_	and related organizations greater than \$150											4		
5	Did any person listed on line 1a receive or a	-				-		eiai	ted organization or indiv	idual for services		-		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	e J i	OI S	ucn	pers	SOII .					5		
1	Complete this table for your five highest co	mponeated in	don	ando	ont c	ont	racto	rc i	that received more than	\$100,000 of cor	20000	ation f	rom	
'	the organization. Report compensation for	=	-								iperis	alioni	10111	
	(A)	irie caleridar y	eai	enui	iig v	VILII	OI W	111111	(B)	year.		(C	٠,	
	Name and business	address							Description of s	ervices	С	omper		ion
CHZ	ARTWELLS DINING SERVICE							$\dashv$	UNIVERSITY E			1		
	PO BOX 417632, BOSTON, MA 02241-7632 CATERING							12	7 . 8	827.				
				- <b></b>				$\dashv$					- , \	•
								_						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Page 9

Form 990 (2019) RADFORD
Part VIII Statement of Revenue

		Check if Schedule O	conta	ine a roenc	nea i	or note to any lin	e in this Part VIII			
		Officer if Schedule O	JUITE	anis a respu	1136	or note to any iin	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	, ,	Revenuè éxcluded
								function revenue	business revenue	
<u>(0 (0 )</u>										sections 512 - 514
Ints		Federated campaigns								
اع ق		Membership dues								
ts, An		Fundraising events								
iai Iar	d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibuti	ons) <b>1e</b>						
흔	f	All other contributions, gifts,	grant	s, and						
물		similar amounts not included	abov	e <b>1f</b>		4,347,467.				
da	g	Noncash contributions included in	lines	1a-1f <b>1g</b> \$	5	900,551.				
ခြ ပိ	h	Total. Add lines 1a-1f					4,347,467.			
						Business Code				
စ္ပ	2 a									
ا کے	b				_					
Sel	c				_					
E S	d				_					
Program Service Revenue	u 0				—					
Pro	f	All other program service	rovor	2110	_	900099	247,992.	247,992.		
	'	· •					247,992.	241,332.		
$\rightarrow$		Total. Add lines 2a-2f					247,332.			
	3	Investment income (included	-				1 272 210		141 012	1 122 206
		other similar amounts)					1,273,318.		141,012.	1,132,306.
	4	Income from investment of		· ·	-					
	5	Royalties	·····							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	2,450,5						
	b	Less: rental expenses	6b	3,093,9						
	С	Rental income or (loss)	6с	-643,3	325.					
	d	Net rental income or (loss	)			<b></b>	-643,325.	-643,325.		
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	11,965,9	985.	84,500.				
	b	Less: cost or other basis								
ne		and sales expenses	7b		0.	65,281.				
her Revenue	С	Gain or (loss)	7с	11,965,9	85.	19,219.				
Re	d	Net gain or (loss)					11,985,204.			11,985,204.
ē		Gross income from fundraising				,				
₹		including \$		` of						
		contributions reported on	line							
		Part IV, line 18			8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from			$\overline{}$	<b>&gt;</b>				
		Gross income from gamin		•		<b>P</b>				
	<i>3 a</i>	Part IV, line 19			1 1					
	<b>h</b>				9a 9b					
		Less: direct expenses			$\overline{}$					
		Net income or (loss) from			s	<b>&gt;</b>				
	10 a	Gross sales of inventory,			l					
		and allowances			10a					
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	of invento	ry	<b></b>				
<u>s</u>						Business Code				
e ec	11 a									
ent	b									
Miscellaneous Revenue	С									
i§ ⊢	d	All other revenue			]					
	е	Total. Add lines 11a-11d	<u></u>	<u></u>	<u></u>	<b></b>				
	12	Total revenue See instruction			_		17 210 656.	-395 333.	141 012.	13 117 510.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Chack if Schodula O contains a reason	as ar note to any line in	this Dort IV	<i>p</i>	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 140 024	1 140 024		
	and domestic governments. See Part IV, line 21	1,149,834.	1,149,834.		
2	Grants and other assistance to domestic	4 060 040	4 060 040		
	individuals. See Part IV, line 22	1,968,848.	1,968,848.		
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				
5	Compensation of current officers, directors,				_
	trustees, and key employees	308,336.		308,336.	
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				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,838.		41,838.	
10	Payroll taxes	33,141.		33,141.	
11	Fees for services (nonemployees):	,			
		156,319.	147,996.	2,735.	5.588.
	Management	14,123.	3,472.	8,860.	5,588. 1,791.
	Legal	27,078.	3,472.	27,078.	<u> </u>
	Accounting	27,070.		27,070	
	Lobbying Professional fundraising services. See Part IV, line 17				
		494,014.	494,014.		
	Investment management fees	474,014·	4J4,014•		
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)	20,234.	15,422.	4,812.	
12	Advertising and promotion	4,041.	1,021.	2,986.	34.
13	Office expenses	4,041.	1,021•	2,300.	
14	Information technology				
15	Royalties	68,811.	36,151.	32,660.	
16	Occupancy	33,614.	23,675.	2,739.	7,200.
17	Travel	33,014.	23,073.	4,739.	7,200.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	290,626.	229,776.	6,769.	54,081.
19	Conferences, conventions, and meetings	9,208.		0,709.	34,001.
20	Interest	9,400.	9,208.		
21	Payments to affiliates	354.	354.		
22	Depreciation, depletion, and amortization	36,760.	6,924.	29,836.	
23	Insurance	30,700.	0,924.	49,030.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0 551	2,551.		
a	INCOME TAXES	2,551.	2,551. 57,277.	7 400	
b	EQUIPMENT AND SUPPLIES	64,677.	-	7,400.	2 100
С	DUES	55,525.	47,025.	6,301.	2,199.
d	BANK AND ONLINE FEES	19,926.	627.	3,052.	16,247.
	All other expenses	13,562.	13,562.	E10 E42	07 110
25	Total functional expenses. Add lines 1 through 24e	4,813,420.	4,207,737.	518,543.	87,140.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000
93201	0 01-20-20				Form <b>990</b> (2019)

Form 990 (2019)
Part X Balance Sheet

Pai	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>(B)</b> End of year
	1	Cash - non-interest-bearing	2,332,831.	1	1,440,168.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	6,157,939.	3	6,248,032.
	4	Accounts receivable, net	149,895.	4	391,729.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ts		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	488,592.	7	470,295.
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	97,424.	9	72,678.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 46,422,030.			
	b	Less: accumulated depreciation 10b 4,910,208.		10c	41,511,822.
	11	Investments - publicly traded securities	2,357,555.	11	40,412,610.
	12	Investments - other securities. See Part IV, line 11	63,004,328.	12	25,527,036.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,633,114.	15	3,567,782.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	120,563,639.	16	119,642,152.
	17	Accounts payable and accrued expenses	785,359.	17	447,726.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	33,931,602.	23	33,618,237.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	505,480.	25	630,756.
	26	Total liabilities. Add lines 17 through 25	35,222,441.	26	34,696,719.
ý		Organizations that follow FASB ASC 958, check here ▶ X			
၁င		and complete lines 27, 28, 32, and 33.	15 660 500		15 224 242
alai	27	Net assets without donor restrictions	15,662,799.	27	15,384,210.
d B	28	Net assets with donor restrictions	69,678,399.	28	69,561,223.
ڃ		Organizations that do not follow FASB ASC 958, check here			
or F		and complete lines 29 through 33.			
ts (	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	05 244 400	31	04 045 433
Ž	32	Total net assets or fund balances	85,341,198.	32	84,945,433.
	33	Total liabilities and net assets/fund balances	120,563,639.	33	119,642,152.

Form **990** (2019)

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2 3

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Part XI Reconciliation of Net Assets

Part XII Financial Statements and Reporting

990 (2019) RADFORD UNIVERSITY FOUNDATION, INC.	23-	72197	82	Pag	e <b>12</b>	
XI Reconciliation of Net Assets						
Check if Schedule O contains a response or note to any line in this Part XI						
Total revenue (must equal Part VIII, column (A), line 12)	1		210			
Total expenses (must equal Part IX, column (A), line 25)	2		813			
Revenue less expenses. Subtract line 2 from line 1	3		397			
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		341			
Net unrealized gains (losses) on investments	5 -12,793,001					
Donated services and use of facilities	6					
Investment expenses	7					
Prior period adjustments	8	8				
Other changes in net assets or fund balances (explain on Schedule O)	9	0.				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
column (B))	10	10 84,945,433.			33.	
t XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII					X	
		_	'	Yes	No	
Accounting method used to prepare the Form 990:   Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
separate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis						

Accounting method used to prepare the Form 990: Lash If the organization changed its method of accounting from a prior year or checked "Other," explain 2a Were the organization's financial statements compiled or reviewed by an independent accountant If "Yes," check a box below to indicate whether the financial statements for the year were compile separate basis, consolidated basis, or both: Both consolidated and separate ba Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form 990 (2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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

Open to Public Inspection

Employer identification number Name of the organization RADFORD UNIVERSITY FOUNDATION, 23-7219782 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.) 1 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: 5 X 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.) 6 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.) 8 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2615114.	4676130.	8894114.	4691031.	4347468.	25223857.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0615114	4686120	0004444	4601001	4245460	05000055
	Total. Add lines 1 through 3	2615114.	4676130.	8894114.	4691031.	4347468.	25223857.
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,						2000204
_	column (f)						2908284.
	Public support. Subtract line 5 from line 4.						22313373.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a) 2015 2615114.	(b) 2016 4676130.	(c) 2017 8894114.	(d) 2018 4691031.	(e) 2019 4347468	(f) Total 25223857.
	Amounts from line 4 Gross income from interest,	2013114.	40701301	0074114.	4031031.	4347400	232230371
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	2383177.	1085978.	1895998.	4755529.	3723905.	13844587.
9	Net income from unrelated business					0.2000	
Ŭ	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.)	36,196.	499,700.	148,197.	244,798.	247,992.	1176883.
11	<b>Total support.</b> Add lines 7 through 10						40245327.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I					14	55.45 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	53.70 %
16a	33 1/3% support test - 2019. If the o	•		,		,	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						
18	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	ınd see instructior	ns ▶∟

# 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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	<b>,</b> ,	, ,	( )
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	<del>/</del> 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del></del>
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box 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?
- 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? If "Yes," provide detail in Part VI.
- 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 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 disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 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	No
	_		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	-		
	8		
	9a		
	9b		
	9c		
	10-		
	10a		
	10b		
m 9	90 or 99	90-EZ	2019

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or mare supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	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 <b>Part VI</b> ):			
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 1-1/2% 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 .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 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-functionall	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	Т	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u>				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater			
	•			
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2019. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 RADFORD UNIVERSITY FOUNDATION, INC.

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RADFORD UNIVERSITY FOUNDATION, INC.

Employer identification number 23-7219782

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$ <u>2,113,291.</u>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
la.	Accests in alcohold in Forms 000, Dort V		

Pai	rt III   Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Similar	Assets(con	tinued)		
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that make	e significant use	e of its			
	collection items (check all that apply):								
а									
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they further t	ne organization's e	xempt purpose	in Part XIII.			
5	During the year, did the organization solicit of							,	
_	to be sold to raise funds rather than to be m					Yes		No	
Pai	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on Form 990, P	art IV, line 9,	or		
	reported an amount on Form 990, Pa	*							
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included								
	on Form 990, Part X?					Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
	B					Amou	nt		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance  Did the organization include an amount on F					Yes		No	
	If "Yes," explain the arrangement in Part XIII				•	L res		」 <b>No</b> □	
	rt V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back	1	s hack (a) Fo	ur vears	hack	
12	Reginning of year halance	60,176,413.	56,743,711.	50,346,509	<del>  ` '                                  </del>	<del></del>	2,724,		
								799.	
	20 010 2 240 127 2 010 646 4 072 040							984.	
	d Grants or scholarships					,	-,,		
	Other expenditures for facilities								
·	2 052 002   2 145 622   1 055 002   2 26					,065.	2,228,	263.	
f	Administrative expenses	, , ,	, , -	, ,	,	, -	, ,		
g	End of year balance	58,651,450.	60,176,413.	56,743,711	. 50,346	.509. 4	4,934,	000.	
2	Provide the estimated percentage of the cur					, ,			
а	Board designated or quasi-endowment	,	%	"					
b	Permanent endowment   67.21	%	_						
С	Term endowment ▶ 32.79								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the organization	on			
	by:						Yes	No	
	(i) Unrelated organizations					3a(i	) X		
	(ii) Related organizations						)	X	
b	If "Yes" on line 3a(ii), are the related organiza								
_4_	Describe in Part XIII the intended uses of the		wment funds.						
Pai	rt VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part	X, line 10.	_			
	Description of property	(a) Cost or of	' '	' '	Accumulated	(d) Bo	ok value	е	
		basis (investn			lepreciation	1		<u> </u>	
	Land			3,037.	200 554		53,0		
	Buildings				,382,771				
	Leasehold improvements			1,444.	239,006		32,4		
	Equipment			6,194.	288,431		77,7		
	Other			1,356.			11,3		
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	uc.)	<u> </u>	41,5			

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) LTD PARTNERSHIPS & OTHER			
(B) INVESTMENTS	25,527,036.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	25 527 026		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,527,036.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			afa.u maauleatalia
	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	17d. dee 1 diff 330, 1 art X, iiile 13.	(b) Book value
(1)	'		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENTAL INCOME			210,817.
(3) ANNUITY OBLIGATIONS			236,146.
(4) UNITRUST OBLIGATIONS			183,793.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	630,756.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

_	dule D (Form 990) 2019 RADFORD UNIVERSITY FOUNDATION				7219782 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 000 100
1	Total revenue, gains, and other support per audited financial statements			1	8,775,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		10 500 001		
а			-12,793,001.		
b	Donated services and use of facilities	2b	1,787,554.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,093,912.		
е	Add lines 2a through 2d			2e	-7,911,535.
3	Subtract line 2e from line 1			3	16,686,642.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	494,014.		
b	Other (Describe in Part XIII.)	4b	30,000.		
С	Add lines 4a and 4b			4c	524,014.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				17,210,656.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts V	/ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,170,872.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_			
а	Donated services and use of facilities	2a	1,787,554.		
b	Prior year adjustments	2b			
С	Other losses	2c			
Ч	Other (Describe in Part XIII.)	2ч	3.093.912.		1

e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 494,014.

a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b

524,014. 4c 4,813,420.

2e

4,881,466.

4,289,406.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ..... Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART III, LINE 4:

THE FOUNDATION MAINTAINS A PERMANENT ART COLLECTION FOR DISPLAY AS PART OF AND IN SUPPORT OF THE UNIVERSITY'S COLLEGE OF VISUAL AND PERFORMING ARTS.

### PART V, LINE 4:

THE FOUNDATION PLANS TO USE ENDOWMENT FUNDS FOR THE BENEFIT OF RADFORD UNIVERSITY.

### PART X, LINE 2:

RADFORD UNIVERSITY FOUNDATION, INC. IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA.

Part XIII Supplemental Information (continued)
HOWEVER, WHEN APPLICABLE, ANY INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY
RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE WOULD BE SUBJECT TO
TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION HAS DETERMINED THAT
THEY DO NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS
OF JUNE 30, 2019 AND 2018.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES NETTED WITH RENTAL INCOME 3,093,912.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
OTHER 30,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES NETTED WITH RENTAL INCOME 3,093,912.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
OTHER 30,000.

### SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

## RADFORD UNIVERSITY FOUNDATION, INC.

Employer identification number 23-7219782

Part I General Information on Grants a	nd Assistance		•				
Does the organization maintain records:	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domesti	c Governments. C	omplete if the org	anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	led.	(6) h 4 11 1 6		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RADFORD UNIVERSITY							CAPITAL IMPROVEMENTS TO
EAST MAIN STREET							RADFORD UNIVERSITY
RADFORD, VA 24142	54-6001789		56,932.	0.			FACILITIES
RADFORD UNIVERSITY EAST MAIN STREET RADFORD, VA 24142	54-6001789		832,066.	0.			SALARY SUPPORT
RADFORD UNIVERSITY EAST MAIN STREET RADFORD, VA 24142	54-6001789		250,929.	0.			OTHER OPERATIONAL SUPPORT
WOMEN'S RESOURCE CENTER PO BOX 447 RADFORD, VA 24143	54-1121334		9,907.	0.			OPERATIONAL SUPPORT
2 Enter total number of section 501/a\/2\	nd government ar	ganizatione listed in th	o lino 1 tabla			1	<u>2.</u>
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization.</li></ul>							

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	683	1,968,848.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE FOUNDATION MAKES GRANTS TO RAD	FORD UNI	VERSITY FO	R CAPITAL	AND	
OPERATING EXPENSES AS WELL AS SCHO	LARSHIPS	TO STUDEN	TS ATTENDI	NG THE	
UNIVERSITY. THE BOARD REVIEWS FIN	ANCIAL R	EPORTS AND	INFORMATI	ON	
PROVIDED BY FOUNDATION MANAGEMENT	IN ORDER	TO MONITO	R GRANT AG	REEMENTS.	
SEVERAL UNIVERSITY SCHOLARSHIPS AR	E AVAILA	BLE WITH V	ARIOUS CRI	TERIA	
THAT MUST BE MET AND MAINTAINED IN	ORDER T	O CONTINUE	RECEIVING	FUNDS,	
SUCH AS ACADEMIC PERFORMANCE BENCH	MARKS.	THE BOARD	REVIEWS GR	ANT AND	
SCHOLARSHIP POLICIES ON AN ANNUAL	BASIS AN	D SCHOLARS	HIP AND GR	ANT	

Schedule I (Fo	rm 990)	RAD: mental Information	FORD U	NIVERS	ITY I	FOUNDA	ATION,	INC.	23-72	19782	Page 2
AMOUNTS	ARE	ULTIMATELY	DETER	MINED	BY TI	HE BOA	ARD.				

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

RADFORD UNIVERSITY FOUNDATION, INC. Employer identification number 23-7219782

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) JOHN F COX JR	(i)	155,118.	0.	0.	4,793.	2,003.	161,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Schedule J (Form 990) 2019

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization RADFORD UNIVERSITY FOUNDATION, INC. Employer identification number 23-7219782

Fai		Types	of Property								
				(a)	(b)	(c)	مر د الله ر ما الد	(d)			
				Check if applicable	Number of contributions or	Noncash contr amounts report		Method of de noncash contribu		•	•
				applicable	items contributed			Horicasii contribu	ilion ai	Hount	5
1	Art -	Works of a	art	X	1	2	859.	FMV			
			treasures								
			interests								
4			olications								
5			ousehold goods	X		1	,901.	FMV			
6			vehicles								
7			nes								
8			perty								
9			olicly traded	Х	22	866	739.	FMV			
10			sely held stock				•				
11			tnership, LLC, or								
•		interests									
12			scellaneous								
13			ervation contribution -								
		oric structu									
14			ervation contribution - Other								
15			esidential								
16			ommercial								
17			ther								
 18											
19											
20			dical supplies								
22			cts								
23			imens								
24		eological a									
- · 25		•	FACULTY/STAFF)	X	1	18	,000.	FMV			
26			DONOR CULTIVA	X	3		,846.				
27			EQUIPMENT/SUP)	X	3			COST			
 28		er 🕨 (	FACULTY/STAFF)	X	2			COST			
<u></u> 29			ms 8283 received by the organi	zation durin		ontributions					
			rganization completed Form 82				29				
			· <b>3</b>	,, -		<b>9</b>				Yes	No
30a	Durir	ng the vea	r, did the organization receive b	v contributio	on any property rea	oorted in Part I. lin	es 1 throu	ah 28. that it			
			it least three years from the date								
			ses for the entire holding period						30a		Х
b			be the arrangement in Part II.						- 75		
31			nization have a gift acceptance	policy that re	equires the review	of any nonstanda	rd contribu	utions?	31	х	
			nization hire or use third parties								
		ributions?	parties		•				32a		Х
b			be in Part II.								
33		•	ion didn't report an amount in c	column (c) fo	r a type of propert	y for which colum	n (a) is che	ecked,			
		ribe in Par				<del>-</del>		· 			

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

Schedule M (Form 990) 2019

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

RADFORD UNIVERSITY FOUNDATION, INC. **Employer identification number** 23-7219782

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF VISITORS OF RADFORD UNIVERSITY HAS THE RIGHT TO APPOINT ONE MEMBER TO THE FOUNDATION BOARD. ALSO, RADFORD UNIVERSITY FOUNDATION REAL ESTATE MANAGEMENT LLC HAS THE RIGHT TO APPOINT ONE MEMBER TO THE FOUNDATION BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS GENERALLY REVIEWED BY THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND EMPLOYEE MUST SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS. THE BOARD SHALL DETERMINE BY MAJORITY VOTE IF A CONCLICT EXISTS. IF A CONFLICT IS DEEMED TO EXIST, THE PERSON HAVING THE CONFLICT SHALL NOT PARTICIPATE, ATTEND, VOTE ON, OR USE HIS OR HER PERSONAL INFLUENCE IN CONNECTION WITH THE CONFLICT AND THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER ON AN ANNUAL BASIS. THE CHIEF EXECUTIVE OFFICER CONSULTS WITH THE EXECUTIVE COMMITTEE ON COMPENSATION FOR THE CHIEF FINANCIAL INCLUDING ANY RETIREMENT STIPEND. OFFICER,

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, CONSOLIDATED AUDIT REPORT, AND FORM 990 AVAILABLE TO THE GENERAL PUBLIC VIA THEIR WEBSITE.

Schedule O (Form 990 o		9)					Page 2
Name of the organization	RADFO	RD UNIVE	RSITY FO	UNDATIO	N, INC.	Employer identificate 23-721978	ion number 32
FORM 990, PA	RT XII,	LINE 2C	:				
THE PROCESS	HAS NOT	CHANGED	FROM TH	E PRIOR	YEAR.		

### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

RADFORD UNIVERSITY FOUNDATION, INC.

Employer identification number 23-7219782

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
RUREF 6226 UNIVERSITY PARK DRIVE LLC -					
45-5435705, 6226 UNIVERSITY PARK DRIVE,	1				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	424,285.	4,447,596.	FOUNDATION, INC.
RADFORD UNIVERSITY FOUNDATION REAL ESTATE					
MANAGEMENT LLC - 47-4191621, 6226 UNIVERSITY					RADFORD UNIVERSITY
PARK DRIVE, RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	25,071.	33,406.	FOUNDATION, INC.
RUF 915 TYLER AVE LLC - 47-2294757					
6226 UNIVERSITY PARK DRIVE	1				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1.	1,316,449.	FOUNDATION, INC.
RUF 905 TYLER AVE LLC - 45-5435831					
6226 UNIVERSITY PARK DRIVE	1				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	15,449.	35,110.	FOUNDATION, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		512(b)(13) rolled ity?
				501(c)(3))		Yes	No
RADFORD UNIVERSITY ATHLETIC FOUNDATION -					RADFORD		
26-1561273, 6226 UNIVERSITY PARK DRIVE,	SUPPORT RADFORD UNIVERSITY				UNIVERSITY		
RADFORD, VA 24141	ATHLETICS	VIRGINIA	501(C)(3)	LINE 5	FOUNDATION, INC.	X	

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

# Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
RUF 613 DOWNEY STREET LLC - 46-0605562					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	7,840.	109,022.	FOUNDATION, INC.
RUF 705 DAVIS STREET LLC - 46-0665866					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	3,143.	26,908.	FOUNDATION, INC.
RUF MOUNT PLEASANT ROAD LLC - 46-0693299					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	0.	FOUNDATION, INC.
RUF RU CAMPUS CHAPEL LLC - 46-0643304					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	65,492.	FOUNDATION, INC.
RUF SELU LANE LLC - 46-0710101					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1.	986,347.	FOUNDATION, INC.
RUF 1129 EAST MAIN STREET LLC - 46-0569187					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	12,240.	466,117.	FOUNDATION, INC.
RUF 1015 CALHOUN STREET LLC - 46-0633689					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	178,535.	1,873,907.	FOUNDATION, INC.
RUF 903 TYLER AVE LLC - 46-0585736					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	12,000.	-42,087.	FOUNDATION, INC.
RUF 600 TYLER AVE LLC - 46-0652914					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	35,070.	92,087.	FOUNDATION, INC.
RUF 604 TYLER AVE LLC - 46-0701014					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	61,392.	FOUNDATION, INC.

# Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
RUF 326 CLEMENT STREET LLC - 47-4889835					
6226 UNIVERSITY PARK DRIVE	<u> </u>				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	7,501.	25,970.	FOUNDATION, INC.
RUF LOT 6 E MAIN STREET LLC					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	90,000.	FOUNDATION, INC.
RUF SMITH MOUNTAIN LAKE LLC					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	18,000.	FOUNDATION, INC.
RUF 219 EAST MAIN STREET LLC - 45-5319962					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	64,369.	294,508.	FOUNDATION, INC.
RUF 609 HOWE STREET LLC - 83-3207635					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	11,265.	194,277.	FOUNDATION, INC.
RADFORD UNIVERSITY ALUMNI ASSOCIATION LLC -					
81-3042497, 6226 UNIVERSITY PARK DRIVE,					RADFORD UNIVERSITY
RADFORD, VA 24141	ALUMNI ASSOCIATION	VIRGINIA	0.	0.	FOUNDATION, INC.
RUF REAL ESTATE ENTERPRISES LLC - 82-4768551					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1,651,032.	31,445,223.	FOUNDATION, INC.
RUF 606 TYLER AVE LLC - 82-5154043					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	373,675.	FOUNDATION, INC.
RUF 104 MADISON AVE LLC - 82-5419281					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	42,290.	393, <mark>355.</mark>	FOUNDATION, INC.
RUF COUNTRY CLUB LOTS LLC					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	443,489.	FOUNDATION, INC.

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

			T	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related Organizations. Complete if	the organization answered "Yes" on Form 9	90, Part IV, line 34, 35b, or 36.
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		<u> </u>		
b	Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X		
m	Performance of services or membership or fundraising solicitations by related orga				1m		X		
n									
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
q							X		
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
932163	09-10-19			Schedule	R (Form	າ 990)	2019		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)( orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	liliconie	assets	Yes	No	(FOIII 1065)	Yes N	0	
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