				EXTEN	DED TO MAY 16,	2022			
	0	00	Return of	f Orgar	nization Exempt	From	Income T	ax	OMB No. 1545-0047
Forr	n 9 ,	90			7(a)(1) of the Internal Reven) 2020
			Do not er	Do not enter social security numbers on this form as it may be made public.					Open to Public
Depa Interr	epartment of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest i					t information.		Inspection	
AF	or the	e 2020 calend	lar year, or tax year beg				JUN 30, 2	2021	
B c a	heck if	e: C Name o	f organization				D Employer	identifica	tion number
	Addres	RADF	ORD UNIVERSI	TY FOU	NDATION, INC.				
	Name Change	e Doing b	usiness as				23-72	21978	2
	Initial	Number	r and street (or P.O. box if	mail is not de	elivered to street address)	Room/suit	e E Telephone	number	
	Final		UNIVERSITY	PARK D	R		540-8	<u>831-6</u>	
	termin- ated Amenc	City or t	own, state or province, o		ZIP or foreign postal code		G Gross receipts		<u>36,961,155.</u>
	_lreturn ☐Applica				IN F. COX, JR.		H(a) Is this a g	rdinates?	
	_tiòn pendin	¹⁹ 6226	UNIVERSITY P		, RADFORD, VA	24141			
			X 501(c)(3) 501)◀ (insert no.) 🔄 4947(a)(1) or 52	.7 If "No," a	attach a lis	st. See instructions
					OUNDATION.ORG		H(c) Group ex		
				rust 🔄 A	ssociation 📃 Other 🕨	L Yea	r of formation: 19	972 <u>m</u>	State of legal domicile: VA
Pa		Summary							
n	1	Briefly describ	e the organization's mis	sion or most	significant activities: <u>TO</u>	SUPPOR	T RADFORI	UNI (VERSITY
Ű	.								
Activities & Governance	2	Check this bo	x 🕨 🛄 if the organ	ization disco	ntinued its operations or disp	posed of mor	e than 25% of its	net asse	
0 Vě			ting members of the gov						18
ۍ م					verning body (Part VI, line 1b)				17
es					year 2020 (Part V, line 2a) \dots				7
viti									50
Acti	7a	Total unrelate	d business revenue from	n Part VIII, co	olumn (C), line 12				-139,847.
_	b	Net unrelated	business taxable incom	e from Form	990-T, Part I, line 11	<u></u>		7b	0.
							Prior Year		Current Year
ē	8	Contributions	and grants (Part VIII, line	e 1h)			4,347,4		5,332,768.
enu		•	ice revenue (Part VIII, line	•			247,9		134,550.
Revenue					, and 7d)		13,258,5		7,499,254.
-					c, 9c, 10c, and 11e)		-643,3		174,512.
					Part VIII, column (A), line 12)		17,210,6		13,141,084.
			milar amounts paid (Part		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		3,118,6		4,505,453.
			to or for members (Part				202 2	0.	0.
ses	15				Part IX, column (A), lines 5-10		383,3	0.	436,836.
Expenses	16a				line 11e) 	271		0.	0.
Ä			ing expenses (Part IX, co				1,311,4	122	1,137,664.
_	111				, 11f-24e)		4,813,4		6,079,953.
			es. Add lines 13-17 (musi expenses. Subtract line		X, column (A), line 25)		12,397,2	236	7,061,131.
- 2		Revenue less	expenses. Subtract line	16 Irom line	12		Beginning of Currer		End of Year
Net Assets or Fund Balances	20	Total acceta (Dort V line 16)				119,642,1		122,375,748.
Asse Bala	20 21						34,696,7		20,344,493.
let ∕ Ind	21		· · · · · · · · · · · · · · · · · · ·		ı line 20		84,945,4		102,031,255.
Pa	art II	Signature			1 III Ie 20		01,515,5	±33•	102,031,233.
				ed this return	, including accompanying schedu	iles and states	nents and to the be	est of my k	nowledge and belief it is
					er) is based on all information of			-	הסאוסטעס מווע שטווכו, וג וס
Sig	n	, .	e of officer				Date		
Her	е		F. COX, JR.	, CHIE	F EXECUTIVE OFF	FICER			
		Print/Type pre			Preparer's signature		Date	Check	PTIN
		1 · · · · · · · · · · b · b · o	parer o numo		1			if L	

	Fille include the straine	Fieparer S Signature							
Paid	MARK WOOLWINE	MARK WOOLWINE	05/03/22 self-employed P00647446						
Preparer	Firm's name BROWN , EDWARDS &	COMPANY, LLP	Firm's EIN ▶ 54-0504608						
Use Only	Firm's address 105 ARBOR DR NE	3RD FLOOR							
	CHRISTIANSBURG,	VA 24073	Phone no. 540 - 443 - 3606						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Form		-7219782 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	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?	Yes X No
	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.	······· <u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,049,952. including grants of \$2,144,317.) (Revenue \$	309,062.)
	UNIVERSITY SUPPORT:	,
	PURCHASE OF EQUIPMENT AND SUPPLIES FOR THE COLLEGES AND I	DEPARTMENTS
	CAPITAL UPGRADE OF THE UNIVERSITY'S FACILITIES AND BASEBA	
	PAYMENTS TO SUPPLEMENT UNIVERSITY PERSONNEL SALARIES AND	
	SPEAKERS FOR AND SPONSORSHIP OF UNIVERSITY EVENTS	221(21 219
4b	(Code:) (Expenses \$2, 361, 136. including grants of \$2, 361, 136.) (Revenue \$)
10	SCHOLARSHIPS AND SPECIAL AWARDS:	/
	BENEFITTING STUDENTS AND FACULTY MEMBERS OF RADFORD UNIVER	RSITY
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,411,088.	- 000 ()

Form 990 (2				FOUNDATION,	INC
Part IV	Checklist of R	equired Sche	edules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	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		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form	990	(2020)
	330	

			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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		x
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		x
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		x
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	Х	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	··· ··································			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2020)			FOUNDATION,	
Part V Statement	s Regarding Ot	her IRS Filings ar	nd Tax Compliance	(continued)

				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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	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)				
3a	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	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	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 Act	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	X	
b			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-		x
ام	to file Form 8282?	7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		х
e f					
י מ					
	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 				
8					
•	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		8		
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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		
	Note: 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	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			37
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and tax on payment(s) of more than \$1,000,000 in remuneration and tax on payment(s) of more than \$1,000,000 in remuneration and tax on payment(s) of more than \$1,000,000 in remuneration and tax on payment(s) of more than \$1,000,000 in remuneration and tax on payment(s) of more than \$1,000,000 in remuneration and tax on payment(s) of more than \$1,000,000 in remuneration and \$1,000,000 in remuneration		4-		v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	46		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on		16		Δ
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

RADFORD UNIVERSITY FOUNDATION, INC.

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 1a 1a			
	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		Х
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
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	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	70		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ţ		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright			
	<u>JOHN F. COX, JR 540-831-6714</u> 6226 UNIVERSITY PARK DRIVE, RADFORD, VA 24141			
	ARA ANTARATI TUUN DUTAR' NUDLAND' AN 94141			

Form 990 (2020) RA	DFORD UNIVERSITY	FOUNDATION,	INC.	23-7219782	Page 7			
Part VII Compensation of C	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and In	Employees, and Independent Contractors							
Check if Schedule O cor	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 persor	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 cu	rrent key employees, if any. See	instructions for definition	on of "key employe	e."				

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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00000)		and related
	below	dual t	nstitutional trustee	_	Key employee	st col	ar.			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) JOHN F COX JR	40.00									
CHIEF EXECUTIVE OFFICER	2.00			Х				162,889.	0.	8,584.
(2) DEREK NEAL	40.00									
CHIEF FINANCIAL OFFICER	2.00			Х				113,316.	0.	6,323.
(3) NANCY E. ARTIS	2.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(4) CHRISTOPHER HUTHER	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(5) MICHELLE O'CONNOR	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) MARQUETT SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(7) BRIAN HEMPHILL, RU PRESIDENT	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) CHAD REED, RU CFO & VP	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LYN LEPRE, RU PROVOST & VP	2.00									
DIRECTOR		Х						0.	0.	0.
(10) WENDY LOWERY, RU VP ADVANCEMENT	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL DONNELLY	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JAY KENSLOW	2.00									
DIRECTOR		Х						0.	0.	0.
(13) LYNNE ROBINSON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) WILLIAM MCNULTY	2.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(15) GEORGE P KITE III	2.00									
DIRECTOR		Х						0.	0.	0.
(16) RONALD STRAWN	2.00									
DIRECTOR		Х						0.	0.	0.
(17) DARIN ELY	2.00	l						_		_
DIRECTOR		Х						0.	0.	0.

Form 990 (2020) RADFORD	UNIVERSI	TY	[F	OU	ND)AT	IC	DN, INC.	23-72	<u>219'</u>	782	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average			Pos	itior			Reportable	Reportable			mated
	hours per					than o is both		compensation	compensatio			ount of
	week					or/trus		from	from related			ther
	(list any	tor						the	organization			ensation
	hours for	direc				Ð		organization	(W-2/1099-MIS		•	m the
	related	se or	stee			nsate		(W-2/1099-MISC)	(<i>'</i>		nization
	organizations	trust	al tru		yee	mpe					•	related
	below	ndividual trustee or director	n stit utio nal tru stee	۲.	mplo	est cc	er				organ	izations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) JOHN CHOMEAU	2.00											
DIRECTOR		X						0.		0.		0.
(19) RACHEL D FOWLKES	2.00											
DIRECTOR		х						0.		0.		0.
(20) MARK RADER	2.00											
DIRECTOR		x						0.		0.		0.
		1										
		•										
1b Subtotal								276,205.		0.	14	,907.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								276,205.		0.	14	,907.
2 Total number of individuals (including but							o re	eceived more than \$100.	000 of reportable			-
compensation from the organization						,		. ,				2
											١	/es No
3 Did the organization list any former office	r director trust	ee k	(ev e	mol	ove	e or	hia	hest compensated emp	ovee on	[
č				•			Ŭ				3	x
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the schedule 1 is th												
												x
and related organizations greater than \$1											4	^
5 Did any person listed on line 1a receive or	-				-			-				37
rendered to the organization? If "Yes," co	mplete Schedule	e J f	or su	ich į	oers	on .			·····		5	X
Section B. Independent Contractors												
1 Complete this table for your five highest of	•	•							•	pensat	tion from	า
the organization. Report compensation fo	r the calendar ye	ear e	endin	ig w	rith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and busines								Description of s		C	ompens	sation
	5 N. IND	US	TR	IA	L			BASEBALL FIE	LD TO			
BLVD, NE, CALHOUN, GA 30	701							TURF CONVERS	ION		975	,092.
JONES LANG LASALLE AMERI	CAS, 956	61										
TREASURY CENTER DRIVE, C	HICAGO,	ΙL						HOTEL CONSUL	FANT		328	,098.
EMPIRE SALVAGE & RECYCLI								DEMOLITION O				
P.O. BOX 300, BLUEFIELD,		1						ESTATE			120	,244.
D.H. GRIFFIN WRECKING CO							_	DEMOLITION O	F REAL			/ = = = •
819 THIRD STREET, VINTON		70						ESTATE			110	,997.
OTA THIRD SIREET, VINTON	<u>, va 241</u>	19					-	קואוטי			<u> </u>	• • • • • •
• Total number of index or deat sector.	(in all refines to set	at 11			+ - ·		+ c - 2		we there			
2 Total number of independent contractors		Ji IIr	INTEC	1 (0)		-	rea	above) who received mo	ne man			
\$100,000 of compensation from the organ	iization 🕨				4	1						

\$100,000 of compensation from the organization	

					IVE	RSITY FC	UNDATION,	INC.	23-7219	782 Page 9
Pa	rt VII									
		Check if Schedule O	conta	ains a resp	onse	or note to any li	ne in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
<i>6</i> 0	1 0	Federated campaigns		1a						00010110 012 011
ant	i a h	•• • • • •					-			
β	c c	Fundraising events					-			
ifts, r A	u d	–					1			
nie	e	Government grants (conti					-			
Sij	f	All other contributions, gifts,					7			
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included	d abov	e 1f		5,332,768				
d Tri	g	Noncash contributions included in	lines 1	a-1f 1g	\$	1,367,507	<u>.</u>			
аS	h	Total. Add lines 1a-1f				🕨	5,332,768.			
						Business Code				
e	2 a									
ervi	b									
n Si	С									
Program Service Revenue	d									
roç	e					900099	124 550	124 550		
ш.	•	All other program service					134,550. 134,550.	134,550.		
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includ					134,330.			
	3	other similar amounts)					1,109,188.		-139,847.	1,249,035.
	4	Income from investment of							,	
	5	Royalties		-	-					
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	2,740,	829.					
	b	Less: rental expenses	6b	2,566,	317.					
	с	Rental income or (loss)	6c	174,	512.					
	d	Net rental income or (loss	s)			🕨	174,512.	174,512.		
	7 a	Gross amount from sales of		(i) Secur		()	4			
		assets other than inventory	7a	10,797,	850.	16,845,970	<u>.</u>			
	b	Less: cost or other basis	_	2 6 2 0	007	17 615 667				
venue	_	and sales expenses	7b 7c			17,615,667				
Reve		Gain or (loss) Net gain or (loss)					6,390,066.			6,390,066.
er H		Gross income from fundraisi			·····					
Other	0 4	including \$	-							
Ŭ		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses								
		Net income or (loss) from				<u></u>				
	9 a	Gross income from gamir	ng act	tivities. Se	e					
		Part IV, line 19					4			
		Less: direct expenses								
		Net income or (loss) from	-	-	es	>				
	10 a	Gross sales of inventory,								
	h	and allowances					-			
		Less: cost of goods sold								
	C	Net income or (loss) from	Sales		ייע	Business Code				
sno	11 a									
nec	b									
Miscellaneous Revenue	c									
lisc		All other revenue								
≥		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					13,141,084.	309,062.	-139,847.	7,639,101.

12	Advertising and promotion	10,005.	J,04J•	7,040.	
13	Office expenses	5,085.	1,120.	3,948.	
14	Information technology				
15	Royalties				
16	Occupancy	45,224.	12,041.	33,183.	
17	Travel	31,656.	26,840.		4,8
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	222,628.	175,947.	3,338.	43,3
20	Interest	5,288.	5,288.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	37,687.	3,181.	34,506.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	4,500.	4,500.		
a h	EQUIPMENT AND SUPPLIES	83,196.	71,693.	11,147.	3
0	DUES	65,679.	51,725.	11,213.	2,7
o d	BANK AND ONLINE FEES	24,495.	809.	3,093.	20,5
e	All other expenses	600.	600.		
25	Total functional expenses. Add lines 1 through 24e	6,079,953.	5,411,088.	591,594.	77,2
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 Figure if following SOP 98-2 (ASC 958-720)				
		-			000

RADFORD UNIVERSITY FOUNDATION, 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).

INC.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
		(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	0 1 4 4 0 1 1	0 144 017		
	and domestic governments. See Part IV, line 21	2,144,317.	2,144,317.		
2	Grants and other assistance to domestic	2 2 2 1 2 2	2 2 5 1 2 5 6		
	individuals. See Part IV, line 22	2,361,136.	2,361,136.		
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,	252 026		252 026	
-	trustees, and key employees	353,826.		353,826.	
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				
0	section 401(k) and 403(b) employer contributions)	46,578.		46,578.	
9 10	Other employee benefits	36,432.		36,432.	
11	Payroll taxes	50,452.		50,452.	
	Fees for services (nonemployees):	187,882.	179,742.	2,735.	5,405.
a h	Management	23,167.	2,612.	20,555.	5,405.
b c		23,200.	2,012.	23,200.	
d	Accounting	25,200.		25,200.	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	366,494.	366,494.		
' g	Other. (If line 11g amount exceeds 10% of line 25,	500,1510			
a	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	10,883.	3,043.	7,840.	
13	Office expenses	5,085.	1,120.	3,948.	17.
14	Information technology	-,	_//		
15	Royalties				
16	Occupancy	45,224.	12,041.	33,183.	
17	Travel	31,656.	26,840.	,	4,816.
18	Payments of travel or entertainment expenses	•			•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	222,628.	175,947.	3,338.	43,343.
20	Interest	5,288.	5,288.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	37,687.	3,181.	34,506.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) INCOME TAXES	4,500.	4,500.		
a b	EQUIPMENT AND SUPPLIES	83,196.	71,693.	11,147.	356.
b c	DUES	65,679.	51,725.	11,213.	2,741.
c d	BANK AND ONLINE FEES	24,495.	809.	3,093.	20,593.
	All other expenses	600.	600.	5,055.	20,353.
25	Total functional expenses. Add lines 1 through 24e	6,079,953.	5,411,088.	591,594.	77,271.
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,-,-,	-,, 0000		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

RADFORD UNIVER	SITY FOU	JNDATION,	INC.
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23-7219782 Page 11

		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,440,168.	1	1,437,256.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			6,248,032.	3	5,223,765.
	4	Accounts receivable, net			391,729.	4	352,754.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net			470,295.	7	179,852.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			72,678.	9	133,156.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	26,272,289.			
	b	Less: accumulated depreciation		3,616,417.	41,511,822.	10c	22,655,872.
	11	Investments - publicly traded securities			40,412,610.	11	68,049,013.
	12	Investments - other securities. See Part IV, line 1	1		25,527,036.	12	15,491,304.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,567,782.	15	8,852,776.		
	16	Total assets. Add lines 1 through 15 (must equa		119,642,152.	16	122,375,748.	
	17	Accounts payable and accrued expenses			447,726.	17	167,310.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
lab.		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			33,618,237.	23	19,654,514.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		630,756.	05	522,669.	
	06	of Schedule D	34,696,719.	25	20,344,493.		
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee			54,050,715.	26	20,311,193.
S		and complete lines 27, 28, 32, and 33.	ck nere				
nce n	27	Net assets without donor restrictions			15,384,210.	27	17,832,265.
ala	28	Net assets with donor restrictions		69,561,223.	28	84,198,990.	
Ы	20	Organizations that do not follow FASB ASC 95				20	01/100/000
Net Assets or Fund Balances		and complete lines 29 through 33.	, 0110				
ъ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
let.	32	Total net assets or fund balances			84,945,433.	32	102,031,255.
2	22	Total liabilities and net assets/fund balances			119 642 152.	33	122 375 748.

Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

Form	990	(2020

Form	1990 (2020) RADFORD UNIVERSITY FOUNDATION, INC.	23-	7219782	Pa	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,14	1,0	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,07	9,9	53.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,06	1,1	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,94	5,4	33.
5	Net unrealized gains (losses) on investments	5	10,02	4,6	91.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	102,03	1,2	<u>55.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	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	D.			
2a	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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Nam	lame of the organization Employer identification number								
				SITY FOUNDAT					3-7219782
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	ee instructior	IS.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1	Ŭ.	A church, convention of ch					1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					ii).		
4		A medical research organiz						Viii) Enter	the hospital's name
-		city, and state:		njunotion with a noopital	accombed				the hospital o hame,
-	X	An organization operated for	or the banafit of a co		or operat	od by a ga	vorpmontolu	nit dooorib	ad in
5	- 11	•		lege of university owned	i or operat	eu by a go			
-		section 170(b)(1)(A)(iv). (0					<i>.</i> .		
6		A federal, state, or local go	-						
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it:	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus						•	
с		Type III functionally inte	-		in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organizatio						, ,	,
d		Type III non-functionally						rted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instruct			•		-		
е		Check this box if the orga						II, Type III	
		functionally integrated, or					51 / 51	, ,	
f	Ente	er the number of supported of							
g	Pro	vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2020 RADFORD UNIVERSITY FOUNDATION, INC. 23-7219782 Page 2 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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4676130.	8894114.	4691031.	4347468.	5332768.	27941511.		
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								
4	Total. Add lines 1 through 3	4676130.	8894114.	4691031.	4347468.	5332768.	27941511.		
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,								
							4382679.		
~									
	Public support. Subtract line 5 from line 4.						23558832.		
		()	<i></i>						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	4676130.	8894114.	4691031.	4347468.	5332/68.	27941511.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	1085978.	1895998.	4755529.	3723905.	3850017.	15311427.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	499,700.	148,197.	244,798.	247,992.	134,550.	1275237.		
11	Total support. Add lines 7 through 10						44528175.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
	First 5 years. If the Form 990 is for th	-				01(c)(3)			
	organization, check this box and stop	-							
Sec	ction C. Computation of Publi								
	Public support percentage for 2020 (I			olumn (f))		14	52.91 %		
	Public support percentage from 2019		•	(77)		15	55.45 %		
	33 1/3% support test - 2020. If the c					ore. check this bo			
	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2019. If the c		-						
	and stop here. The organization qual	-							
17a	10% -facts-and-circumstances test								
170	and if the organization meets the facts	-							
	meets the facts-and-circumstances te			-	-	-			
Ŀ		-		• • • •	-	7a and line 15 is			
Q	10% -facts-and-circumstances test	-							
	more, and if the organization meets the								
	organization meets the facts-and-circu		-		• •				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨								

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RADFORD UNIVERSITY FOUNDATION, INC. 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(a) 2016	(1) 2017	(a) 2018	(4) 2010	(a) 2020	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) organ	ization,
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2020	(line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	020 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2019. If the	-					
line 18 is not more than 33 1/3%, cho						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	P

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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.)

Schedule A (Form 990 or 990-EZ) 2020 RADFORD UNIVERSITY FOUNDATION, INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the met	hod that the organization use	d to satisfy the Integral Part	Test during the yea	r (see instructions).
---	-------------------------------	-------------------------------	--------------------------------	---------------------	-----------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent o	f each of its sup	oported organizations	6. Complete line 3 below.
---	--	------------------	-----------------	-------------------	-----------------------	---------------------------

с] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

2a

2b

3a

3b

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 RADFORD UNIVERSITY			23-7219782 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Sup			
1 Check here if the organization satisfied the Integral Part Test as a c		•	Part VI). See instructions.
All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income	ns must complete :	(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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	unt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fur	nctionally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RADFORD UNIVERSITY FOUNDATION, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue)

-1

ια	Type in Non-1 unctionally integrated 505(allo subborning orga	inzations (continu	uea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2020				ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u> i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 RADFORD UNIVER	SITY	FOUNDATION	, INC.	23-7219782	Page 8
Part VI	Supplemental Information. Provide the explan Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, lines	ations req b, 9c, 11a E, lines 1	uired by Part II, line 1 , 11b, and 11c; Part c, 2a, 2b, 3a, and 3b;	0; Part II, line 17a or IV, Section B, lines 1 Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section (, Section B, line 1e; Part	С,
	(See instructions.)					

032051 12-01-20

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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
Der	RADFORD UNIVERSITY		23-7219782
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	le 6. (a) Donor advised funds	(b) Funds and other accounts
		(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	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor o		
Par		appization answord "Vos" on Form 900	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ►		0
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Of	har Similar Assats
1 41	Complete if the organization answered "Yes" on Form		and online Assets.
10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
ia	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its finar	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	··· · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		• • • • • • • • • •
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

Sche		UNIVERSITY				23-	7219782	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other S	imilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that r	make signi	ficant use of	its	
	collection items (check all that apply):							
а	X Public exhibition	d	Loan or exe	change prograr	n			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatior	n's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	on answered "א	es" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.	-					
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributior	is or other asse	ets not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
		·	0				Amount	
с	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					,, ,	Yes	No
	If "Yes," explain the arrangement in Part XIII.		•					
Par								
	·	(a) Current year	(b) Prior year	(c) Two years		Three years b	ack (e) Four	years back
1a	Beginning of year balance	58,651,450.	60,176,413	56,743		50,346,50		934,000.
b	Contributions	1,724,153.	1,456,948,	3,238	,187.	5,540,45	58. 2,	736,625.
с	Net investment earnings, gains, and losses	14,411,565.	-28,018,	2,340	,137.	2,812,64	46. 4,	973,949.
	Grants or scholarships							
	Other expenditures for facilities							
-	and programs	1,953,795.	2,953,893	2,145	622.	1,955,90	2. 2.	298,065.
f	Administrative expenses	, ,	, ,	, ,	,	, ,	,	,
g	End of year balance	72,833,373.	58,651,450,	60,176	413.	56,743,71	11. 50.3	346,509.
2	Provide the estimated percentage of the curr	, ,	, ,		,	, ,	· · · ·	,
	Board designated or quasi-endowment		%					
	Permanent endowment 56.4680	%						
	10 5000	/0 %						
Ŭ	The percentages on lines 2a, 2b, and 2c show	, -						
3a	Are there endowment funds not in the posse		tion that are held a	nd administere	d for the c	rganization		
ou	by:	oolon of the organiza				ganzaton	<u>ا</u>	Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
h	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
	t VI Land, Buildings, and Equipm		ment fanas.					
	Complete if the organization answered		Part IV line 11a	See Form 990	Part X line	e 10		
	Description of property	(a) Cost or of		t or other		umulated	(d) Book	value
	Description of property	basis (investm		(other)	• •	ciation		value
10	Land		,	8,278.	10010		2 808	,278.
	Land Buildings			22,139.	3 11	3,280.	19,508	
	Leasehold improvements			37,459.		3,149.		,310.
				37,708.		9,988.		,720.
	Equipment			6,705.	41	5,5000		,705.
	Other			-			22,655	-
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>, coiumn (B), line '</u>	UC.)			dule D (Form	-
						Schee	ule D (Form	99 0) 2020

	IVERSITY FOUND	ATION, INC.	23-7219782 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(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	15,491,304.	END-OF-YEAR M	IARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	▶ 15,491,304.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	15,451,504.		
			- 10
Complete if the organization answered "Ye (a) Description of investment	(b) Book value		Cost or end-of-year market value
			Cost of end-of-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 "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, lin	ie 15.
	a) Description		(b) Book value
(1) PROPERTY HELD FOR SALE			494,763.
(2) ART COLLECTION			2,127,091.
(3) CASH VALUE OF LIFE INSUR	ANCE		41,739.
(4) FUNDS HELD IN TRUST BY O			1,027,396.
(5) PREPAID LEASE INCENTIVE			5,161,787.
			5,101,101
<u>(6)</u>			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990. Part X, col. (B) Part X Other Liabilities.	ine 15.)		
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Pai	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENTAL INCOME			127,577.
(3) ANNUITY OBLIGATIONS			224,208.
(4) UNITRUST OBLIGATIONS			170,884.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B)	ine 25)		▶ 522,669.
2. Liability for uncertain tax positions. In Part XIII, provi	,	the organization's financial st	-

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

	edule D (Form 990) 2020 RADFORD UNIVERSITY FOUNDAT	,			7219782 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		n Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		<u> </u>	26 022 074
1				1	26,832,074.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		10 004 601		
а			10,024,691.		
b			1,503,926.	-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	. 2d	2,566,317.		
е	Add lines 2a through 2d			2e	14,094,934.
3	Subtract line 2e from line 1			3	12,737,140.
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	366,494.		
b	Other (Describe in Part XIII.)	. 4b	37,450.		
с	Add lines 4a and 4b			4c	403,944.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	13,141,084.
5			ith Expenses per I		<u>13,141,084.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents W	ith Expenses per I		n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents W	ith Expenses per I		13,141,084. n. 9,746,252.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per I	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents W	ith Expenses per I	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	ith Expenses per I	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W	ith Expenses per I	Retur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W	ith Expenses per I		n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses per I 1,503,926. 2,566,317.		n. 9,746,252. 4,070,243.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	ith Expenses per I 1,503,926. 2,566,317.	Retur	n.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses per I 1,503,926. 2,566,317.	Retur	n. 9,746,252. 4,070,243.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W	ith Expenses per I 1,503,926. 2,566,317.	Retur	n. 9,746,252. 4,070,243.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents W 2a 2b 2c 2d	ith Expenses per I 1,503,926. 2,566,317.	Retur	n. 9,746,252. 4,070,243.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per F 1,503,926. 2,566,317. 366,494. 37,450.	Retur	n. 9,746,252. 4,070,243. 5,676,009. 403,944.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per F 1,503,926. 2,566,317. 366,494. 37,450.	Retur	n. 9,746,252. 4,070,243. 5,676,009.

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.

_ _ . . _ . .

Schedule D (Form 990) 2020 RADFORD UNIVERSITY FOUNDATION, INC.	23-7219782 Page 5
Part XIII Supplemental Information (continued)	<u>u</u>
HOWEVER, WHEN APPLICABLE, ANY INCOME FROM CERTAIN ACTIVITIES	NOT DIRECTLY
RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE WOULD BE SUBJ	ECT TO
TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION HAS D	ETERMINED THAT
THEY DO NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR C	BLIGATIONS AS
OF JUNE 30, 2021 AND 2020.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH RENTAL INCOME	2,566,317.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
OTHER	37,450.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH RENTAL INCOME	2,566,317.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
OTHER	37,450.

SCHEDULE I (Form 990)		irants and Oth						3 No. 1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Department of the Treasury Attach to Form 990.											
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization RADFORD U	NIVERSITY	FOUNDATION	, INC.				Employer identifi 23-	cation number			
Part I General Information on Grants a	nd Assistance		-								
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti					
criteria used to award the grants or assis	stance?						<u>Х</u> ү	es 🗌 No			
2 Describe in Part IV the organization's pro											
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	,			
recipient that received more than					(f) Method of		(1) -				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purposi or assis				
RADFORD UNIVERSITY EAST MAIN STREET							CAPITAL IMPROV RADFORD UNIVER				
RADFORD, VA 24142	54-6001789		1,111,953.	0.			FACILITIES				
RADFORD UNIVERSITY EAST MAIN STREET											
RADFORD, VA 24142	54-6001789		808,684.	0.			SALARY SUPPORT	г			
RADFORD UNIVERSITY EAST MAIN STREET											
RADFORD, VA 24142	54-6001789		223,680.	0.			OTHER OPERATIO	ONAL SUPPORT			
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table		I		······ ·	1.			
3 Enter total number of other organization	s listed in the line 1	table					►				

Schedule I (Form 990) 2020

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

Schedule I (Form 990) 2020

23-7219782

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
660	2,361,136.	0.		
	660	660 2,361,136.	660 2,361,136. 0. 	660 2,361,136. 0. <

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION MAKES GRANTS TO RADFORD UNIVERSITY FOR CAPITAL AND

OPERATING EXPENSES AS WELL AS SCHOLARSHIPS TO STUDENTS ATTENDING THE

UNIVERSITY. THE BOARD REVIEWS FINANCIAL REPORTS AND INFORMATION

PROVIDED BY FOUNDATION MANAGEMENT IN ORDER TO MONITOR GRANT AGREEMENTS.

SEVERAL UNIVERSITY SCHOLARSHIPS ARE AVAILABLE WITH VARIOUS CRITERIA

THAT MUST BE MET AND MAINTAINED IN ORDER TO CONTINUE RECEIVING FUNDS,

SUCH AS ACADEMIC PERFORMANCE BENCHMARKS. THE BOARD REVIEWS GRANT AND

SCHOLARSHIP POLICIES ON AN ANNUAL BASIS AND SCHOLARSHIP AND GRANT

Schedule I (Form 990) Part IV Supplemental Inf	RADFORD	UNIVERSIT	Y FOUNDATION	, INC.	23-7219782	Page 2
Part IV Supplemental Inf	ormation					
AMOUNTS ARE ULTIMA	TELV DETE	RMINED BY	THE BOARD.			
AMOONID AND ODIIMA		MAINED DI	THE DOME.			

SC	HEDULE J	Compensation Information		OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2020		•
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23		ZU	ZU	J
Depa	tment of the Treasury	J	Open to			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		mber
De		RADFORD UNIVERSITY FOUNDATION, INC.	23-	721978	2	
Pa	rt I Question	s Regarding Compensation				T
4					Yes	No
па		ate box(es) if the organization provided any of the following to or for a person listed on For	n 990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for com	i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Health or social club dues or initiation fe				
		spending account				
			sur, onory			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization	'S			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	tion to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				x
a		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ion			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	ion			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			37
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)) 2020

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

23-7219782

Page **2**

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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JOHN F COX JR	(i)	162,889.	0.	0.	6,442.	2,142.	171,473.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)						1	1	

Schedule J	(Form 990)) 2020
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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.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public

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

Inspection Employer identification number 23-7219782

	RADFORD	UNIVERSITY	FOUNDATION,	INC.	
Part I	Types of Property				

		a	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts repor	ted on		(d) Method of de cash contribu		•	3
		-	X	items contributed	Form 990, Part VI						
1	Art - Works of art		A	4	13	,475.	FMV				
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household ge										
6	Cars and other vehicles										
7	Boats and planes										
8			X	22	1 204	E02	T-1MT 7				
9	Securities - Publicly tradeo		A		1,304	, 593.	РМV				
10	Securities - Closely held st										
11	Securities - Partnership, Ll										
		····· -									
12	Securities - Miscellaneous										
13	Qualified conservation cor Historic structures	itribution -									
14	Qualified conservation cor										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplie										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25		MENT/SUP)	Х	10		,258.					
26	Other 🕨 (FACUL	TY/STAFF)	Х	1		,000.					
27		MENT/SUP)	Х	2	7	,335.	COST				
28	Other 🕨 (FACUL	TY/STAFF)	Х	5		791.	COST				
29	Number of Forms 8283 rec	ceived by the organiza	tion during	the tax year for co	ontributions						
	for which the organization	completed Form 8283	8, Part V, D	onee Acknowledg	ement	29				Y	
30a	During the year, did the or	ganization receive by o	contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, tha	t it		Yes	No
	must hold for at least three	e years from the date of	of the initia	l contribution, and	which isn't require	ed to be us	sed for				
	exempt purposes for the e	· · · · · · · · ·							30a		Х
b	If "Yes," describe the arrar										
31	Does the organization hav	e a gift acceptance po	licy that re	quires the review o	of any nonstandard	d contribut	tions?		31	Х	
32a	Does the organization hire	or use third parties or	related org	ganizations to solid	cit, process, or sell	noncash					

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

32a

х

b If "Yes," describe in Part II.

Schedule M (Form 990) 2020 RADFORD UNIVERSITY FOUNDATION, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

DONOR CULTIVATION

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 55.

(D) METHOD OF DETERMINING REVENUE: COST

23-7219782

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

RADFORD UNIVERSITY FOUNDATION, INC.

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 CONFLICT 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 OFFICER, INCLUDING ANY RETIREMENT STIPEND.

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 or 9	90-EZ) 2020				Page 2
Name of the organization					Employer identification number
-	RADFORD	UNIVERSITY	FOUNDATION,	INC.	23-7219782

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE 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.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 23 - 7219782

Department of the Treasury Internal Revenue Service

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

Name of the organization

RADFORD UNIVERSITY FOUNDATION, INC.

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,	7				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	464,250.	4,294,743.	FOUNDATION, INC.
RADFORD UNIVERSITY FOUNDATION REAL ESTATE					
MANAGEMENT LLC - 47-4191621, 6226 UNIVERSITY					RADFORD UNIVERSITY
PARK DRIVE, RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	25,035.	57,546.	FOUNDATION, INC.
RUF 915 TYLER AVE LLC - 47-2294757					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1.	1,259,450.	FOUNDATION, INC.
RUF 905 TYLER AVE LLC - 45-5435831					
6226 UNIVERSITY PARK DRIVE	7				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1,800.	22,801.	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				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.

Schedule R (Form 990) 2020

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RUF 613 DOWNEY STREET LLC - 46-0605562					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	7,840.	116,292.	FOUNDATION, INC.
RUF 705 DAVIS STREET LLC - 46-0665866					
6226 UNIVERSITY PARK DRIVE	—l				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	3,143.	29,481.	FOUNDATION, INC.
RUF RU CAMPUS CHAPEL LLC - 46-0643304					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	63,506.	FOUNDATION, INC.
RUF SELU LANE LLC - 46-0710101					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1.	947,355.	FOUNDATION, INC.
RUF 1015 CALHOUN STREET LLC - 46-0633689					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	136,891.	0.	FOUNDATION, INC.
RUF 903 TYLER AVE LLC - 46-0585736					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	14,200.	-46,724.	FOUNDATION, INC.
RUF 600 TYLER AVE LLC - 46-0652914					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	26,303.	0.	FOUNDATION, INC.
RUF 604 TYLER AVE LLC - 46-0701014					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	0.	FOUNDATION, INC.
RUF 326 CLEMENT STREET LLC - 47-4889835					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	7,626.	17,402.	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.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RUF SMITH MOUNTAIN LAKE LLC					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	٥.	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	66,384.	754,164.	FOUNDATION, INC.
RUF 609 HOWE STREET LLC - 83-3207635					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	14,025.	175,597.	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	1,965,271.	14,320,819.	FOUNDATION, INC.
RUF 606 TYLER AVE LLC - 82-5154043					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	٥.	٥.	FOUNDATION, INC.
RUF 104 MADISON AVE LLC - 82-5419281					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	33,095.	367,409.	FOUNDATION, INC.
RUF COUNTRY CLUB LOTS LLC					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	٥.	386,763.	FOUNDATION, INC.
RUF HOTEL LAND LLC					
6226 UNIVERSITY PARK DRIVE	7				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	25,000.	4,070,379.	FOUNDATION, INC.

Schedule R (Form 990) 2020 RADFORD UNIVERSITY FOUNDATION, INC.

23-7219782 Page 2

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	^{ll or} Percentage ^{jing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
											<u> </u>	
	1											
	1	1	1			1		I	1			

Part IV 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) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2020 RADFORD UNIVERSITY FOUNDATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
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
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020 RADFORD UNIVERSITY FOUNDATION, INC.

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.

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	·
				+	-+							+
												L
												

Schedule R (Form 990) 2020

Schedule R (F	orm 990) 2020
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Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.