				EXTEN	IDED TO M	AY 15,	2020			
	0	00	Return o	f Orgar	nization E	xempt	From	Income	Тах	OMB No. 1545-0047
Forr	n <b>y</b>	90	Under section 501(c),	527, or 494	7(a)(1) of the Int	ernal Revenu	e Code (ex	cept private f	oundation	s) <b>2018</b>
Department of the Treasury <b>Do not enter social security numbers on this form as it may be made public.</b>									Open to Public	
Biternal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.         A For the 2018 calendar year, or tax year beginning       JUL 1, 2018 and ending       JUN 30, 2019									Inspection	
AF	or the	e 2018 calend	ar year, or tax year be	ginning J	TUL 1, 20	18 and	lending u	<u>JUN 30,</u>	2019	
<b>B</b> c a	heck if pplicabl	le: <b>C</b> Name o	forganization					D Employe	er identifica	ation number
	Addre		ORD UNIVERSI	TY FOU	NDATTON	TNC.				
F	Name Chang		usiness as		, <u> </u>	1110.		-	23-72	19782
	Initial return	<u>v</u>	and street (or P.O. box if	mail is not de	livered to street ad	dress)	Room/suite	E Telephor		
	Final return/	6226	UNIVERSITY			41000)	110011, oute			31-6714
	termin ated	-	own, state or province,	country, and	ZIP or foreign p	ostal code		G Gross receip	ots \$	14,136,033.
	Ameno	ded RADF	'ORD, VA 241	41				H(a) Is this	a group ret	urn
	Applic tion	<sup>a-</sup> <b>F</b> Name a	nd address of principal	officer:JOH	IN F. COX	, JR.		for sub	ordinates?	Yes X No
	pendir	6226	UNIVERSITY E	PARK DR	R, RADFOR	D, VA	24141	H(b) Are all su	bordinates incl	uded? Yes No
			X 501(c)(3) 501		) 🗲 (insert no.) 🗌	4947(a)(1)	or 52	7 If "No,'	' attach a li	st. (see instructions)
			RADFORDUNIVE					H(c) Group		
	_			rust 🔄 A	ssociation	Other 🕨	L Year	of formation:	L972 M	State of legal domicile: VA
Pa	art I	Summary				<u>mo a</u>	ומסממזזי			VEDOTAV
e	1	Briefly describ	be the organization's mis	ssion or mos	t significant activ	vities: TO S	OPPOR:	I RADFUI	KD UNI	VERSITI
Governance				ization diago	ntinued ite energy	ationa ar diana	and of more	than 05% of	ito not ooo	ata
ver			Intersection of the sector of the government							eis. 18
ß										17
ŝ										
/itie		Total number of volunteers (estimate if necessary)     6								
Activities &									126,841.	
◄			business taxable incom							-81,720.
								Prior Yea	ar	Current Year
e	8	Contributions	and grants (Part VIII, lin	e1h)				8,894		4,691,030.
Revenue		•	ice revenue (Part VIII, lin	•					,197.	224,799.
Rev			come (Part VIII, column					5,571		5,561,333.
			e (Part VIII, column (A), li					-267 14,346		-487,458.
			- add lines 8 through 11					$\frac{14,346}{2,581}$		9,989,704. 2,649,132.
			milar amounts paid (Par					2,301	,003.	2,049,152.
		<u> </u>	to or for members (Part		( <b>5</b> . <b>1</b> )	(A) lines 5 10)		456	,884.	438,613.
Ises	162	Professional f	r compensation, employ undraising fees (Part IX	column (A)	(Fart IX, Columni ) line 11e)	(A), III les 5-10)	·····	100		0.
Expenses	b	Total fundrais	r compensation, employ undraising fees (Part IX, ing expenses (Part IX, c	olumn (D), lir	ne 25)	66,2	00.			
ш			es (Part IX, column (A), I					1,764	,039.	1,685,926.
			es. Add lines 13-17 (mus					4,802		4,773,671.
	19		expenses. Subtract line					9,544	,265.	5,216,033.
Net Assets or Fund Balances								eginning of Cur		End of Year
sets	20	Total assets (I	Part X, line 16)					118,217		120,563,639.
at As	21							35,386		35,222,441.
Ž	22	Net assets or	85,341,198.							
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge									mouladae and halist it !-	
			Declare that I have examined by the backward of the backward o						-	knowledge and belief, it is
<u>u ue</u> ,	, correc		. Declaration of preparet (0	uner under UHIC	ei j is naseu uli all l	mormation of w	men prepare	i nas any known	եսկե.	
Sig	n	Signatur	e of officer					Date		
Her		,	F. COX, JR.	, CHIE	F EXECUT	IVE OFF	ICER			
	-		print name and title							
		Print/Type pre	parer's name	Preparer's signat	ure		Date	Check	PTIN	

	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	MARK WOOLWINE	MARK WOOLWINE	05/07/20 <sup>if</sup> self-employed P00647446							
Preparer	Firm's name 🕨 BROWN , EDWARDS &	COMPANY, L.L.P.	Firm's EIN <b>54-0504608</b>							
Use Only	Firm's address ▶ 1715 PRATT DRIVE	, STE 2700								
	BLACKSBURG, VA 2	4060	Phone no. $(540)$ 443 – 3606							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	990 (2018) RADFORD UNIVERSITY FOUNDATION, INC. 23-7219782 Page 2
Pa	t 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
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ŭ	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,442,731. including grants of \$ 955,733. ) (Revenue \$ -262,659. )
	UNIVERSITY SUPPORT:
	PURCHASE OF EQUIPMENT AND SUPPLIES FOR THE COLLEGES AND DEPARTMENTS
	CAPITAL UPGRADE OF THE UNIVERSITY'S FACILITIES AND BASEBALL FIELD
	PAYMENTS TO SUPPLEMENT UNIVERSITY PERSONNEL SALARIES AND BENEFITS
	SPEAKERS FOR AND SPONSORSHIP OF UNIVERSITY EVENTS
	1 (02 200 1 (02 200 0
4b	(Code: ) (Expenses \$ 1,693,399. including grants of \$ 1,693,399. ) (Revenue \$ 0.) SCHOLARSHIPS AND SPECIAL AWARDS:
	BENEFITTING STUDENTS AND FACULTY MEMBERS OF RADFORD UNIVERSITY
	BENEFILITING STODENTS AND FACOLITE MEMBERS OF RADFORD UNIVERSITE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ►       4,136,130.
4e	Total program service expenses ► 4,136,130.

Form	aan	(2018)	

Form 990 (2018) RADFORD UNIVERSITY FOUNDATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
6	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,	0		
'	the environment historic land areas, or historic structures? If "Ves." complete Schedule D. Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ũ	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	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		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u>л</u>	
iza	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	128	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	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,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Form	aan	(2018)
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	School de L. Dout L	25b		х
06	,	250		- 23
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	~ 7		x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		~
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):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
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 51			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	

Form 990 (2018)	RADFORD	UNIVERSITY	FOUNDATION,	INC.
Part V Statements	Regarding Ot	her IRS Filings a	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 9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	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 in Schedule C	)	3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (FBAR).			х			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b								
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	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 contributi							
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		_	v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a	X X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	~				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 80802		70		x			
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c					
e e			7e		х			
e f								
g	<ul> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> </ul>							
9 h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	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						
	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							
	•	13b						
	Enter the amount of reserves on hand	13c	14a		X			
	a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel		45		x			
	excess parachute payment(s) during the year?		15					
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		16		- 23			

Form **990** (2018)

#### 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 in 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 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	•	х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	A	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			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	
	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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?	45	х	
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
a	Other officers or key employees of the organization	aci	- 23	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	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	Tou		
	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)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
00	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 ►			
	6226 UNIVERSITY PARK DRIVE, RADFORD, VA 24141			

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization is 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title         Average hours per veck (list any below line)         Position mous and a director/tutter below and a director/tutter         Reportable compensation from related organization from related organization from related organization         Reportable compensation from related organization         Etemated amount of the organization           11         NANCY E. ARTIS         2.000         X         X         0.         0.           (1)         NANCY E. ARTIS         2.000         X         X         0.         0.           (1)         NANCY E. ARTIS         2.000         X         X         0.         0.           (2)         CHISTOPHER HUTHER         2.000         X         X         X         0.         0.           (3)         MCTERLE O'CONNOR         2.000         X         X         X         0.         0.           (4)         MARQUETT SMITH         2.000         X         X         0.         0.           DIRECTOR         2.000         X         X         0.         0.         0.           DIRECTOR         2.000         X         X         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.           DIRECTOR <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th><b>)</b>)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(0	<b>)</b> )			(D)	(E)	(F)
Indurfs per vector     Indurfs per vector     compensation from related organizations from related organizations below be			(do		Pos	ition		one			Estimated
Week (itst any hours for related organizations below line)     ite is is is is is is is is is is is is is		-	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
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(10) JAY KENSLOW       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (11) KEITH FINCH       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (12) WILLIAM MCNULTY       2.00       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (13) GEORGE P KITE III       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (14) WAYNE P KLOTZ       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (15) DARIN ELY       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.	(9) MICHAEL DONNELLY	2.00									
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(11) KEITH FINCH2.00X0.0.DIRECTORX0.0.0.(12) WILLIAM MCNULTY2.00X0.0.DIRECTORX0.0.0.(13) GEORGE P KITE III2.00X0.0.DIRECTORX0.0.0.(14) WAYNE P KLOTZ2.00X0.0.DIRECTORX0.0.0.(15) DARIN ELY2.00X0.0.DIRECTORX0.0.0.	(10) JAY KENSLOW	2.00									
DIRECTORX0.0.(12) WILLIAM MCNULTY2.00X0.0.DIRECTORX0.0.0.(13) GEORGE P KITE III2.00X0.0.DIRECTORX0.0.0.(14) WAYNE P KLOTZ2.00X0.0.DIRECTORX0.0.0.(15) DARIN ELY2.00X0.0.DIRECTORX0.0.0.	DIRECTOR		Х						0.	0.	0.
(12) WILLIAM MCNULTY2.00X0.0.DIRECTORX0.0.0.(13) GEORGE P KITE III2.00X0.0.DIRECTORX0.0.0.(14) WAYNE P KLOTZ2.00X0.0.DIRECTORX0.0.0.(15) DARIN ELY2.00X0.0.DIRECTORX0.0.0.	(11) KEITH FINCH	2.00									
DIRECTORX0.0.(13) GEORGE P KITE III2.00DIRECTORX0.0.(14) WAYNE P KLOTZ2.00.DIRECTORX0.0.(15) DARIN ELY2.00DIRECTORX0.0.	DIRECTOR		Х						0.	0.	0.
(13) GEORGE P KITE III       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (14) WAYNE P KLOTZ       2.00       X       0.       0.         DIRECTOR       X       0.       0.       0.	(12) WILLIAM MCNULTY	2.00									
DIRECTORX0.0.(14) WAYNE P KLOTZ2.00X0.0.DIRECTORX0.0.0.(15) DARIN ELY2.00X0.0.DIRECTORX0.0.0.	DIRECTOR		Х						0.	0.	0.
(14) WAYNE P KLOTZ     2.00     X     0.     0.       DIRECTOR     X     0.     0.     0.       (15) DARIN ELY     2.00     X     0.     0.       DIRECTOR     X     0.     0.     0.	(13) GEORGE P KITE III	2.00								_	_
DIRECTORXO.O.(15) DARIN ELY DIRECTOR2.00 XXO.O.	DIRECTOR		Х						0.	0.	0.
(15) DARIN ELY DIRECTOR X 0. 0.	(14) WAYNE P KLOTZ	2.00								_	_
DIRECTOR X 0. 0.			Х						0.	0.	0.
	(15) DARIN ELY	2.00								_	
			X						0.	0.	0.
(16) JOHN CHOMEAU 2.00		2.00									
DIRECTOR X O. O.			X						0.	0.	0.
(17) GEORGIA ANNE SNYDER-FALKINHAM 2.00		2.00								_	•
	DIRECTOR		Х						0.	0.	0.

Form 990 (2018) RADFORD (	JNIVERS	ΓT	ζF	JO	JNI	DA'	<b>FI</b>	ON, INC.	23-723	19'	782	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0		•		(D)	(E)			(F)	
Name and title	Average		I	Posi	ition	n		Reportable	Reportable			imate	ьd
	hours per		not cl					compensation	compensation			ount	
	week		cer an					from	from related			other	01
	(list any	ctor						the	organizations		comp		ation
	hours for	direc				pe		organization	(W-2/1099-MISC	;)	•	m th	
	related	tee or	Istee			ensat		(W-2/1099-MISC)	•	<i>.</i>	orga	nizat	ion
	organizations	trus	ial tru		yee	ompe					and	relat	ed
	below	Individual trustee or director	Institutional trustee	er	Key employee	est c lo yee	Jer				orgai	nizati	ons
	line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former						
(18) RICHARD D SCHWEIN JR	2.00												
DIRECTOR		Х						0.	(	0.			0.
(19) JOHN F COX JR	40.00												
CHIEF EXECUTIVE OFFICER	2.00	1		Х				150,600.	(	0.	1	.,9	56.
(20) DEREK NEAL	40.00											-	
CHIEF FINANCIAL OFFICER	2.00			х				108,412.		0.	1	7	26.
												- / ·	
										$\dashv$			
										$\rightarrow$			
										$\rightarrow$			
				4									
1b Sub-total								259,012.		0.	3	3,6	82.
c Total from continuation sheets to Part VI								0.	(	0.		-	0.
d Total (add lines 1b and 1c)								259,012.		0.	3	3,6	82.
2 Total number of individuals (including but n									000 of reportable				
compensation from the organization		1000	liote	u ui	0011	.,							2
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer.	director or tr	inter	- 10				~	highest somesnested a	malayaa aa	Г	_		
5 ,					•			•					х
line 1a? If "Yes," complete Schedule J for s			•••••							···	3		
4 For any individual listed on line 1a, is the su			-					-	the organization			v	
and related organizations greater than \$150			•								4	Х	
5 Did any person listed on line 1a receive or a					-			ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensa	ation fr	om	
the organization. Report compensation for	the calendar y	ear e	endii	ng w	vith	or w	vithir	n the organization's tax	year.				
(A)								(B)			(C)	)	
Name and business	address	NC	ONE	C				Description of s	ervices	C	ompen	satio	n
							_						
												_	
2 Total number of independent contractors (i		ot li	nite	d to		-	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨				(	0							

Form 990 (201	8) RADFORD	UNIVERSITY	FOUNDATION,	INC.	23-7219782	Page <b>9</b>
Part VIII	Statement of Revenue					

		Check if Schedule O conta	ains a resnonse	or note to any lin	e in this Part VIII			
				or note to any mi	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	
						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
<u>e</u> a	b	Membership dues	1b					
ا چي		Fundraising events						
Ξ, Ξ		Related organizations						
<u>G isi</u>								
Sic		<ul> <li>Government grants (contributi</li> <li>All other contributions, sifts, grant</li> </ul>						
e ri	T	All other contributions, gifts, grant		4 604 000				
ēş		similar amounts not included abov		4,691,030.				
ga	g	Noncash contributions included in lines	1a-1f: \$	1,357,013.				
σğ	h	Total. Add lines 1a-1f		🕨	4,691,030.			
				Business Code				
ø.	2 a	1						
ž	b							
Sel	c							
Ē								
Program Service Revenue	C	·						
2	e					004 500		
<u>н</u>		All other program service reve			224,799.	224,799.		
	g	<b>Total.</b> Add lines 2a-2f			224,799.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		🕨	1,155,219.		126,841.	1,028,378.
	4	Income from investment of tax	exempt bond p	oroceeds 🕨				
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 -	Gross rents	3,600,310.					
			4,087,768.					
		Less: rental expenses						
		Rental income or (loss)	-487,458.		100 100			
	c	Net rental income or (loss)		🕨	-487,458.	-487,458.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,464,675.					
	b	Less: cost or other basis						
		and sales expenses	٥.	58,561.				
	0	Gain or (loss)	4,464,675,	-58,561.				
	-	Net gain or (loss)	, , ,	,	4,406,114.			4,406,114.
		Gross income from fundraising			-,			-,
ani	0 0							
ven		including \$	of					
Be		contributions reported on line	,					
Other Reven		Part IV, line 18	а					
ŧ	b	Less: direct expenses	b					
Ŭ	c	Net income or (loss) from fund	raising events	<u></u>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a							
		and allowances						
		Less: cost of goods sold						
Ļ	c	Net income or (loss) from sales	s of inventory	🕨				
		Miscellaneous Revenue	e	Business Code				
	11 a	l						
	b							
	с							
		All other revenue						
		• Total. Add lines 11a-11d						
					9,989,704.	-262,659.	126,841.	5,434,492.
	12	Total revenue. See instructions			, 209, 104.	-202,009.	120,041.	5,454,474.

RADFORD UNIVERSITY FOUNDATION, INC.

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).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	955,733.	955,733.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,693,399.	1,693,399.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
~	trustees, and key employees	375,609.		375,609.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,429.		30,429.	
10	Payroll taxes	32,575.		32,575.	
11	Fees for services (non-employees):				
а	Management	186,113.	178,267.	2,210.	<u>5,636</u> 562.
	F	15,284.	3,704.	11,018.	562
	Accounting	26,182.		26,182.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	505,156.	505,156.		
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	505,150.	505,150.		
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	12,403.	10,501.	1,902.	
13	Office expenses	4,582.	1,105.	3,418.	59
14	Information technology		-		
15	Royalties				
16	Occupancy	46,223.	12,456.	33,767.	
17	Travel	157,991.	153,394.	2,231.	2,366.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	207 200		7 410	20 044
19	Conferences, conventions, and meetings	397,398. 13,764.	357,044. 13,764.	7,410.	32,944
20	Interest	13,704.	15,704.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	699.	699.		
22	Insurance	39,706.	9,303.	30,403.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INCOME TAXES	1,079.	1,079.		
b	EQUIPMENT AND SUPPLIES	186,933.	177,875.	9,058.	0 501
С	DUES	53,481.	48,050.	2,850.	2,581
d	BANK AND ONLINE FEES	25,298. 13,634.	1,037. 13,564.	2,209. 70.	22,052.
	· · · · · · · · · · · · · · · · · · ·	4,773,671.	4,136,130.	571,341.	66,200
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,//J,0/1•	±,10,100	J/1,341.	00,200.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 12-31-18		I		Form <b>990</b> (201

RADFORD	UNIVERSITY	FOUNDATION,	INC.
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		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,492,377.	1	2,332,831.
	2	Savings and temporary cash investments	_,,	2	_,,
	3	Pledges and grants receivable, net	7,403,897.	3	6,157,939.
	4		257,827.	4	149,895.
	5	Accounts receivable, net Loans and other receivables from current and former officers, directors,	23770270		11570550
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		5	
	0				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and exception effection $501(a)(b)$ volumeter.			
		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
Assets	-	employees' beneficiary organizations (see instr). Complete Part II of Sch L	511,591.	6 7	488,592.
As		Notes and loans receivable, net	511,551.	7 8	400,352.
	8	Inventories for sale or use	33,660.	<u> </u>	97,424.
	9	Prepaid expenses and deferred charges	55,000.	9	57,1210
	lua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a 46</b> , 052, 885.			
	L		43,164,608.	10c	42,341,961.
			2,442,346.	11	2,357,555.
	11	Investments - publicly traded securities	59,283,148.	12	63,004,328.
	12	Investments - other securities. See Part IV, line 11	55,205,140.	12	05,004,520.
	13	Investments - program-related. See Part IV, line 11	~	13	
	14	Intangible assets	3,627,675.	14	3,633,114.
	15	Other assets. See Part IV, line 11	118,217,129.	16	120,563,639.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)           Accounts payable and accrued expenses	633,017.	17	785,359.
	18		000,017.	18	100,000
	19	Grants payable Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities		key employees, highest compensated employees, and disqualified persons.			
liq		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	33,850,259.	23	33,931,602.
	24	Unsecured notes and loans payable to unrelated third parties	,,	24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	903,579.	25	505,480.
	26	Total liabilities. Add lines 17 through 25	35,386,855.	26	35,222,441.
		Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and	, ,		
ŝ		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	16,142,836.	27	15,662,799.
alaı	28	Temporarily restricted net assets	31,594,221.	28	31,414,257.
а Р	29	Permanently restricted net assets	35,093,217.	29	38,264,142.
<u>n</u>		Organizations that do not follow SFAS 117 (ASC 958), check here			
л Т		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
άA	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ň	33	Total net assets or fund balances	82,830,274.	33	85,341,198.
	34	Total liabilities and net assets/fund balances	118,217,129.	34	120,563,639.
			· · ·	-	Form <b>990</b> (2018)

Form 990 (2018)
Part X Balance Sheet

Form **990** (2018)

Form	990 (2018)	RADFORD	UNIVERSITY	FOUNDATION,	INC.	23-72	19782	Page 12
Pa	rt XI Reco	nciliation of Net Ass	ets					
	Check	if Schedule O contains a re	sponse or note to any I	line in this Part XI			<u></u>	
1		e (must equal Part VIII, colu				1		9,704.
2	Total expens	es (must equal Part IX, colu	mn (A), line 25)			2	4,773	3,671.
3	Revenue less	s expenses. Subtract line 2	from line 1			3		5,033.
4	Net assets o	r fund balances at beginning	g of year (must equal P	art X, line 33, column (A)	))		82,830	
5	Net unrealize	ed gains (losses) on investm	ents			5	-2,705	5,109.
6	Donated serv	vices and use of facilities				6		
7	Investment e	expenses				7		
8	Prior period a					8		
9	Other change	es in net assets or fund bala	ances (explain in Sched	lule O)		9		0.
10	Net assets o	r fund balances at end of ye	ear. Combine lines 3 thr	rough 9 (must equal Parl	t X, line 33,			
	column (B))					10	<u>85,34</u> 1	L,198.
Pa	rt XII Finar	ncial Statements and	Reporting					
	Check	if Schedule O contains a re	sponse or note to any I	line in this Part XII				
					7			Yes No
1		method used to prepare the						
	-	ation changed its method c		•	· · ·			
2a		anization's financial statem					<b>2</b> a	X
		ck a box below to indicate v		atements for the year we	ere compiled or reviewe	d on a		
		sis, consolidated basis, or be						
				Both consolidated and s				
b		anization's financial statem					<b>2</b> b	X
		ck a box below to indicate v	whether the financial sta	atements for the year we	ere audited on a separa	te basis,		
		l basis, or both:						
		ate basis X Consolio		Both consolidated and s				
С		e 2a or 2b, does the organi						
		mpilation of its financial stat					<b>2c</b>	x
	-	ation changed either its over		-	• • •			
3a		f a federal award, was the o	-		lits as set forth in the Si	ngle Audit		
							<b>3a</b>	X
b		the organization undergo th		-				
	or audits, exp	plain why in Schedule O and	l describe any steps ta	ken to undergo such au	dits			

Form **990** (2018)

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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

# **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
2018
Open to Public Inspection

Name of	the organization				Employer identification number	
	-	UNIVERSITY	FOUNDATION,	INC.	23-7219782	
Part I	Reason for Public Char				IS.	
he orgar	nization is not a private foundation I	pecause it is: (For lines	1 through 12, check on	ly one box.)		
1	A church, convention of churches	s, or association of chu	irches described in sect	ion 170(b)(1)(A)(i).		
2	A school described in section 17	0(b)(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ).)		
з 🗌	A hospital or a cooperative hospit	al service organization	described in section 17	70(b)(1)(A)(iii).		
4	A medical research organization of	perated in conjunction	n with a hospital describ	ed in <b>section 170(b)(1)(</b> /	A)(iii). Enter the hospital's name,	
	city, and state:					
5 X	An organization operated for the l	penefit of a college or u	university owned or oper	ated by a governmental	unit described in	
	section 170(b)(1)(A)(iv). (Comple	ete Part II.)				
6	A federal, state, or local governme	ent or governmental ur	nit described in <b>section</b>	170(b)(1)(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in					
	section 170(b)(1)(A)(vi). (Complet	te Part II.)				
	A community trust described in s	ection 170(b)(1)(A)(vi)	(Complete Part II.)			
ə 🗌	An agricultural research organizat	ion described in <b>secti</b>	on 170(b)(1)(A)(ix) opera	ted in conjunction with a	a land-grant college	
	or university or a non-land-grant c	ollege of agriculture (s	ee instructions). Enter th	e name, city, and state o	of the college or	
	university:					
o 📖	An organization that normally rece	eives: (1) more than 33	1/3% of its support from	n contributions, member	rship fees, and gross receipts from	
	activities related to its exempt fur	ictions - subject to cer	tain exceptions, and (2) I	no more than 33 1/3% o	f its support from gross investment	
	income and unrelated business ta	axable income (less se	ction 511 tax) from busir	nesses acquired by the c	organization after June 30, 1975.	
	See section 509(a)(2). (Complete	Part III.)				
1 🛄	An organization organized and op	erated exclusively to t	est for public safety. See	e <b>section 509(a)(4).</b>		
2	An organization organized and op	erated exclusively for	the benefit of, to perforn	n the functions of, or to a	carry out the purposes of one or	
	more publicly supported organiza	tions described in <b>sec</b>	tion 509(a)(1) or section	n 509(a)(2). See section	<b>509(a)(3).</b> Check the box in	
	_lines 12a through 12d that descri	bes the type of suppor	ting organization and co	omplete lines 12e, 12f, ar	nd 12g.	
a	<b>Type I.</b> A supporting organization	on operated, supervise	d, or controlled by its su	pported organization(s),	typically by giving	
	the supported organization(s) the	ne power to regularly a	ppoint or elect a majority	y of the directors or trust	ees of the supporting	
	organization. You must comple	ete Part IV, Sections A	A and B.			

b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	 organization(s). You must complete Part IV, Sections A and C.

: L	Type III functionally integrated. A supporting organization operated in connection with, and functional	ly integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	

J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))				
Total						

¢

# Schedule A (Form 990 or 990-EZ) 2018 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)

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2499721.	2615114.	4676130.	8894114.	4691031.	23376110.		
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	2499721.	2615114.	4676130.	8894114.	4691031.	23376110.		
	The portion of total contributions								
-	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						2200467.		
6	Public support. Subtract line 5 from line 4.						21175643.		
	tion B. Total Support								
-	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	2499721.	2615114.	4676130.	8894114.	4691031.	23376110.		
8	Gross income from interest.			10/01001		10910010			
0	dividends, payments received on								
	securities loans, rents, royalties,	4920408.	2383177.	1085978.	1895998.	4755529.	15041090.		
•	and income from similar sources Net income from unrelated business	49204000	2505177.	1003570.	1055550.	47555250	130410301		
9									
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	89,221.	36,196.	199 700	1/18 107	211 798	1018112.		
	assets (Explain in Part VI.)	09,221.	50,190.	499,700.	140,197.	244,190.	39435312.		
	Total support. Add lines 7 through 10						59455512.		
	Gross receipts from related activities,		,			12			
13	First five years. If the Form 990 is for	-			-				
500	organization, check this box and stop ction C. Computation of Publ	ic Support Do	rcontago						
						44	53.70 %		
	Public support percentage for 2018 (I					14			
	Public support percentage from 2017					15			
16a	33 1/3% support test - 2018. If the c	•							
	stop here. The organization qualifies								
b	33 1/3% support test - 2017. If the c								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac		•	•	•	•			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	0				-			
	more, and if the organization meets th						e		
	organization meets the "facts-and-circ								
18	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) 2018 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
٨	Tax revenues levied for the organ-						
4	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				V		
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			L			
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first. second. thir	d. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	zation.
	check this box and <b>stop here</b>	5	, ,				, P
Sec	ction C. Computation of Public	c Support Pe	rcentage				······································
	Public support percentage for 2018 (lir		•	column (f))		15	%
	Public support percentage from 2017		-			16	%
	ction D. Computation of Invest						/0
	Investment income percentage for 201			no 13 column (f)		17	%
	Investment income percentage from 20		B			18	<u>%</u>
				on line 14 and line			
199	<b>33 1/3% support tests - 2018.</b> If the c						
L.	more than 33 $1/3\%$ , check this box an <b>33 <math>1/3\%</math></b> support tasts - <b>2017</b> . If the						▶∟
D D	<b>33 1/3% support tests - 2017.</b> If the c						
00	line 18 is not more than 33 1/3%, chec		· •	-		-	
20	Private foundation. If the organization	aid not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	

Yes No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
_			

# Schedule A (Form 990 or 990-EZ) 2018 RADFORD UNIVERSITY FOUNDATION, INC. Part 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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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	ction 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	ction 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 (2), 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 <b>Part VI</b> the role the organization's	-		
	supported organizations played in this regard.	3		
-	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a b				
b		truction	-)	
c o	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a government entity (see instactivities Test. <b>Answer (a) and (b) below.</b>	liucion	y. Yes	No
2			Tes	NU
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.4		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
-	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	Зb		

# Schedule A (Form 990 or 990-EZ) 2018 RADFORD UNIVERSITY FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

			(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year	Add lines 1 through 3       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other       1         factors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d       3         Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by .035       6         Recoveries of prior-year distributions       7	Add lines 1 through 3       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1, 1b, and 1c)       1d         Discount claimed for blockage or other       3         factors (explain in detall in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d       3         Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)       4         Net value of non-exempt-use assets       6         Recoveries of prior-year distributions       7         Multi

instructions).

1

# Schedule A (Form 990 or 990-EZ) 2018 RADFORD UNIVERSITY FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

i ui	Type in Non-Functionally integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A	(Form 990 or 9	90-EZ) 201	18 RADF	ORD	UNIVERSIT	Y FOUNDA	ATION,	INC.	23-7219782	Page 8
Part VI	Suppleme Part IV, Section line 1; Part IV	ntal Info on A, lines , Section D es 5, 6, and	<b>rmation.</b> 1, 2, 3b, 3c ), lines 2 and	Provide , 4b, 4c, d 3; Part	the explanations 5a, 6, 9a, 9b, 9c,	required by Pa 11a, 11b, and s 1c, 2a, 2b, 3a	rt II, line 10; 11c; Part IV a, and 3b; P	; Part II, line 17a c , Section B, lines Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C.

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)

832051 10-29-18

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.



Name of the organization

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

Pa			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(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 v		funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor o		-
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	-	
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d			
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
•	year >	babba, okangaloriba, or torranatada by the or	
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,		
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	►\$	5 , 5	5,
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		5 5
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treater		
	the following amounts required to be reported under SFAS 1		
а			► \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018

Sche		UNIVERSIT			-				219782		ge <b>2</b>	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures,	or Oth	er Simi	lar Ass	ets(contin	ued)		
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following the	at are a s	significant	t use of it	s collectior	n items	6	
	(check all that apply):											
а	X Public exhibition	d			nange progr	ams						
b	Scholarly research	е	□ 0	ther								
С	5											
4												
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
De	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par			ete if the c	organizatio	n answered	"Yes" or	n Form 99	90, Part IV	/, line 9, or			
	reported an amount on Form 990, Par		lion for o	ontribution	o or other o	aata na	tipoludos	4				
Ia	Is the organization an agent, trustee, custodi		-					_	Yes		No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L			NO	
b		and complete the fo	nowing ta	DIE.					Amount			
c	Beginning balance						1c		Amount			
	Additions during the year											
	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an amount on Fo								Yes		No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided or	n Part XII	I					
Par	t V Endowment Funds. Complete it	the organization an	swered "	Yes" on Fo	rm 990, Par	t IV, line	10.					
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two yea	irs back	(d) Three	years bac	k (e) Four	years l	back	
1a	Beginning of year balance	56,743,711.	50,	346,509.	44,93	4,000.	52,	724,448	_	237,		
b	Contributions	3,238,187.	5,	540,458.	2,73	6,625.		752,799	. 1,	131,	551.	
С	Net investment earnings, gains, and losses	2,340,137.	2,	812,646.	4,97	3,949.	-6,	314,984	6,	338,	226.	
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	2,145,622.	1,	955,902.	2,29	8,065.	2,	228,263	263. 1,982		840.	
f	Administrative expenses								_			
g	End of year balance	60,176,413.		743,711.		6,509.	44,	934,000	. 52,	724,	448.	
2	Provide the estimated percentage of the curr	ent year end balanc		, column (a	)) held as:							
	Board designated or quasi-endowment		_%									
	Permanent endowment  63.59	<u>~</u> %										
С	· · · · · · · · · · · · · · · · · · ·	6.41 %										
0-	The percentages on lines 2a, 2b, and 2c sho	•			lliit	awa al faw		instiau				
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neiù ai	nu auministi	ered for	the organ	Ization	Г	Yes	No	
	by: (i) unrelated organizations									X	No	
	<ul><li>(i) unrelated organizations</li></ul>										X	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sc	hedule R?					00(ii) 3b			
4	Describe in Part XIII the intended uses of the								00			
	t VI Land, Buildings, and Equipm											
	Complete if the organization answered		), Part IV,	line 11a. S	ee Form 99	0, Part X	, line 10.					
	Description of property	(a) Cost or of	· · · ·	(b) Cost				ted	(d) Book	value		
		basis (investn		basis (			preciation					
1a	Land			3,86	3,037.				3,863			
	Buildings				1,337.		237,0		37,814			
	Leasehold improvements				7,694.		214,2			3,45		
d	Equipment				4,814.		259,6	514.		5,20		
	Other				6,003.					5,00		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columi	n (B), line 1	0c.)			🕨 🗌	42,341	L,96	1.	

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.	VERSITY FOUND		23-7219782 Page <b>3</b>
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		e 12. Cost or end-of-year market value
(1) Financial derivatives			bost of child of year market value
(2) Closely-held equity interests			
(A) LTD PARTNERSHIPS & OTHER			
(B) INVESTMENTS	63,004,328.	END-OF-YEAR M	ARKET VALUE
(C)	05,004,520.		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	63,004,328.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line	e 13.
(a) Description of investment	(b) Book value		Cost or 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 "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	e 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"			t X, line 25.
1.         (a) Description of liability		(b) Book value	
(1) Federal income taxes		100 450	
(2) DEFERRED RENTAL INCOME		103,452.	
(3) ANNUITY OBLIGATIONS		250,270.	
(4) UNITRUST OBLIGATIONS		151,758.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		505,480.	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial st	atements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛮

Sche	dule D (Form 990) 2018 RADFORD UNIVERSITY FOUNDAT	ION,	INC.	23-	7219782 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	12,681,486.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,705,109.		
b	Donated services and use of facilities	2b	1,844,279.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		4,087,768.		
е	Add lines 2a through 2d			2e	3,226,938.
3	Subtract line 2e from line 1			3	9,454,548.
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	505,156.		
b	Other (Describe in Part XIII.)	4b	30,000.		
с	Add lines 4a and 4b			4c	535,156.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,989,704.
<u> </u>				•	
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ients V		•	
Par		ients V		•	urn.
Par 1	t XII Reconciliation of Expenses per Audited Financial Statem	ients V	Vith Expenses per	•	
	<b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ients V	Vith Expenses per	Retu	urn.
1	t 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	ients V	Vith Expenses per	Retu	urn.
1 2	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> 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:	ents V	Vith Expenses per	Retu	urn.
1 2 a	t 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	2a 2b	Vith Expenses per 1,844,279.		urn.
1 2 a	t 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	2a 2b 2c	Vith Expenses per		urn.
1 2 b c d	t 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	2a 2b 2c 2d	Vith Expenses per 1,844,279. 4,087,768.		Jrn. 10,170,562. 5,932,047.
1 2 b c d	t 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.)	2a 2b 2c 2d	Vith Expenses per 1,844,279. 4,087,768.		urn.
1 2 b c d	t 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	2a 2b 2c 2d	Vith Expenses per 1,844,279. 4,087,768.	I           1           2e           3	Jrn. 10,170,562. 5,932,047.
1 2 b c d 8 3 4	t 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	2a 2b 2c 2d	Vith Expenses per 1,844,279 4,087,768 505,156	Retu 1 2e 3	Jrn. 10,170,562. 5,932,047.
1 2 b c d 8 3 4	t 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:	2a 2b 2c 2d	Vith Expenses per 1,844,279. 4,087,768.	Retu 1 2e 3	urn. 10,170,562. 5,932,047. 4,238,515.
1 2 d c 3 4 a b	t 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	2a 2b 2c 2d 4a 4b	Vith Expenses per 1,844,279 4,087,768 505,156 30,000	Retu 1 2e 3	urn. 10,170,562. 5,932,047. 4,238,515. 535,156.
1 2 a b c d e 3 4 a b c 5	t 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         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Vith Expenses per 1,844,279. 4,087,768. 505,156. 30,000.	1           2e           3	urn. 10,170,562. 5,932,047. 4,238,515.

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) 2018 RADFORD UNIVERSITY FOUNDATION, INC. 23-7219782 Page 5
Part XIII Supplemental Information (continued)
HOWEVER, WHEN APPLICABLE, ANY INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY
RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE WOULD BE SUBJECT TO
TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION HAS DETERMINED THAT
THEY DO NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS
OF JUNE 30, 2019 AND 2018.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES NETTED WITH RENTAL INCOME 4,087,768.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
OTHER 30,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES NETTED WITH RENTAL INCOME 4,087,768.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
OTHER 30,000.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service	·	-	Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection			
Name of the organization RADFORD	UNIVERSITY	FOUNDATION	_				Employer identification number 23-7219782			
Part I General Information on Grants a										
1 Does the organization maintain records criteria used to award the grants or assi										
2 Describe in Part IV the organization's pr										
Part II Grants and Other Assistance to recipient that received more than					anization answered "N	res" on Form 990, Par	t IV, line 21, for any			
<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
RADFORD UNIVERSITY EAST MAIN STREET RADFORD, VA 24142	54-6001789		3,742.	0.			CAPITAL IMPROVEMENTS TO RADFORD UNIVERSITY FACILITIES			
RADFORD UNIVERSITY EAST MAIN STREET RADFORD, VA 24142	54-6001789		851,418.	0.			SALARY SUPPORT			
RADFORD UNIVERSITY EAST MAIN STREET RADFORD, VA 24142	54-6001789		88,727.	0.			OTHER OPERATIONAL SUPPORT			
WOMEN'S RESOURCE CENTER PO BOX 447 RADFORD, VA 24143	54-1121334		11,845.	0.			OPERATIONAL SUPPORT			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>			l ne line 1 table			l	<u> </u>			

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

#### Schedule I (Form 990) (2018) RADFORD UNIVERSITY FOUNDATION, INC.

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	579	1,693,399.	0.		
Dent IV Operations and the formation Denside the information	<u> </u>				l

**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 (Fo	rm 990)	RADI mental Informatio	FORD	UNIVERS	SITY F	OUNDATION,	INC.	23-7219782 Page 2
	uppier							
AMOUNTS	ARE	ULTIMATELY	DETI	ERMINED	BY TH	E BOARD.		
						A		

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10	2
•	•	Compensated Employees		20	10	)
Dono	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization			identificatio		mber
_		RADFORD UNIVERSITY FOUNDATION, INC.	23-	721978	2	
Pa	rt I   Question	s Regarding Compensation				
					Yes	No
<b>1</b> a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe	ur, chet)			
h	If any of the bayes	on line to are checked, did the examination follow a written policy regarding payment or				
D		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and once					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation of	committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_		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 compensati	on			
-	contingent on the r			5-		x
a ⊾	Any related ergeniz	ation?		5a 5b		X
b		ation?				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
0	contingent on the r					
а				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 payment	S			
		ies 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	) 2018

Schedule J (Form 990) 2018

23-7219782

#### 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOHN F COX JR	(i)	150,600.	0.	0.	0.	1,956.	152,556.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	17							

Page 3

#### 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) 201

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

. Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

# RADFORD UNIVERSITY FOUNDATION, INC.

Employer identification number 23 - 7219782

Pa	rt I Types of Property							
-		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition a	mount	S
1	Art - Works of art	X	4	9,970.	FMV			
2	Art - Historical treasures			,				
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		3,916.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	16	1,321,518.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other $\blacktriangleright$ ( <b>EQUIPMENT/SUP</b> )	X	21	11,836.				
26	Other ( EQUIPMENT/SUP )	X	5					
27	Other $\blacktriangleright$ ( <b>FACULTY/STAFF</b> )	X	2	382.	COST			
28	Other ► ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	X	<b> </b>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				<u>-</u> -
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	l (Forr	n 990	) 2018

832141 10-18-18

Schedule M	(Form 990) 2018	RADFORD	UNIVERSITY	FOUNDATION,	INC.	23-7219782	Page <b>2</b>
Part II	<b>Supplemental</b> is reporting in Part this part for any ad	Information I, column (b), th dditional informat	<ul> <li>Provide the informate e number of contribute tion.</li> </ul>	tion required by Part I, li tions, the number of iter	ines 30b, 32b, and 33, ns received, or a comb	and whether the organiza bination of both. Also com	ation Iplete

SCHEDULE O (Form 990 or 990-EZ)       Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.       0MB No. 1545-0047         Department of the Treasury Internal Revenue Service       Attach to Form 990 or 990-EZ.       0mb No. 1545-0047
Name of the organizationEmployer identification numberRADFORD 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 AND THEN PROVIDED TO
THE BOARD OF DIRECTORS (EXCLUDING SCHEDULE B) PRIOR TO FILING FOR AN
OPPORTUNITY TO COMMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER AND EMPLOYEE MUST SIGN THE CONFLICT OF INTEREST
DISCLOSURE FORM ON AN ANNUAL BASIS. THE BOARD SHALL DETERMINE BY MAJORITY
VOTE IF A CONCLICT EXISTS. IF A CONFLICT IS DEEMED TO EXIST, THE PERSON
HAVING THE CONFLICT SHALL NOT PARTICIPATE, ATTEND, VOTE ON, OR USE HIS OR
HER PERSONAL INFLUENCE IN CONNECTION WITH THE CONFLICT AND THE FOUNDATION.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION PACKAGE FOR THE CHIEF
EXECUTIVE OFFICER ON AN ANNUAL BASIS. THE CHIEF EXECUTIVE OFFICER CONSULTS
WITH THE EXECUTIVE COMMITTEE ON COMPENSATION FOR THE CHIEF FINANCIAL
OFFICER, INCLUDING ANY RETIREMENT STIPEND.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, CONSOLIDATED

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization           RADFORD         UNIVERSITY         FOUNDATION,         INC.	Employer identification number 23-7219782
AUDIT REPORT, AND FORM 990 AVAILABLE TO THE GENERAL PUBLI	C VIA THEIR
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R

#### (Form 990)

#### Department of the Treasury Internal Revenue Service

### **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

2018 Open to Public Inspection

Employer identification number

23-7219782

# 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)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
RUREF 6226 UNIVERSITY PARK DRIVE LLC -					
45-5435705, 6226 UNIVERSITY PARK DRIVE,	]				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	381,360.	4,610,507.	FOUNDATION, INC.
RADFORD UNIVERSITY FOUNDATION REAL ESTATE					
MANAGEMENT LLC - 47-4191621, 6226 UNIVERSITY			•		RADFORD UNIVERSITY
PARK DRIVE, RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	81.	9,250.	FOUNDATION, INC.
RUF 915 TYLER AVE LLC - 47-2294757					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1.	1,379,598.	FOUNDATION, INC.
RUF 905 TYLER AVE LLC - 45-5435831					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	17,207.	38,624.	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.

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

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

Schedule R (Form 990) 2018

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	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.	101,991.	FOUNDATION, INC.
RUF 705 DAVIS STREET LLC - 46-0665866					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	3,143.	24,574.	FOUNDATION, INC.
RUF MOUNT PLEASANT ROAD LLC - 46-0693299					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	0.	FOUNDATION, INC.
RUF RU CAMPUS CHAPEL LLC - 46-0643304			•		
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	65,576.	FOUNDATION, INC.
RUF SELU LANE LLC - 46-0710101					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	1.	1,003,728.	FOUNDATION, INC.
RUF 1129 EAST MAIN STREET LLC - 46-0569187					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	12,454.	453,927.	FOUNDATION, INC.
RUF 1015 CALHOUN STREET LLC - 46-0633689					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	173,335.	1,661,728.	FOUNDATION, INC.
RUF 903 TYLER AVE LLC - 46-0585736					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	11,175.	-38,009.	FOUNDATION, INC.
RUF 600 TYLER AVE LLC - 46-0652914					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	35,070.	96,464.	FOUNDATION, INC.
RUF 604 TYLER AVE LLC - 46-0701014					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	64,309.	FOUNDATION, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile (state or	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling
of disregarded entity		foreign country)			entity
RUF 326 CLEMENT STREET LLC - 47-4889835					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	7,501.	53,451.	FOUNDATION, INC.
RUF LOT 6 E MAIN STREET LLC					
6226 UNIVERSITY PARK DRIVE	]				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	90,000.	FOUNDATION, INC.
RUF SMITH MOUNTAIN LAKE LLC					
6226 UNIVERSITY PARK DRIVE	]				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	18,000.	FOUNDATION, INC.
RUF 219 EAST MAIN STREET LLC - 45-5319962			•		
6226 UNIVERSITY PARK DRIVE	1				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	62,202.	205,944.	FOUNDATION, INC.
RUF 609 HOWE STREET LLC - 83-3207635					
6226 UNIVERSITY PARK DRIVE					RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	5,059.	212,256.	FOUNDATION, INC.
RADFORD UNIVERSITY ALUMNI ASSOCIATION LLC -					
81-3042497, 6226 UNIVERSITY PARK DRIVE,					RADFORD UNIVERSITY
RADFORD, VA 24141	ALUMNI ASSOCIATION	VIRGINIA	45,000.	٥.	FOUNDATION, INC.
RUF REAL ESTATE ENTERPRISES LLC - 82-4768551					
6226 UNIVERSITY PARK DRIVE	]				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	2,933,727.	٥.	FOUNDATION, INC.
RUF 606 TYLER AVE LLC - 82-5154043					
6226 UNIVERSITY PARK DRIVE	]				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	0.	416,306.	FOUNDATION, INC.
RUF 104 MADISON AVE LLC - 82-5419281					
6226 UNIVERSITY PARK DRIVE	1				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	42,061.	401,037.	FOUNDATION, INC.
RUF COUNTRY CLUB LOTS LLC					
6226 UNIVERSITY PARK DRIVE	1				RADFORD UNIVERSITY
RADFORD, VA 24141	REAL ESTATE HOLDING	VIRGINIA	٥.	505,372.	FOUNDATION, INC.

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.

Terming activity       Timely activity       Total of related organization       Timely activity       Timely activity <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> <th></th> <th>e)</th> <th>(</th> <th>f)</th> <th>()</th> <th>g)</th> <th>ł) (ł</th> <th>ו)</th> <th>(i)</th> <th></th> <th>(j)</th> <th>(</th> <th>(k)</th>	(a)	(b)	(c)	(d)		e)	(	f)	()	g)	ł) (ł	ו)	(i)		(j)	(	(k)
Image: constraint of the set of the	Name, address, and EIN of related organization	Primary activity	(state or foreign	Direct controlling entity	Predomir (related, excluded fr	ant income unrelated, om tax under	related, income end-of-year allocations? amount in box man par 20 of Schedule		anaging artner?	owne	enta ersł						
organizations treated as a corporation or trust during the tax year.       (a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of end-of-year assets       Percentage ownership       Some of endity			country)		sections	512-514)					Yes	No	K-1 (Form 10	65) <b>Y</b>	es No		
Image: organizations treated as a corporation or trust during the tax year.       (a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or freign)       Direct controlling entity       Type of entity       Share of total income       Share of end-of-year assets       Percentage ownership       Source of entity																	
organizations treated as a corporation or trust during the tax year.       (a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or freign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income assets       Share of entity assets       Percentage ownership       Some of entity of entity																	
organizations treated as a corporation or trust during the tax year.       (a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or freign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income assets       Share of entity assets       Percentage ownership       Some of entity of entity																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of entity ownership       Sh																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of end-of-year assets       Percentage of entity       Share of end-of-year assets																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of entity ownership       Sh																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of end-of-year assets       Percentage of entity       Share of end-of-year assets																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of end-of-year assets       Percentage of entity       Share of end-of-year assets		7				4											
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of end-of-year assets       Percentage of entity       Share of end-of-year assets																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of entity ownership       Sh																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income assets       Share of entity ownership       Sh																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income or trust or trust)       Share of total sets       Share of total or trust)       Share of total or tru		1															
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of total assets       Share of oreign assets       Share of total assets       Share of to																	
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of total assets       Share of oreign assets       Share of total assets       Share of to		1					r										
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign or freeding)       Direct controlling entity       Type of entity (C corp, S corp, or frust)       Share of total income or frust)       Share of total income or frust)       Share of end-of-year assets       Share of or function or frust)       Share of total income or frust) <t< td=""><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1															
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign or freeding)       Direct controlling entity       Type of entity (C corp, S corp, or frust)       Share of total income or frust)       Share of total income or frust)       Share of end-of-year assets       Share of or function or frust)       Share of total income or frust) <t< td=""><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		1															
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign)       Direct controlling entity       Type of entity (C corp, S corp, or trust)       Share of total income       Share of total assets       Share of oreign assets       Share of total assets       Share of to	Identification of Belated O	rganizations Taxable	as a Corn	oration or Trust C	omplete if t	ne organizati	ion answ	ered "Ves	" on For	m 990 P	art IV	line 3/	L because it b	ad on	e or m	ore re	lat
Name, address, and EIN of related organizationPrimary activityLegal domicile (state or foreignDirect controlling entityType of entity (C corp, S corp, or trust)Share of total end-of-yearShare of oreign ownershipPercentage st or ownership	organizations treated as a c	orporation or trust duri	ng the tax	year.		io organizati					ure r <b>v</b> ,				0 01 111	01010	iat
Name, address, and EIN of related organization     Primary activity     Legal domicile (state or foreign     Direct controlling entity     Type of entity (C corp, S corp, or trust)     Share of total     Share of end-of-year     Percentage     State ownership	(a)			(b)	(c)	(d)		(e)		(f)	(f)		(g)	(1	h)		(i) ctior
of related organization (state or of related organization (state or foreign or trust) (C corp, S corp, income end-of-year ownership co		EIN	Prim		Legal domicile		trolling									512	(b)(1
	of related organization			, ,	(state or	entity	/	(C corp, S	Scorp,	inco	me	•	end-of-year			cont	tróll tity
								or tru	ST)				assets			Yes	- i-
																	t

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					1

#### Schedule R (Form 990) 2018 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	te: 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		
<b>b</b> Gift, grant, or capital contribution to related organization(s)						
c Gift, grant, or capital contribution from related organization(s)						
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	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		Х		
	Sharing of paid employees with related organization(s)	10		X		
р	Reimbursement paid to related organization(s) for expenses	1p		X		
	Reimbursement paid by related organization(s) for expenses	1q		Х		
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		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

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

#### Schedule R (Form 990) 2018 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.

(a)	(b)	(c)	(d)	(e)	)	(f)	(g)	()	ו)	(i)	(j	)	(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	an 5 sec. )(3)	Share of total	Share of	Dispr tior	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana	al or <mark>f</mark> ging	Percentage	
of entity		(state or foreign country)	excluded from tax under sections 512-514)	orgs. Yes I	<u>?</u> '	income		allocat Yes	tions?	of Schedule K-1 (Form 1065)	partr Yes	ier?	ownersnip	
				Yesi	NO			Yes	NO		Yes			
					_									
				$\left  \right $	_									

Schedule R (Form 990) 2018

Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.