Form	990
------	-----

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



B Check C Name of organization D Employer identification number Average Averag	AF	or th	e 2021 calendar year, or tax year beginning and	ending					
Image broke Image broke S4-6047289 Image broke Doing business as Second Street (iP 0. box if mail is not delivered to street address) Room/suite E Telephone number 434-395-2033 Image broke 201 HIGH STREET Construction of the street of the street address) Room/suite E Telephone number 434-395-2033 Image broke FARMVILLE, VA 23909 H(a) Is this a group return for subordinates? Yes X No Applicit FARMVILLE, VA 23909 H(a) Is this a group return for subordinates? Yes X No Applicit FARMVILLE, VA 23909 H(a) Is this a group return for subordinates? Yes X No Mebiate: LONGWOOD EDU/FOUNDATION/ H(b) Areal subordinates include? Yes X No Yebrate: LONGWOOD EDU/FOUNDATION/ H(c) Group exemption number > K A Entry three describe the organization: Xicorporation file organization: Xicorporation file organization: Xicorporation file organization: 3 Number of voting members of the governing body (Part V, line 1a) 3 3 3 3 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 3 1 3 3 5 Total number of voting members of the governing body (Part V, line 1a) <th>B (</th> <th>heck if pplicab</th> <th>e: C Name of organization</th> <th></th> <th>D Employer identified</th> <th>cation number</th>	B (heck if pplicab	e: C Name of organization		D Employer identified	cation number			
Doing Dusiness as where return return and the steet (or P.O. box if mail is not delivered to street address) 201 HIGH STREET Steen of 24 / 26 9 201 HIGH STREET City or town, state or province, country, and ZIP or foreign postal code Agended Segretar Brance Status: X Steen province, country, and ZIP or foreign postal code FARMVILLE, VA 23909 G coss recepts is 12,971,789. Coss recepts is 12,971,789. Part Status: X Steen Stop(s) Website: ► LONGWOOD. EDU/FOUNDATION/ K Form of organization; X Corporation Tust Association Other ► L year of formation: 1959 M State of legal domicile: VA Part I Summary Yes No H(e) Status entry of the steen status: X Stop Stop Status entry of the status entry of the status entry of the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box P- int the organization is dependent voting members of the governing body (Part VI, line 1a) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		chang	E LONGWOOD UNIVERSITY FOUNDATION, INC.						
Implementation Number and street (or P.0. box if mail is not delivered to street address) Hoom/sufe E Telephone number Implementation 201 HICH STREET City or town, state or province, country, and ZiP or foreign postal code G cross receipts 5 12,971,789. Predentation FARMVILLE, VA 23909 Hoom/sufe G cross receipts 5 12,971,789. Predentation FARMVILLE, VA 23909 Hoom/sufe Hoom/sufe Hoom/sufe Predentation SAME AS C ABOVE H(b) ke all subordinates include? Yes X No J website: LONGWOOD.EDU/FOUNDATION/ K form of organization: X Corporation Trust Association Other L vear of formation: 1959 M State of legal domicle: VA Partil Summary I Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACCUTVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 322 A Number of voting members of the governing body (Part VI, line 2a) 6 7 G Total number of ondividuals employed in calendar year		chang	e Doing business as		54-604728	89			
averaged averaged averaged between between averaged averaged between b		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
and one of the province, country, and ZiP or foreign postal code If Z _ 971 , 789 . Implicing FRAMVILLE, VA 23909 F Name and address of principal officer: JOSEPH MACPHAIL III Specifier F Name and address of principal officer: JOSEPH MACPHAIL III I Tax-exempt status: I 501(c)(3) 501(c) (((issert no.) 4947(a)(1) or 527 J Website: LONGWOOD.EDU/FOUNDATION/ K Form of organization: I Trust Association Other > Chy or principal officer: JOSEPH MACPHAIL Partil Summary Yes No H(b) ke all aubcontates included? Yes No H(c) Group exemption number > K Form of organization: I Trust Association Other > L Yes of formation: 1959 M State of legal domicile: VA Partil Summary 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of indipendent voting members of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of individuals employed in calendar		⊥return			434-395-2				
Impediates FARMV1LILE, VA 23903 Fast include address of principal officer: JOSEPH MACPHAIL III Include Frame and address of principal officer: JOSEPH MACPHAIL III for subordinates? Yes X No SAME AS C ABOVE I maxexempt status: X 501(p(3) 501(c) → (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates? Yes No J Website: LONGWOOD. EDU/FOUNDATION/ K form of organization: X Corporation Trust Association Other L Year of formation: 1959 M State of legal domicile: VA Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box) if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 322 4 Automer of independent voting members of the governing body (Part VI, line 2a) 5 7 6 Total number of individuals employed in calendary vera 2021 (Part VI, line 2a) 5 7 6 Total number of individuals employed in calendary vera 2021 (Part VI, line 2a) 5 7 7 Total number of volunteers (estimate if necessary) 7 6 0 0		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,971,789.			
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Taxexempt status: X 501(c)(3) 501(c)(.) ◆ (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No J Website: L ONGWOOD. EDU/FOUNDATION/ K Form of organization: X Corporation Tust Association Other L Year of formation: 1959 M State of legal domicile: VA Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE A CTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendary sear 2021 (Part VI, line 1a) 3 322 4 Number of individuals employed in calendary sear 2021 (Part VI, line 2a) 5 7 6 Total number of individuals employed in calendary sear 2021 (Part VI, line 1a) 7a 3006,901. 7 a total number of individuals employed in calendary sear 2021 (Part VI, line 1a) 1, 926, 787. 2, 748, 927. 9 Program service revenue (Part VIII, column (C), line 12 7a <		return	FARMVILLE, VA 23909		H(a) Is this a group re				
SAULT AS C ABOVE HDVE HDVE 1 Taxexempt status: % 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Website: > LONGWOOD . EDU/FOUNDATION/ H(c) Group exemption number > H(c) Group exemption number > Part I Summary L Year of tormation: 1959 M State of legal demicile: VA Part I Summary L Year of tormation: 1959 M State of legal demicile: VA Part I Summary 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 322 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 326, 901. 7 Total number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 0 0 7 Total number of necess taxable income from Form 909.T, Part I, line 11 Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1, 926, 787. 2, 748, 927. 10 Investment income (Part VIII, column (A), lines 1.3) 1, 379, 3		_Applie			for subordinates	? Yes X No			
J Website: LONGWOOD.EDU/FOUNDATION/ H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation: 1959 M State of legal domicile: VA Part I Summary L Year of formation: 1959 M State of legal domicile: VA Activities THE FOUNDATION SUPPORTS THE Activities: THE FOUNDATION SUPPORTS THE Activities And the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 322 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 7 6 Total number of independent voting members of the governing body (Part VI, line 2a) 7 6 00 7 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 7 6 00 7 7 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 7 6 0 0 0 7 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 7 7 0 0 0 0 0			SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No				
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1959 M State of legal domicile; VA Part I Summary I Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 3 322 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 322 A Number of voting members of the governing body (Part VI, line 1a) 3 322 4 4 26 5 7 C Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 7 8 00 7 a 306, 901. 7 7 0 0 0 7 3 306, 901. 7 0 0 0 7 3 306, 901. 7 0 <				or 📃 527	If "No," attach a	list. See instructions			
Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 322 4 Number of voting members of the governing body (Part VI, line 1a) 4 26 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 0 0 7 a Total unrelated business revenue from Form Form 990-T, Part I, line 11 7b 0 0 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 10 Investment income (Part VIII, line 2d) 0. 0 0 0 0 12 Total arcenue (Part VIII, line 5, 6d, 8c, 9c, 10c, and 11e) 114,989. 122,712. 114,989. 122,712. 114,989. 122,712. 12 12 at arcenue (Part VIII, column (A), lines 1.3) 1,379,364. 4,361,651. 14 14 8enoffts paid to or fo									
9 Prior Year Current Year 9 0 0 9 0 0 9 0 0 1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION SUPPORTS THE ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 6 0 0 7a Total number of volunteers (estimate if necessary) 6 7a Total number of volunteers (estimate if necessary) 7 7a Total number of nom Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 1h) 1 9 9 Program service revenue (Part VIII, sine 5, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10) 592, 276. 1,				L Year	of formation: 1959 N	I State of legal domicile: VA			
ACTIVITIES AND OPERATIONS OF LONGWOOD UNIVERSITY. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 7 Total number of volunteers (estimate if necessary) 7a 7 Total number of volunteers (estimate if necessary) 7a 7 Total number of volunteers (estimate if necessary) 7a 7 Total number of volunteers (estimate if necessary) 7a 7 Total number of volunteers (estimate if necessary) 7a 7 Total number of volunteers (estimate if necessary) 7b 7 Total number of volunteers (estimate if necessary) 7b 7 Total number of volunteers (estimate if necessary) 7b 7 Total number of volunteers (estimate if necessary) 7c 7 Total number of volunteers (estimate if necessary) 7c 7 Total vorteers (Part VIII, line 1b) 1926, 787.1 2, 748, 927.1 9 Program serv	Pa	art I	-						
Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 306,901. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11, 4, 989. 122, 712. 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592, 276. 1, 005, 692. 16a Professional fundraising expenses (Part IX, column (D), line 25) 549, 668. 912, 038. 963, 384. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 883, 678. 6, 530, 727. 19 Revenue less expenses. Subtract line 18 fr	ė	1				IS THE			
Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 306,901. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11, 4, 989. 122, 712. 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592, 276. 1, 005, 692. 16a Professional fundraising expenses (Part IX, column (D), line 25) 549, 668. 912, 038. 963, 384. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 883, 678. 6, 530, 727. 19 Revenue less expenses. Subtract line 18 fr	anc								
Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 306,901. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11, 4, 989. 122, 712. 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592, 276. 1, 005, 692. 16a Professional fundraising expenses (Part IX, column (D), line 25) 549, 668. 912, 038. 963, 384. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 883, 678. 6, 530, 727. 19 Revenue less expenses. Subtract line 18 fr	ernä		· •		I _ I				
Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7 6 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 306,901. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11, 4, 989. 122, 712. 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592, 276. 1, 005, 692. 16a Professional fundraising expenses (Part IX, column (D), line 25) 549, 668. 912, 038. 963, 384. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 883, 678. 6, 530, 727. 19 Revenue less expenses. Subtract line 18 fr	Š								
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb U. 8 Contributions and grants (Part VIII, line 1h) 9 9 9 9 787.2,748,927.2 2,748,927.2 9 Program service revenue (Part VIII, column (A), lines 2g) 0. 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114,989.122,712. 122,712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,571,134.12,872,847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 1,379,364.4,361,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 592,276.1,005,692. 16a Professional fundraising fees (Part IX, column (D), line 25) 549,668. 912,038.963,384. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,883,678.6,330,727. 1,687,456.6,542,120. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456.6,542,120. <td< th=""><th></th><th>- I</th><td></td><td>·····</td><td></td></td<>		- I		·····					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb U. 8 Contributions and grants (Part VIII, line 1h) 9 9 9 9 787.2,748,927.2 2,748,927.2 9 Program service revenue (Part VIII, column (A), lines 2g) 0. 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114,989.122,712. 122,712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,571,134.12,872,847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 1,379,364.4,361,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 592,276.1,005,692. 16a Professional fundraising fees (Part IX, column (D), line 25) 549,668. 912,038.963,384. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,883,678.6,330,727. 1,687,456.6,542,120. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456.6,542,120. <td< th=""><th>ies</th><th></th><td></td><td></td><td></td><td></td></td<>	ies								
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb U. 8 Contributions and grants (Part VIII, line 1h) 9 9 9 9 787.2,748,927.2 2,748,927.2 9 Program service revenue (Part VIII, column (A), lines 2g) 0. 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114,989.122,712. 122,712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,571,134.12,872,847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 1,379,364.4,361,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 592,276.1,005,692. 16a Professional fundraising fees (Part IX, column (D), line 25) 549,668. 912,038.963,384. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,883,678.6,330,727. 1,687,456.6,542,120. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456.6,542,120. <td< th=""><th>tivit</th><th>-</th><td></td><td></td><td></td><td></td></td<>	tivit	-							
B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2, 529, 358. 10, 001, 208. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 571, 134. 12, 872, 847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592, 276. 1, 005, 692. 16a Professional fundraising fees (Part IX, column (D), line 25) 549, 668. 912, 038. 963, 384. 17 Other expenses (Part IX, column (A), lines 11a. 11d, 11f.24e) 912, 038. 963, 384. 2, 883, 678. 6, 330, 727. 19 Revenue less expenses. Subtract line 18 from line 12 1, 687, 456. 6, 542, 120. 549	Act								
8 Contributions and grants (Part VIII, line 1h) 1,926,787. 2,748,927. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,529,358. 10,001,208. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114,989. 122,712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,571,134. 12,872,847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 1,379,364. 4,361,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 592,276. 1,005,692. 16a Professional fundraising fees (Part IX, column (D), line 25) 549,668. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 549,668. 912,038. 963,384. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456. 6,542,120. 1,687		a a	Net unrelated business taxable income from Form 990-1, Part I, line 11						
9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2, 529, 358. 10, 001, 208. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 114, 989. 122, 712. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 571, 134. 12, 872, 847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 379, 364. 4, 361, 651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 592, 276. 1, 005, 692. 16a Professional fundraising fees (Part IX, column (A), line 25) 549, 668. 912, 038. 963, 384. 17 Other expenses (Part IX, column (A), line 25) 549, 668. 912, 038. 6, 330, 727. 19 Revenue less expenses. Subtract line 18 from line 12 1, 687, 456. 6, 542, 120. 15 Salaring of Current Year End of Year			Contributions and grants (Dart) (III line 1b)						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)114, 363.122, 712.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)4, 571, 134.12, 872, 847.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)1, 379, 364.4, 361, 651.14Benefits paid to or for members (Part IX, column (A), line 4)0.0.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)592, 276.1, 005, 692.16aProfessional fundraising fees (Part IX, column (A), line 11e)0.0.0.bTotal fundraising expenses (Part IX, column (D), line 25) $549, 668.$ 912, 038.963, 384.17Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)2, 883, 678.6, 330, 727.19Revenue less expenses. Subtract line 18 from line 121, 687, 456.6, 542, 120.Beginning of Current Year	ne								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)114, 363.122, 712.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)4, 571, 134.12, 872, 847.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)1, 379, 364.4, 361, 651.14Benefits paid to or for members (Part IX, column (A), line 4)0.0.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)592, 276.1, 005, 692.16aProfessional fundraising fees (Part IX, column (A), line 11e)0.0.0.bTotal fundraising expenses (Part IX, column (D), line 25) $549, 668.$ 912, 038.963, 384.17Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)2, 883, 678.6, 330, 727.19Revenue less expenses. Subtract line 18 from line 121, 687, 456.6, 542, 120.Beginning of Current Year	ven				• •	-			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,571,134. 12,872,847. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,379,364. 4,361,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592,276. 1,005,692. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 549,668. 912,038. 963,384. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,883,678. 6,330,727. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456. 6,542,120. 56 Beginning of Current Year End of Year	Re					<u> </u>			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,379,364. 4,361,651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592,276. 1,005,692. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 549,668. 912,038. 963,384. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 912,038. 963,384. 963,384. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,883,678. 6,330,727. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456. 6,542,120. 54 Beginning of Current Year End of Year									
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 592,276.1,005,692. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.000 b Total fundraising expenses (Part IX, column (D), line 25) 549,668. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 912,038.963,384. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,883,678.6,330,727. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456.6,542,120.									
gg 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 592,276. 1,005,692. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 549,668. 912,038. 963,384. 17 Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e) 912,038. 963,384. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,687,456. 6,542,120. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456. 6,542,120. 563 8eginning of Current Year End of Year									
⁸ / ₂ ⁸ / ₂ ⁸ / ₂ ^{16a} Professional fundraising fees (Part IX, column (A), line 11e) ⁰ / ₂		45			-				
17 Other expenses (Part IX, Column (A), lines 112 Hd, H1246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 15 1, 687, 456. 6, 542, 120. 54	sec	16a							
17 Other expenses (Part IX, Column (A), lines 112 Hd, H1246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 15 1, 687, 456. 6, 542, 120. 54	ben	b		58.					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,883,678. 6,330,727. 19 Revenue less expenses. Subtract line 18 from line 12 1,687,456. 6,542,120. 54 Beginning of Current Year	Ĕ	17	o i i i i i i i i i i		912,038.	963,384.			
19 Revenue less expenses. Subtract line 18 from line 12 1,687,456. 6,542,120. 5% Beginning of Current Year End of Year									
Beginning of Current Year End of Year		19				6,542,120.			
20 Total assets (Part X, line 16) 98,409,119. 112,093,692. 21 Total liabilities (Part X, line 26) 1,133,666. 790,411. 22 Net assets or fund balances. Subtract line 21 from line 20 97,275,453. 111,303,281.	OL		· · · · · · · · · · · · · · · · · · ·						
21 Total liabilities (Part X, line 26) 1,133,666. 790,411. 22 Net assets or fund balances. Subtract line 21 from line 20 97,275,453. 111,303,281.	lanc	20	Total assets (Part X, line 16)						
22 Net assets or fund balances. Subtract line 21 from line 20 97, 275, 453. 111, 303, 281.	Ass	21							
	[Net	22			97,275,453.	111,303,281.			

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 and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					•									
Sign		Signa	ture of offic	cer						Date				
Here					WOOD,	CHI	EF EXECUTIVE	OFFICER						
		Туре	or print nar	ne and title										
	Prin	it/Type i	preparer's i	name			Preparer's signature		Date		Check	PTIN		
Paid	RIC	CHAF	RD HEI	DLEY			RICHARD HEDL	EY	07/12	/23	self-employed	P009	3617	0
Preparer							COMPANY, LLE	2		Firm's	EIN ▶ 54	-0504	4608	
Use Only														
			Ĺ	YNCHBU	RG, VA	<u>24</u>	504			Phone	no.434-	948-9	9000	
May the I	RS di	scuss	this returr	with the p	reparer sho	wn abo	ove? See instructions					X Ye	s	No
												_	000	(000.0)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) LONGWOOD UNIVERSITY FOUNDATION, INC. 54-6047289 Page 2 t III Statement of Program Service Accomplishments
T ai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: LONGWOOD UNIVERSITY FOUNDATION ENHANCES THE IMAGE OF LONGWOOD UNIVERSITY BY SUPPORTING THE INSTITUTION'S ACADEMIC, SOCIAL, AND
	ECONOMIC GOALS. THE FOUNDATION SEEKS TO MAXIMIZE PRIVATE SECTOR
	SUPPORT BY ENGAGING IN ETHICAL AND RESPONSIBLE DONOR CULTIVATION,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,393,706. including grants of \$ 4,361,651.) (Revenue \$)
	LONGWOOD UNIVERSITY FOUNDATION SUPPORTS VARIOUS PROGRAMS FOR LONGWOOD
	UNIVERSITY. THIS SUPPORT INCLUDES PROVIDING 704 SCHOLARSHIPS TO
	STUDENTS WHICH ENHANCES LONGWOOD'S DESIRABILITY, SUPPORTING THE
	COLLEGIATE ENDOWMENT FUNDS TO PROMOTE FINANCIAL INDEPENDENCE AND THE
	RESOURCES FOR GROWTH, AND SOLICITING DONATIONS FOR THE ANNUAL FUND,
	WHICH FUNDS THE OPERATING NEEDS FOR THE UNIVERSITY'S ACADEMIC
	DEPARTMENTS, ATHLETICS, AND SPECIAL PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,393,706.
	Form 990 (2021)
132002	12-09-21
007	$\frac{2}{2}$
συ/	12 700842 0825320.500 2021.06000 LONGWOOD UNIVERSITY FOUND 08253

14080712	700842	0825320	.500
----------	--------	---------	------

Form 990 (2				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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8	X	
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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,	110	x	
b	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	x	
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
~~	complete Schedule G, Part III	19		<u>x</u> x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
100000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			2021)
132003	12-09-21	Loun	500 (2U21)

Form 990 (2	2021)	LONGWOOD	UNIVERSITY	FOUNDATION,	INC
Part IV	Checklist of Re	equired Scheo	dules (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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
0 -	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00	Notes All Forms 000 files are used to complete Ochockila O	38	х	
Pa				L
	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 13			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	¥ 12-09-21	Form	990	(2021)

132004 12-09-21

021)			FOUNDATION,	
Statem	ents Regarding Othe	er IRS Filings and	d Tax Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
	filed for the calendar year ending with or within the year covered by this return 2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X X	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b	_A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ōa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
č	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 contributions or gifts			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	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 required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
;	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	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	_		
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	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	-		
3	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			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		.
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	-		v
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
,	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

 $\begin{array}{r} {}^{132005 \ 12-09-21} \\ 14080712 \ 700842 \ 0825320.500 \end{array}$

Form 990 (2021)

Part V

Form 990	(2021)
----------	--------

140

LONGWOOD UNIVERSITY FOUNDATION, INC.

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

Section A. Governing Body and Management

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		No				
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1b 26 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization bake any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members, stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a The governing body? 8b 8b 8b 8b 8b 8b 8b 8c 8b 8c 8c						
Enter the number of voting members included on line 1a, above, who are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed? 6 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed? 7 Did the organization nake any significant changes to its governing body or under the direct supervision or more members of the governing body? 6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a The governing body? 8a 8b 9 Each committee with authority to act on behalf of the governing body? 8b 9 Ib the organization have wicker, prov						
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization bace members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a The governing body? 8a 8b Each committee with authority to act on behalf of the governing body? 8a 8b Did the organization have local chapters, branches, or affiliates? 10a 10a If "Yes," differed, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes, " provide the names and addresses on Schedule O						
officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization bace members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b The governing body? 8a 8a Each committee with authority to act on behalf of the governing body? 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 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 maleng address? If any, used by the organization to review this Form 990. 10a If "Yes," did the organi						
Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b The governing body? 8a 8a Each committee with authority to act on behalf of the governing body? 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10a Did the organization have a written conflic						
of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b The governing body? 8a 8b Each committee with authority to act on behalf of the governing body? 8b 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? // f "Yes," provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization povided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b Did the organization provided a complete copy of this Form 990 to al		X				
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b The governing body? 8a 3 Each committee with authority to act on behalf of the governing body? 8b 3 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? Y If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written co						
Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b Each committee with authority to act on behalf of the governing body? 8a 3 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? <i>If "Yes," provide the names and addresses on Schedule O</i> 9 Did the organization have local chapters, branches, or affiliates? 10a 10a 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? 10a		X				
Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b 8b Each committee with authority to act on behalf of the governing body? 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? 10a 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? 10a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organizati		X				
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8a 8b Each committee with authority to act on behalf of the governing body? 8b 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? <i>If "Yes," provide the names and addresses on Schedule O</i> 9 Did the organization have local chapters, branches, or affiliates? Y 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? 10a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a		X				
more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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? <i>If "Yes," provide the names and addresses on Schedule O</i> 9 Did the organization have local chapters, branches, or affiliates? Y 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? 10a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a		X				
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates? Y Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10a Has the organization have a written conflict of interest policy? If "No," go to line 13 12a						
persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 8b 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? <i>If "Yes," provide the names and addresses on Schedule O</i> 9 tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Y Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a		X				
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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? <i>If "Yes," provide the names and addresses on Schedule O</i> 9 tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code,)</i> Y Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a						
The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Y Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X				
Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a						
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? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> 9 10 10 10 10 10 10 10 10	X	\vdash				
organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Y Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	L				
tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Y Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		1				
V V Did the organization have local chapters, branches, or affiliates? 10a 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? 10a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X				
Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a						
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?10bHas the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?11aDescribe on Schedule O the process, if any, used by the organization to review this Form 990.1Did the organization have a written conflict of interest policy? If "No," go to line 1312a	Yes	No				
and branches to ensure their operations are consistent with the organization's exempt purposes?10bHas the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?11aDescribe on Schedule O the process, if any, used by the organization to review this Form 990.11aDid the organization have a written conflict of interest policy? If "No," go to line 1312a		X				
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a						
Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13						
Did the organization have a written conflict of interest policy? If "No," go to line 13	Х					
Mine (Compared and the second compared and the design of the second	Х					
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	Х					
	Х					
Did the organization have a written document retention and destruction policy?	Х					
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?						
	Х					
Other officers or key employees of the organization 15b	Х					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
taxable entity during the year? 16a		X				
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
exempt status with respect to such arrangements?		L				
tion C. Disclosure						
List the states with which a copy of this Form 990 is required to be filed NONE						
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) average of the section for the section	vailat	ole				
for public inspection. Indicate how you made these available. Check all that apply.						
X Own website Another's website X Upon request Other (explain on Schedule O)						
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia	al					
statements available to the public during the tax year.						
State the name, address, and telephone number of the person who possesses the organization's books and records						
DIAN DYCKES - 434-395-2033						
LONGWOOD UNIVERSITY, 201 HIGH STREET, FARMVILLE, VA 23909						
5 12-09-21 Form 9	990	(202				
6 2021.06000 LONGWOOD UNIVERSITY FOUND		`				

Form 990 (2021) LONGWOOD	UNIVERSITY	FOUNDATION,	INC.	54-6047289	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independer	nt Contractors								
Check if Schedule O contains a resp	onse or note to any lin	e in this Part VII							
Section A. Officers, Directors, Trustees, Key	Employees, and Higl	hest Compensated Em	ployees						
1a Complete this table for all persons required to	o be listed. Report con	npensation for the calen	ndar year ending	with or within the organization's	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 compen	sation was paid.								
 List all of the organization's current key er 	nployees, if any. See t	he instructions for defini	ition of "key em	oloyee."					

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and tille Average hours per biols and electron travel biols any biols a	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veek (list any new ext (list any new ext (list any new ext and ext and ext and ext and ext any new ext and ext any new ext any next any new ext any new ext any next	Name and title	Average	Position				Reportable	Reportable	Estimated		
Week (bit ary organizations organizations (1) PATTI ROSENBERG Week (c) arganizations (c) arganizat		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
(1) PATTI ROSENBERG 40.00 X X 128,531. 0. 0. C20 DURHAZELWOOD 40.00 X X 24,367. 0. 0. C3 JOSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 NOBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. C5) ELEMM ANDERSON 0.50 X 0. 0. 0. C6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. C8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X				cer an I	id a d	irecto	r/trus	tee)			
(1) PATTI ROSENBERG 40.00 X X 128,531. 0. 0. C20 DURHAZELWOOD 40.00 X X 24,367. 0. 0. C3 JOSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 NOBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. C5) ELEMM ANDERSON 0.50 X 0. 0. 0. C6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. C8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X			rector							v	
(1) PATTI ROSENBERG 40.00 X X 128,531. 0. 0. C20 DURHAZELWOOD 40.00 X X 24,367. 0. 0. C3 JOSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 NOBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. C5) ELEMM ANDERSON 0.50 X 0. 0. 0. C6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. C8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X			or di	ee			ated			•	
(1) PATTI ROSENBERG 40.00 X X 128,531. 0. 0. C20 DURHAZELWOOD 40.00 X X 24,367. 0. 0. C3 JOSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 NOBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. C5) ELEMM ANDERSON 0.50 X 0. 0. 0. C6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. C8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X			ustee	trust		ee	upens			1099-NEC)	•
(1) PATTI ROSENBERG 40.00 X X 128,531. 0. 0. C20 DURHAZELWOOD 40.00 X X 24,367. 0. 0. C3 JOSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 NOBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. C5) ELEMM ANDERSON 0.50 X 0. 0. 0. C6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. C8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X			ual tr	tional		voldr	st con	_	1099-NEC)		
(1) PATTI ROSENBERG 40.00 X X 128,531. 0. 0. C20 DURHAZELWOOD 40.00 X X 24,367. 0. 0. C3 JOSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 OSEPH MACPHALL, III 5.00 X X 0. 0. 0. C4 NOBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. C5) ELEMM ANDERSON 0.50 X 0. 0. 0. C6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. C8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X			ndivid	nstitu	Officer	(ey en	Highes	orme			organizations
(2) BURT HAZELWOOD 40.00 x x 24,367. 0. 0. (3) JOSEPH MACPHAIL, III 5.00 x x 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. (5) EILEEN M. ANDERSON 0.50 X 0. 0. 0. (6) JENNIFER APPERSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) NANCY ATKINSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (9) MEGAN CLARK 0.50 X 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. (11) BONIE DAVIS 0.50 X 0.	(1) PATTI ROSENBERG	40.00				-		4			
CEO STARTING 5/28/21 1.00 X X 24,367. 0. 0. (3) JOSEPH MACHALL, III 5.00 x X 0. 0. 0. PRESIDENT x x 0. 0. 0. 0. VICE PRESIDENT x x 0. 0. 0. 0. (5) EILEEN M. ANDERSON 0.50 0. 0. 0. 0. (6) JENNIFER APPERSON 0.50 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. DIRECTOR x 0. <td>EXECUTIVE DIRECTOR UNTIL 5/28/21</td> <td>1.00</td> <td>х</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>128,531.</td> <td>0.</td> <td>0.</td>	EXECUTIVE DIRECTOR UNTIL 5/28/21	1.00	х		х				128,531.	0.	0.
(3) JOSEPH MACPHAIL, III 5.00 X X 0. 0. 0. PRESIDENT 0.50 X X 0. 0. 0. VICE PRESIDENT 0.50 X X 0. 0. 0. VICE PRESIDENT 0.50 X X 0. 0. 0. VICE PRESIDENT 0.50 X 0. 0. 0. 0. (6) JENLEEN M. ANDERSON 0.50 X 0. 0. 0. 0. DIRECTOR 0.50 X 0. 0. 0. 0. 0. OIRECTOR X 0. 0. 0. 0. 0. 0. 0. OIRECTOR X 0.	(2) BURT HAZELWOOD	40.00									
PRESIDENT X X X 0. 0. 0. (4) ROBERT S. WERTZ, JR. 0.50 X X 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. EX-OFFICID DIRECTOR X X 0. 0. 0. 0. (6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. (7) NANCY ATKINSON 0.50 X 0. 0. 0. 0. (8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. 0. (9) MEGAN CLARK 0.50 X 0. 0. 0. 0. (10) NANCY CREEKMORE 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. IBRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. DIRECTOR X	CEO STARTING 5/28/21	1.00	Х		Х				24,367.	0.	0.
(4) ROBERT S. WERTZ, JR. 0.50 X X X 0. 0. 0. (5) EILEEN M. ANDERSON 0.50 X X 0. 0. 0. (5) EILEEN M. ANDERSON 0.50 X 0. 0. 0. (6) JENNIFER APPERSON 0.50 X 0. 0. 0. (7) NANCY ATKINSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (7) NANCY ATKINSON 0.50 X 0. 0. 0. 0. DIRECTOR X 0.	(3) JOSEPH MACPHAIL, III	5.00									
VICE PRESIDENT X X X X 0. 0. 0. (5) ELLER M. ANDERSON 0.50 X 0. 0. 0. 0. EX-OFFICIO DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. OIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. OIRECTOR X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. OIRECTOR X 0. 0. 0. 0. 0. 0. OIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. OIRECTOR X 0.50 X 0. </td <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х		Х				0.	0.	0.
(5) EILEEN M. ANDERSON 0.50 X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(4) ROBERT S. WERTZ, JR.	0.50									
EX-OFFICIO DIRECTOR X 0. 0. 0. 0. (6) JENNIFER APPERSON 0.50 X 0. 0. 0. 0. DIRECTOR 0.50 X 0. 0. 0. 0. (7) NANCY ATKINSON 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. (8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (9) MEGAN CLARK 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. ILIS COLIN DUCHARME 0.50 X 0. 0. 0. <td>VICE PRESIDENT</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JENNIFER APPERSON 0.50 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. (7) NANCY ATKINSON 0.50 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. (8) JOSEPH W. BARTHOLOMEW III 0.50 x 0. 0. 0. DIRECTOR x 0.50 x 0. 0. 0. DIRECTOR x 0.50 x 0. 0. 0. DIRECTOR x 0.50 y 0. 0. 0. 0. (12) CHUCK DOWDY 0.50 y 0. 0. 0. 0. DIRECTOR x 0.50 y 0. 0. 0.		0.50									
DIRECTOR X 0. 0. 0. 0. (7) NANCY ATKINSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. (9) MEGAN CLARK 0.50 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) NANCY CREEKMORE 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. 0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(7) NANCY ATKINSON 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. (8) JOSEPH W. BARTHOLOMEW III 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. 010) NANCY CREEKMORE 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. 0. 011) BONNIE DAVIS 0.50 X 0. 0. 0. 0. 0. 012) CHUCK DOWDY 0.50 X 0. </td <td></td> <td>0.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0.50									
DIRECTORX0.0.0.(8) JOSEPH W. BARTHOLOMEW III0.50X0.0.0.DIRECTORX0.500.0.0.(9) MEGAN CLARK0.50X0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.(11) BONNIE DAVIS0.500.500.0.0.DIRECTORX0.0.0.0.(12) CHUCK DOWDY0.500.500.0.0.DIRECTORX0.0.0.0.(13) COLIN DUCHARME0.500.0.0.0.DIRECTORX0.0.0.0.(14) JANIE EVANS0.500.0.0.0.DIRECTORX0.0.0.0.(15) JERIS JOHNSON0.500.0.0.0.DIRECTORX0.0.0.0.(16) TAMARA JONES0.500.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.500.0.0.DIRECTORX0.500.0.0.DIRECTORX0.500.0.0.DIRE			Х						0.	0.	0.
(8) JOSEPH W. BARTHOLOMEW III 0.50 X 0.		0.50									
DIRECTORX0.00.00.0(9) MEGAN CLARK0.50X0.000.0DIRECTORX0.000.00.0(10) NANCY CREEKMORE0.50X0.000.0DIRECTORX0.000.00.0(11) BONNIE DAVIS0.500.500.000.0DIRECTORX0.000.00.0DIRECTORX <td< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>			Х						0.	0.	0.
(9) MEGAN CLARK 0.50 X 0.		0.50									
DIRECTOR X 0 0. 0. 0. (10) NANCY CREEKMORE 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. (11) BONNIE DAVIS 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. (12) CHUCK DOWDY 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. (13) COLIN DUCHARME 0.50 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) TAMARA JONES 0.50 0. 0. 0. 0. 0. DIRECTOR			Х						0.	0.	0.
(10) NANCY CREEKMORE 0.50 X 0.0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (11) BONNIE DAVIS 0.50 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (12) CHUCK DOWDY 0.50 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (13) COLIN DUCHARME 0.50 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (14) JANIE EVANS 0.50 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (15) JERIS JOHNSON 0.50 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (16) TAMARA JONES 0.50 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (17) TROY L. LITTLES 0.50 0.0.0.0. 0.0.0.		0.50									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(11) BONNIE DAVIS 0.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		0.50									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(12) CHUCK DOWDY 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. (13) COLIN DUCHARME 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. (14) JANIE EVANS 0.50 X 0. 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. DIRECTOR 0.50 X 0. 0. 0. 0. 0. DIRECTOR 0.50 X 0. 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 X 0. 0. 0. 0.		0.50									
DIRECTOR X 0. 0. 0. 0. (13) COLIN DUCHARME 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (14) JANIE EVANS 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) JERIS JOHNSON 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) TAMARA JONES 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) TROY L. LITTLES 0.50 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		0.50	Х						0.	0.	0.
(13) COLIN DUCHARME 0.50 X 0.0 0.0 DIRECTOR X 0.0 0.0 0. (14) JANIE EVANS 0.50 X 0.0 0. DIRECTOR X 0.0 0.0 0. (15) JERIS JOHNSON 0.50 0.50 0.0 0. DIRECTOR X 0.0 0.0 0. (16) TAMARA JONES 0.50 0.50 0. 0. DIRECTOR X 0.0 0. 0. (17) TROY L. LITTLES 0.50 X 0. 0. 0. DIRECTOR X 0.50 0. 0. 0.		0.50								•	•
DIRECTOR X 0. 0. 0. 0. (14) JANIE EVANS 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) JERIS JOHNSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) TAMARA JONES 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) TROY L. LITTLES 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		0.50	х						0.	0.	0.
(14) JANIE EVANS 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) JERIS JOHNSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) TAMARA JONES 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) TROY L. LITTLES 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		0.50							0	0	0
DIRECTOR X 0. <t< td=""><td></td><td>0.50</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		0.50	X						0.	0.	0.
(15) JERIS JOHNSON 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) TAMARA JONES 0.50 0. 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0. 0. (17) TROY L. LITTLES 0.50 X 0. 0. 0. 0. DIRECTOR X 0.50 0. 0. 0. 0.		0.50							0	0	0
DIRECTOR X 0. 0. 0. (16) TAMARA JONES 0.50 . <td< td=""><td></td><td>0.50</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>		0.50	X						0.	0.	0.
(16) TAMARA JONES 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) TROY L. LITTLES 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		0.50							0	0	0
DIRECTOR X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(17) TROY L. LITTLES 0.50 X 0. </td <td></td> <td>0.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		0.50							0	0	0
DIRECTOR X 0. 0. 0.		0 50	Å						0.	υ.	<u> </u>
		0.50	v							0	0
			Λ						0.	υ.	

132007 12-09-21

14080712 700842 0825320.500

	NGWOOD	UNIVERS	SII	'Y	FO	UNI	DAI	CIC	ON, INC.	54-604	<u>172</u>	89	Page 8
Part VII Section A. Officers, Dir	rectors, Trust	ees, Key Emp	oloy	ees,	and	Hig	hest	Co	ompensated Employee	s (continued)			
(A)		(B)			(C				(D)	(E)		(F	:)
Name and title		Average			Posit				Reportable	Reportable		Estim	
		hours per			heck m ss pers				compensation	compensation		amou	
		week			nd a dir				from	from related		oth	
		(list any	ctor						the	organizations		comper	nsation
		hours for	r dire				eq		organization	(W-2/1099-MISC	/	from	the
		related	tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	zation
		organizations	trus	nal tri		oyee	om pe		1099-NEC)			and re	ated
		below	Individual trustee or director	Institutional trustee	er	Key employee	loyee	ner				organiz	ations
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(18) PAULA MCDONOUGH		0.50											
DIRECTOR			Х						0.	().		Ο.
(19) JOHN MCGINN, JR.		0.50											
DIRECTOR			Х						Ο.	().		0.
(20) GEORGE MELNYK, JR		0.50										,	
, DIRECTOR			х						0.	().		0.
(21) JULIE RAMSEY		0.50							•••				
DIRECTOR		0.00	х						0.	(b .		0.
(22) CHARLES ROSS		0.50	27	-				+	0.		<u>~+</u>		
DIRECTOR		0.50	x						0.	(b .		0.
		0 50	Δ	<u> </u>		-+		-+	0.	l l	·		0.
(23) SUE SAUNDERS		0.50							0				•
DIRECTOR			х					_	0.	().		0.
(24) MARY THORNTON		0.50											-
DIRECTOR			Х						0.	().		0.
(25) PIA TRIGIANI		0.50											
EX-OFFICIO DIRECTOR			Х						0.	().	_	0.
(26) BRIAN WHETZEL		0.50											
DIRECTOR			Х						Ο.	().		Ο.
1b Subtotal									152,898.	().		0.
c Total from continuation shee								▶ [0.	().		0.
d Total (add lines 1b and 1c)								► İ	152,898.	().		0.
2 Total number of individuals (in								rec		000 of reportable			
compensation from the organi	-		000	noto	u ub	0,00)		100					1
												Ye	
3 Did the organization list any fo	and an officer	director truct	I		mala		 h		act componented ampl				
		-		•	•		-	Ũ			- 11	2	X
line 1a? If "Yes," complete Scl											· -	3	
4 For any individual listed on line												-	v
and related organizations grea											-	4	<u> </u>
5 Did any person listed on line 1													
rendered to the organization?		olete Schedule	e J f	or sı	<u>ich p</u>	erso	n				<u> </u>	5	X
Section B. Independent Contract	ors												
1 Complete this table for your five	ve highest cor	npensated inc	lepe	nder	nt coi	ntrad	ctors	s tha	at received more than \$	100,000 of compe	nsatio	on from	
the organization. Report comp	pensation for t	he calendar ye	ear e	endir	ng wit	th or	r with	<u>nin t</u>	the organization's tax y	ear.			
	(A)								(B)			(C)	
Name a	and business	address	N	ONE	3				Description of s	ervices	Co	mpensa	tion
												,	,
								+					
								+					
							p :						
2 Total number of independent	-	-	ot lir	niteo	a to th	-	e liste	ed a	above) who received mo	ore than			
\$100,000 of compensation fro					<u></u>	0	~						0
SEE PART VII,	SECTION	A CONT	ΤN	UΑ	.T.T.C	ЛС	SH	LEE	51.2		F	orm 99	0 (2021)

1	SEE	PART	VII,	SECTION	Α	CONTINUATION	SHEETS
132008 12	-09-21					0	

Form 990 LONGWOOD	UNIVERS	IT	Ϋ́	FO	UN	DA	TI	ON, INC.	54-604	7289
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (, ,	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Inc	Ĕ	₽	Ke	Ĩ	Ъ			
(27) COURTNEY HODGES	0.50	37								0
UNIVERSITY VP EX-OFFICIO DIRECTOR	40.00	Х						0.	0.	0.
LUF COO EX-OFFICIO DIRECTOR	40.00	х						0.	0.	0.
(29) TAYLOR REVELEY, IV	1.00	Λ						0.	0.	0.
UNIVERSITY PRESIDENT, EX-OFFICIO DIR	40.00	х						0.	0.	0.
(30) CHRIS TUNSTALL	0.50									.
ALUMNI ASSOC REP EX-OFFICIO DIRECTOR	0.30	х						0.	0.	0.
(31) LOUISE WALLER	0.50									J
UNIVERSITY VP EX-OFFICIO DIRECTOR	40.00	х						0.	0.	0.
(32) KEVIN HUTZLER	0.50									
EX-OFFICIO DIRECTOR		х						0.	0.	0.
(33) NATHAN BOYLE	0.50									
EX-OFFICIO DIRECTOR		Х						0.	0.	0.
					-					
	1									
Total to Part VII, Section A, line 1c										
,,										-

132201 04-01-21

Check if Schedule O contains a response or note to any line in the Part VII (P) Total revenue (P)					UNIV	ERSITY F	OUNDATION,	INC.	54-6047	289 Page 9
Interface Interface <thinterface< th=""> <thinterface< th=""> <thi< td=""><td>Pa</td><td>rt V</td><td>111</td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td></thi<></thinterface<></thinterface<>	Pa	rt V	111							_
Total revenue Plateted of exempt function revenue Unrelated business revenue function revenue Description business revenue function revenue Description function revenue Description function revenue Description function revenue Description function revenue Description function revenue Description functrevenue Description function revenue <td></td> <td></td> <td></td> <td>Check if Schedule O contains a</td> <td>a response o</td> <td>or note to any lir</td> <td></td> <td>(B)</td> <td></td> <td></td>				Check if Schedule O contains a	a response o	or note to any lir		(B)		
and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 12 - 514 and Public Part of the Section S 12 - 514 account is an output of the Section S 14 - 514 and Public Part of the Section S 14							1			Revenue excluded
Bit 1 a Federated campaigns 1 a <th1 a<="" th=""> <th1 a<="" th=""> <th1 a<="" th=""></th1></th1></th1>								function revenue	business revenue	
Bornelsenip dues 10 c b b d d d	s s s	1	2	Ederated campaigns	19					000000000000000000000000000000000000000
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	ant	•								
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	٦, E									
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	ifts ar A									
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	s, G mila			-]			
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	r Si		f	All other contributions, gifts, grants, and	t l					
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	ibut the			similar amounts not included above \dots	1f		-			
Business Code Image: Code <thimage: code<="" th=""> Image: Code Image: Code</thimage:>	d C		g	Noncash contributions included in lines 1a-1f	1g \$	420,600.				
group 2 a b	<u>0</u> e		h	Total. Add lines 1a-1f			2,748,927.			
90 0 Statution 0 d b Image: constraint of the statution of the stat						Business Code				
g Total. Add lines 2a:21 Investment income (including dividends, interest, and other similar amounts)	ice	2								
g Total. Add lines 2a:21 Investment income (including dividends, interest, and other similar amounts)	ierv ue									
g Total. Add lines 2a:21 Investment income (including dividends, interest, and other similar amounts)	m S ven									
g Total. Add lines 2a:21 Investment income (including dividends, interest, and other similar amounts)	gra Re									
g Total. Add lines 2a:21 Investment income (including dividends, interest, and other similar amounts)	Pro			All other program service revenue						
3 investment income (including dividends, interest, and other similar amounts) 1,002,069. 306,901. 695,168. 4 income from investment of tax-exempt bond proceeds 16,805. 16,805. 16,805. 5 Royalties 0) Real (ii) Personal 60 16,805. 16,805. 6 a Gross rents 6a 7,416. 7,416. 7,416. 7,416. 6 0.980. 7,416. 7,416. 7,416. 7,416. 7,416. 7 a Gross amount from sales of asses other than invertory b ess: cost or other basis and sale sepenses 10, 02, 069. 8,999, 139. 8999139. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 10. See Part IV, line 18 8a 640. 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a										
a income from investment of tax-exempt bond proceeds 1,002,069. 306,901. 695,168. 4 income from investment of tax-exempt bond proceeds 16,805. 16,805. 16,805. 5 Royatiles 6a 7,416. 16,805. 16,805. 6 a Gross rents 6a 7,416. 7,416. 7,416. 7 Bits construction of (loss) 7,416. 7,416. 7,416. 7 a Gross amount from sales of tax exempt bond proceeds 7,416. 7,416. 7,416. 7 a Gross amount from sales of tax exempt bond proceeds 7,416. 7,416. 7,416. 7 a Gross amount from sales of tax exempt bond proceeds 0. 98,942. 0. 98,942. 6 Gain or (loss) 7 0. 98,955,445. 143,694. 0. 0. 8 Gross income from fundrabing events (not including \$			3							
4 Income from investment of tax-exempt bond proceeds 16,805. 16,805. 6 Gross rents 6 7,416. 16,805. 0 0 0 0 0 6 Gross rents 6 7,416. 7,416. 7,416. 7 Gross rents 0 0 0 0 0 7 Gross rents 0 0 0 0 0 8 Control (ross) 7,416. 7,416. 7,416. 7,416. 7 Gross rents 0 98,952,445. 242,636. 0 0 98,991.39. 8999139. 8 Gross incemt from fundraling events 0 98,999,139. 8999139. 8999139. 8 Gross income from fundraling events 0							1,002,069.		306,901.	695,168.
6 a Gross rents										
6 a Gross rents 6a 7,416. 6b 0. 6 b C 0. 6c 7,416. 7,416. 7,416. 7 a Gross anount from sales of assets other than inventory b Less: cost or thera basis and sales expenses 7 7 7,416. 7,416. 7,416. 7 a Gross anount from sales of assets other than inventory b Less: cost or thera basis and sales expenses 7 0. 98,942. 7 0. 98,942. 7 a Gross income from fundraising events (not including \$ 0. 98,942. 8.999,139. 8.9999,139. 8.9999,139. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8 640. 640. 9 a Gross income from gaming activities. See 9a 9a 9a 640. 640. 9 a Gross income rom gaming activities. See 9a 9a 9a 9a 9a 9 a Gross income from gaming activities. See 9a 0 0 640. 640. 9 a Gross income from gaming activities. 0a 0a 0a 0a 0a 640. 9 a Gross income from gaming activities. 0a 0a 0a		5		Royalties	<u></u>		16,805.			16,805.
b Less: rental expenses b 0. <td< td=""><td></td><td></td><td></td><td></td><td>(i) Real</td><td>(ii) Personal</td><td>-</td><td></td><td></td><td></td></td<>					(i) Real	(ii) Personal	-			
0 Does of loss of poles of loss) 0 7,416. 7,416. 0 Rental income or (loss) 0 P 7,416. 7,416. 7 a Gross amount from sales of assets other than inventory 10 10 10 7,416. 7,416. b Less: cost or other basis and sales expenses 10 0. 98,942. 10 10 10 c Gain or (loss) 7 7 8,855,445. 143,694. 10		6	а				4			
d Net rental income or (loss) 7,416. 7,416. 7 a Gross amount from sales of assets other than inventory 7a 8,855,445. 242,636. b Less: cost or other basis and sales expenses 7b 0. 98,942. c Gain or (loss) 7c 8,855,445. 143,654. 640. d Net gain or (loss) 7c 8,959,139. 8999,139. 8 a Gross income from fundraising events (not including \$s or for contributions reported on line 1c). See 8b 0. Part IV, line 18 8a 640. 640. 640. 9 a Gross income from gaming activities. See 9a 9a 9a 9 a Gross income from gaming activities. See 9a 9a 640. 640. 9 a Gross income from gaming activities. See 9a 9a 640. 640. 9 a Gross income from gaming activities. See 9a 9a 9a 9a 640. 9 a Gross income from gaming activities. See 9a 9a 61100 640. 640. 10 a Gross sold 10b							-			
7 a Gross amount from sales of assets other than inventory 0 Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a 8,855,445. 242,636. 7b 0.98,942. 7b 0.98,942. c Gain or (loss) 7b 0.98,942. d Net gain or (loss) 7b 0.98,942. a Gross income from fundraising events (not including \$\subset_{c} of contributions reported on line 1c). See Part IV, line 18 8, 640. b Less: clirect expenses 8b 0. c Net income or (loss) from fundraising events (see Part IV, line 19 9a 9a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: clirect expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9b Less: clirect expenses 9b c Net income or (loss) from gaming activities 10a 10a Gross alse of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a c All all other revenue 611710 97,851. c All tother revenue 611710 97,851. c Total Add lines 11a-11d 97,851. 96,901. c Total Add l					7,416			7.410		
assets other than linventory b Ta 8,855,445 242,636. 98,942. b Less: cost or other basis and sales expenses and sales expenses (c) Gain or (loss) Ta 8,855,445. 242,636. 98,942. c Gain or (loss) Tc 8,855,445. 143,694. d Net gain or (loss) Tc 8,855,445. 143,694. B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 See Ba 640. 640. b Less: direct expenses Bb 0. 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b See 9b 10 a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances Business Code 611710 97,851. 97,851. 11 a OTHER Business Code 611710 97,851. 91,97,851. 91,97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.							7,416.			7,410.
B Less: cost or other basis and sales expenses Tb 0. 98,942. c Gain or (loss) Tc 8,855,445. 143,694. d Net gain or (loss) 0 8,999,139. 8999139. 8 Gross income from fundraising events (not including \$		1	а				-			
and sales expenses 7b 0. 98,942. c Gain or (loss) 7c 8,855,445. 143,694. d Net gain or (loss) > 8,855,445. 143,694. d Net gain or (loss) > 8,999,139. 8999139. a Gross income from fundraising events (not including §			h	·····, <u>···</u> ,		212,000.	1			
c Gain or (loss) Tc 8,855,445. 143,694. d Net gain or (loss) 8,855,445. 143,694. 8,999,139. 8999139. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 640. 640. b Less: direct expenses Bb 0. 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9b b Less: direct expenses 9b 9b 9a 9a 9a 9b 10 a Gross sales of inventory, less returns and allowances 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10c 111 a 0THER 611710 97,851. 97,851. 97,851. 97,851. 12,872,847. 0. 306,901. 9817019. 9817019. 12 Total revenue. See instructions <	ē		^N		0.	98,942.				
d Net gain or (loss) 8,999,139. 8,999,139. 8999139. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 640. 640. b Less: direct expenses 8b 0. 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a 640. 640. 9 a Gross sincome from gaming activities. See Part IV, line 19 9a 9b 640. 640. 10 a Gross sales of inventory, less returns and allowances 10a 10a 10a 10a b Less: conceme or (loss) from sales of inventory Image: Code Image: Code Image: Code b Less: cost of goods sold 10b 10b 10a 97,851. 97,851. c Image: Code Imag	enu		с	-						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b 0. a Gross income from fundraising events 640. b Less: direct expenses b 0. a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b 0. 640. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b 0. 9a b 0. 10 a Gross sales of inventory, less returns and allowances t 0. 10a b 0. 10 a Gross soles of inventory, less returns and allowances t 0. 10a b 0. 11 a OTHER OTHER 611710 511. 97,851. 9 a All other revenue 611710 611710 77,851. 97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.	0			. ,			8,999,139.			8999139.
contributions reported on line 1c). See Ba 640. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 640. 640. 9 a Gross income from gaming activities. See 9a 9a Part IV, line 19 9a 9b 9b b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities. See 9a 9a c Net income or (loss) from gaming activities. See 9a 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory Image: Secode Image: Secode b C Strincome or (loss) from sales of inventory Image: Secode Image: Secode d All other revenue 611710 97,851. 97,851. c	ler									
Part IV, line 18 8a 640. b Less: direct expenses 8b 0. c Net income or (loss) from fundraising events 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a 640. 640. b Less: direct expenses 9a 9b 640. 640. b Less: direct expenses 9b 9b 640. 640. b Less: direct expenses 9b 9b 640. 640. 10 a Gross sales of inventory, less returns and allowances 10a 10a 10a 10a c Net income or (loss) from sales of inventory Image: Sold 10b 10b 10b c Net income or (loss) from sales of inventory Image: Sold 10b	흉			including \$	_ of					
b Less: direct expenses 8b 0. 640. 640. 9 Gross income from gaming activities. See 9a 9a 9a 640. 9 Gross income from gaming activities. See 9a 9a 640. 640. 9 Gross income from gaming activities. See 9a 9a 9a 9a b Less: direct expenses 9b 9b 9a 9a 9a 0 A gross sales of inventory, less returns and allowances 10a 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10b 10b c Net income or (loss) from sales of inventory Image: Sold and allowances 10a 10b 10b c Image: Sold and allowance 10b 10b 10b 10b 10b c Image: Sold and allowance 10a 10b 10b <td></td> <td></td> <td></td> <td>contributions reported on line 1c).</td> <td>See</td> <td></td> <td></td> <td></td> <td></td> <td></td>				contributions reported on line 1c).	See					
a Less: direct expenses b 640. 640. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9b b Less: direct expenses 9b 9b 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 c Net income or (loss) from sales of inventory, less returns and allowances 10a 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 c Net income or (loss) from sales of inventory 0 0 0 c I1 a OTHER 611710 97,851. 97,851. 97,851. c d All other revenue 611710 97,851. 0 306,901. 9817019. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.				Part IV, line 18			-			
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: cost of goods sold c Net income or (loss) from gaming activities b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c All other revenue c All other revenue e Total. Add lines 11a-11d 97, 851. 12 Total revenue. See instructions						0.				
Part IV, line 19 9a 9b 9b b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities and allowances Image: Control of the control						>	640.			640.
b Less: direct expenses 9b b b b b b b b b b b b b b b b b b b		9	а							
c Net income or (loss) from gaming activities ▶ ■ ■ 10 a Gross sales of inventory, less returns and allowances 10a ■ ■ b Less: cost of goods sold 10b ■ ■ ■ c Net income or (loss) from sales of inventory ▶ ■ ■ ■ s 0THER 611710 97,851. ■ 97,851. c □ □ □ □ □ c □ □ □ □ □ d All other revenue 611710 97,851. □ □ e Total. Add lines 11a-11d ▶ 97,851. □ </td <td></td>										
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ► 11 a OTHER 611710 b c 611710 c All other revenue 611710 e Total. Add lines 11a-11d ► 12 Total revenue. See instructions 12,872,847.						L				
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory I1 a OTHER b Business Code c 611710 c 97,851. d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions						<u></u>				
b Less: cost of goods sold 10b Image: Cost of goods sold 10b c Net income or (loss) from sales of inventory Image: Cost of goods sold Image: Cost of good		10	a							
Business Code Business Code 11 a OTHER 611710 97,851. b 611710 97,851. 97,851. c 611710 97,851. 97,851. d All other revenue 611710 97,851. e Total revenue. See instructions 97,851. 97,851.			b							
Business Code Image: Code description <										
e Total. Add lines 11a-11d 97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.				· · · · · · · · · · · · · · · · · · ·	· · · ·					
e Total. Add lines 11a-11d 97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.	sno	11	а	OTHER		611710	97,851.			97,851.
e Total. Add lines 11a-11d 97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.	ane		b							
e Total. Add lines 11a-11d 97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.	cell		с							
e Total. Add lines 11a-11d 97,851. 12 Total revenue. See instructions 12,872,847. 0. 306,901. 9817019.	Misc									
	_		е				· · · · · · · · · · · · · · · · · · ·	-	200, 200	001-01-
			_			🕨	12,872,847.	0.	306,901.	

LONGWOOD 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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		I		ł
	and domestic governments. See Part IV, line 21	4,361,651.	4,361,651.		
2	Grants and other assistance to domestic	, ,			
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Г				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	152,898.		152,898.	
•	trustees, and key employees	152,090.		152,090.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			220 241	
7	Other salaries and wages	852,794.		320,341.	532,453.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	33,115.		25,867.	7,248.
С	Accounting	32,525.		32,525.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	671,046.		671,046.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	83,575.	14,871.	68,470.	234.
12	Advertising and promotion	1,159.	1,159.		
13	Office expenses	15,820.	2,528.	13,292.	
14	Information technology	54,673.		54,673.	
15	Royalties				
16	Occupancy	8,918.	230.	8,688.	
17	Travel	19,905.	7,050.	12,855.	
18	Payments of travel or entertainment expenses		.,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	624.		624.	
20	· · · · · · · · · · · · · · · · · · ·	0210			
20 21	Payments to affiliates				
	Depreciation, depletion, and amortization	18,902.	2,125.	4,417.	12,360.
22 22	. Γ	8,753.	635.	10,745.	-2,627.
23	Insurance	0,155.	000.	10,113.	2,027.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	7,727.	2 000	3 0 2 7	
a	MEMBERSHIPS AND DUES RECRUITING	5,772.	3,800.	3,927. 5,772.	
b		-			
С	STUDENT ENGAGEMENT	1,213.	242	1,213.	
d	TAXES	-343.	-343.		
-	All other expenses		4 202 500	1 200 252	
25	Total functional expenses. Add lines 1 through 24e	6,330,727.	4,393,706.	1,387,353.	549,668.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21	11			Form 990 (2021

14080712 700842 0825320.500

LONGWOOD UNIVERSITY FOUNDATION, INC	•
-------------------------------------	---

54-6047289 Page 11

га	πλ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			631,101.	1	2,471,966.
	2	Savings and temporary cash investments		E E E E E E E E E E E E E E E E E E E	1,764,837.	2	1,920,016.
	3	Pledges and grants receivable, net			3,293,472.	3	2,847,262.
	4	Accounts receivable, net			4,341.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disguali	•				
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9				35,142.	9	402,357
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,371,854.			
	b	Less: accumulated depreciation		26,565.	1,396,772.	10c	1,345,289
	11	Investments - publicly traded securities			4,910,606.	11	8,666,857.
	12	Investments - other securities. See Part IV, line			72,376,991.	12	86,348,612.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		13,995,857.	15	8,091,333.	
	16	Total assets. Add lines 1 through 15 (must equ			98,409,119.	16	112,093,692.
	17	Accounts payable and accrued expenses			448,161.	17	286,186.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form	ner offic				
Liabilities		trustee, key employee, creator or founder, subs	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	E E E E E E E E E E E E E E E E E E E		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D			685,505.	25	504,225.
	26	Total liabilities. Add lines 17 through 25			1,133,666.	26	790,411.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			5,107,436.	27	8,891,654.
Ba	28	Net assets with donor restrictions			92,168,017.	28	102,411,627.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		30	
: As	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Net	32	Total net assets or fund balances			97,275,453.	32	111,303,281.
_	33	Total liabilities and net assets/fund balances			98,409,119.	33	112,093,692.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-	6047289	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,33		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,54		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,27		
5	Net unrealized gains (losses) on investments	5	6,80	-	
6	Donated services and use of facilities	6	53	2,4	<u>53.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14	9,0	45.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	111,30	3,2	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audi			
	Act and OMB Circular A-133?		3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ĺ

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of the organization	
--------------------------	--

Name of	the organization							identification number	
_			RSITY FOUNDAT				5	4-6047289	
Part I	Reason for Public (ee instruction	S.		
The organ	nization is not a private found								
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)					
3 🔛	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:								
5 X	X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
	university:								
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11 🔛	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
	more publicly supported or	-						Check the box on	
_	lines 12a through 12d that	• •					-		
a	Type I. A supporting orga			•	-				
	the supported organization			majority o	of the direc	tors or truste	es of the su	upporting	
_	organization. You must o	-							
b 🗌	Type II. A supporting org	-				-		-	
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
_	organization(s). You mus								
с 🗆	_ Type III functionally inte						ly integrate	ed with,	
. –	its supported organization	. , . ,	•						
d	Type III non-functionally	• •					•		
	that is not functionally int			•		-	an attentiv	/eness	
_	requirement (see instructi								
e 🗋	Check this box if the orga					Type I, Type	II, Type III		
f Ent	functionally integrated, or		nally integrated supportil	ng organiz	ation.				
	er the number of supported on vide the following informatior	•	d organization(a)						
	(i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount of	fmonetary	(vi) Amount of other	
	organization		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)	
			above (see instructions))						
Total									

Schedule A (Form 990) 2021 Part II Support Sch

LONGWOOD UNIVERSITY FOUNDATION, INC.

54-6047289 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12640744.	3532930.	2907764.	1926787.	2748927.	23757152.
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	12640744.	3532930.	2907764.	1926787.	2748927.	23757152.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9824628.
	Public support. Subtract line 5 from line 4.						13932524.
	ction B. Total Support	1				[1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		12640744.	3532930.	2907764.	1926787.	2748927.	23757152.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	015 004	100000	1 . 1		100000	
	and income from similar sources \dots	815,204.	1307826.	1318836.	571,871.	1026290.	5040027.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4		<i></i>			
	assets (Explain in Part VI.)	155,614.	122,436.	61,691.	95,606.	97,851.	533,198.
	Total support. Add lines 7 through 10						29330377.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	5	, , , ,	,			. —
<u></u>	organization, check this box and sto						
	ction C. Computation of Public						47 50
	Public support percentage for 2021 (I		-			14	<u>47.50 %</u> 59.48 %
	Public support percentage from 2020					15	
168	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies		-		line dE in 00 d/00/		
D	33 1/3% support test - 2020. If the						
47-	and stop here. The organization qual		••••••		10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	ranization	-	
	meets the facts-and-circumstances te	-		• • • •	-	7	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circ		•		• •		
18	Private foundation. If the organization	DIT UID TIOT CHECK A	box on line 13, 16a	a, 100, 17a, or 17b	o, check this dox a		
						Schedule A	(Form 990) 2021

132022 01-04-22

	membership lees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
70	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			Ì	1		
	First 5 years. If the Form 990 is for th	e organization's fir	rst. second, third	fourth, or fifth tax	vear as a section 5	01(c)(3) ora:	anization.
	check this box and stop here	0		-			·
Sec	ction C. Computation of Publi						F
	Public support percentage for 2021 (I		-	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the					3 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box ar						▶□
b	33 1/3% support tests - 2020. If the	-	-				1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organiz	zation
20	Private foundation. If the organization			-		-	
	23 01-04-22						edule A (Form 990) 2021

LONGWOOD UNIVERSITY FOUNDATION, INC.

(b) 2018

(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

(c) 2019

(d) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2017

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

Schedule A (Form 990) 2021

Section A. Public Support

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees reasived (De not

132023 01-04	-22		
14080712	700842	0825320.500	

16 2021.06000 LONGWOOD UNIVERSITY FOUND 08253204

54-6047289 Page 3

(f) Total

(e) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

132024 01-04-21

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 LONGWOOD UNIVERSITY FOUNDATION, INC. 54-6047289 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No

а	A person who directly or indirectly contro	s, either alone or together wit	th persons described	on lines 11b and	d
	11c below, the governing body of a supp	orted organization?			

- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section 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			
		4		

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

nstructions	S).
15	truction

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

18

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

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

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

11a

11b

11c

No

132025 01-04-22

Schedule A (Form 990) 2021

14080712 700842 0825320.500

_	dule A (Form 990) 2021 LONGWOOD UNIVERSITY FOU			54-6047289 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			η Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

LONGWOOD	UNIVERSITY	FOUNDATION,	INC.
----------	------------	-------------	------

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
•					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 LONGWOOD
 UNIVERSITY
 FOUNDATION
 INC
 54-6047289
 Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2017 AMOUNT: \$	155,614.
2018 AMOUNT: \$	122,436.
2019 AMOUNT: \$	61,691.
2020 AMOUNT: \$	95,606.
2021 AMOUNT: \$	97,851.
	Schedule A (Form 990) 2

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Hame of the organizati		
	LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

1		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>80,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>267,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$277,722.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>67,500.</u>	Person X Payroll Noncash (Complete Part II for

T.ONGWOOD	IINTVERSTUV	FOUNDATION,	TNC
TOTIONOOD		TOONDATION,	TT1 C

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

 No.
 Name, address, and ZIP + 4
 Total contributions

Name of organization

Employer identification number

(d)

Type of contribution

54-6047289

Page 2

noncash contributions.) Schedule B (Form 990) (2021)

123452 11-11-21

14080712 700842 0825320.500

LONGWOOD UNIVERSITY FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$78,027.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 2

Employer identification number

54 - 6047289

14080712 700842 0825320.500

123452 11-11-21

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	1500 SHARES APPLE				
5					
		\$204,960.	07/26/21		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received		
Part I		(See instructions.)	Bato roconca		
	STOCK				
7					
		\$64,201.	01/15/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
- F al C I					
		\$			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
Part I					
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a)		(c)			
No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

123453 11-11-21

Schedule B (Form 990) (2021)

14080712 700842 0825320.500

25 2021.06000 LONGWOOD UNIVERSITY FOUND 08253204

Page 3 Employer identification number

LONGWOOD UNIVERSITY FOUNDATION, INC.

54-6047289

Schedule	B (Form 990) (2021)			Page 4	
Name of o	organization			Employer identification number	
LONGW	OOD UNIVERSITY FOUNDATI	ON, INC.		54-6047289	
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in b through (e) and the following line	entry For organizations	or (10) that total more than \$1,000 for the year	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (Enter t	his info. once.) > \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held	
		·			
		(e) Transfer of	gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship	o of transferor to transferee	
		[
(a) No.		1			
from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	Ind ZIP + 4	Relationship	o of transferor to transferee	
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	and 7 ID + 4	Polationshi	o of transferor to transferee	
			Nelationship		
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationshir	o of transferor to transferee	
		[
123454 11-11	1-21			Schedule B (Form 990) (2021)	

14080712 700842 0825320.500

)

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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

►	Go	to	www	irs.	gov	/Forr	n990) for	instr	uctio	ns	and	the	latest	t info	ormat	tion.

	LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289
Par		ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(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 writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,
		storically important land area
		rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year >	5
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	
•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)
•	and section $170(h)(4)(B)(ii)$?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	/
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
	10-28-21	
	27	

		D UNIVERSIT						54-60		
Pai	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	Other S	Simila	r Assets	contin	lued)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	make sigr	nificant ι	use of its		
	collection items (check all that apply):									
а	X Public exhibition	d		Loan or exc	hange progra	m				
b	X Scholarly research	e		Other						
с	X Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how th	ey further th	e organizatio	n's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar as	ssets		_	
	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai		ete if the	organizatio	n answered "	Yes" on F	orm 990), Part IV,	line 9, or	
							ار دا د دا			
1a	Is the organization an agent, trustee, custodi								7	
Ь	on Form 990, Part X?							······ ∟	Yes	└── No
b		and complete the for	lowing to	able.					Amount	· · · · ·
•	Reginning balance						1c		, arrourn	
	Additions during the year						1d			
	Additions during the year						1e			
e f	Distributions during the year						1f			
22	Ending balance Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.					-	•	····· ∟		
Par										
		(a) Current year		rior year	(c) Two year			/ears back	(e) Four	years back
1a	Beginning of year balance	90,505,276.		,706,045.	73,662			95,802.		218,697.
b	Contributions	1,682,021.		, ,276,619.				10,048.		,845,667.
	Net investment earnings, gains, and losses	15,991,135.		, ,336,089.		,862.		,00,711.		,096,858.
d	Grants or scholarships	, , , -		, , -		, .	,	, -	· · · · · · · · · · · · · · · · · · ·	
	Other expenditures for facilities									
Ŭ	and programs	3,198,844.		813,477.	2,021	057.	18	64,711.	2,021,545.	
f	Administrative expenses	· / · / · ·		, _ , _ , _ , , , , , , , , , , , , , ,		,		78,926.		
g	End of year balance	104,979,588.	90	,505,276.	72,706	045.		62,924.		
2	Provide the estimated percentage of the curr	· · · · · ·				,				
-	Board designated or quasi-endowment	6.7200	%	, column (a)	j noid as.					
h	Permanent endowment 57.0200	%								
Č	26.0600	/0 %								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -								
30	Are there endowment funds not in the posse		tion that	t are held an	d administer	ed for the	organiza	ation		
0a	by:	ssion of the organiza		are neia ar			organiza		ſ	Yes No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organizations								3b	X
4	Describe in Part XIII the intended uses of the								_ 50	
<u> </u>	t VI Land, Buildings, and Equipm		wittent to	unus.						
	Complete if the organization answere), Part IV	, line 11a. S	ee Form 990,	Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	be	(d) Bool	k value
		basis (investr		.,	(other)	• •	eciation		(4) 200	(Value
1a	Land		,		6,854.				1,280	5,854.
	Buildings				5,000.		26,50			3,435.
	Leasehold improvements				,			-		,
	Equipment									
	Other									
	Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 11					1,34	5,289.
		<u>quari onni 000, i dili</u>			<u></u>					n 990) 2021
									•	

Schedule D (Form 990) 2021 LONGWOOD UN	IVERSITY FOUNI	DATION, INC.	54-6047289 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	1b. See Form 990, Part X,	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIP			
(B) INTEREST	85,348,612.		MARKET VALUE
(C) HOTEL WEYANOKE	1,000,000.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
<u>(G)</u>			
	06 240 612		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	86,348,612.		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(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 1	11d. See Form 990. Part X	line 15.
	Description		(b) Book value
(1) ART COLLECTION			4,848,165.
(2) CSV LIFE INSURANCE POLICI	ES		133,319.
(3) WETLAND CREDIT - MITIGATI			365,024.
(4) INV. IN PERPETUAL TRUST			2,744,825.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶ 8,091,333.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990,	,
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			359,246.
(3) PAYABLES TO THIRD PARTIES			144,979.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	,		▶ 504,225.
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	<u>r FASB ASC 740. Ch</u> eck he	re if the text of the footnot	e has been provided in Part XIII X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 LONGWOOD UNIVERSITY FOUND	ATION,	INC.	54-6	5047289	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
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		_		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1 1		
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities			-		
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)	· · · · ·				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
r d	t XIII Supplemental Information.					

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

PART III, LINE 4:

THE FOUNDATION OWNS THE LONGWOOD CENTER FOR THE VISUAL ARTS (LCVA). THE

LCVA'S PERMANENT COLLECTION CONSISTS OF NINE FOCUS AREAS. THESE

COLLECTIONS ARE LENT TO LONGWOOD UNIVERSITY TO SUPPORT THE EDUCATIONAL AND

PUBLIC SERVICE MISSIONS OF THE UNIVERSITY.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 500 INDIVIDUAL FUNDS

30

ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED

ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE FOUNDATION'S BOARD OF

DIRECTORS (THE "BOARD") TO FUNCTION AS ENDOWMENTS.

132054 10-28-21

Schedule D (Form 990) 2021	LONGWOOD	UNIVERSITY	FOUNDATION,	INC.	54-6047289	Page 5
Part XIII	Supplemental Inforn	nation (continue	ed)				

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED IN THE

FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS

CODIFICATION ("ASC") ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.

MANAGEMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE

REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT DECEMBER 31, 2021.

MANAGEMENT HAS EVALUATED ALL TAX POSITIONS THAT COULD HAVE A SIGNIFICANT

EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS AND DETERMINED THAT THE

FOUNDATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2021.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organization	d Individua	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization	UNIVERSIT	Y FOUNDATIO	0				Employer identification number $54-6047289$
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				-		
Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domestic	Governments.	complete if the org	anization answered "Y	′es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LONGWOOD UNIVERSITY 201 HIGH STREET FARMVILLE, VA 23909	54-6001788	170(C)(1)	4,361,651.	0.			SCHOLARSHIPS AND GRANTS
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	is listed in the line [.]	1 table					

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

Schedule I (Form 990) 2021

54-6047289

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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

THE FOUNDATION IS RESPONSIBLE FOR DISBURSING GRANT AND SCHOLARSHIP FUNDS

ACCORDING TO ITS FUND REQUEST POLICY WHICH INCLUDES A REVIEW OF RESPECTIVE

APPLICATIONS AND CRITERIA OF THE GRANT/SCHOLARSHIP TO ENSURE THE RECEIPT

MEETS THE STANDARDS. ONCE DISBURSED THROUGH FINANCIAL AID, SCHOLARSHIPS

ARE MONITORED THROUGH THE ACTIVE PARTICIPATION OF THE RECIPIENT AT THE

UNIVERSITY. IF A STUDENT DOES NOT COMPLETE A FULL SEMESTER, A PARTIAL

AMOUNT OF THE SCHOLARSHIP COULD BE CANCELLED. IF THE RECIPIENT WITHDRAWS

WITHIN THE FIRST FEW WEEKS OF THE SEMESTER, THE SCHOLARSHIP IS TOTALLY

 Schedule (Form 990)
 LONGWOOD UNIVERSITY FOUNDATION, INC.
 54-6047289
 Page 2

 Part IV
 Supplemental Information

 CANCELLED WHEREAS ANY DEPARTURE FOLLOWING THE FIRST FEW WEEKS, THE

 SCHOLARSHIP IS PRORATED UNTIL AT LEAST 60% OF THE SEMESTER IS COMPLETE.

 AFTER 60% COMPLETION, THE FULL SCHOLARSHIP IS STILL AWARDED. AS FOR

 GRANTS, THE FOUNDATION HAS POLICIES IN PLACE TO VERIFY THE AWARDING OF THE

 GRANT UNDER SPECIFIED CRITERIA, BUT THE MONITORING OF THOSE GRANT FUNDS

 FALLS UNDER THE RESPONSIBILITIES OF THE OFFICE OF SPONSORED PROGRAMS WITHIN

 LONGWOOD UNIVERSITY.

Schedule I (Form 990)

132291 04-01-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Open to Public

Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

P

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

LONGWOOD UNIVERSITY FOUNDATION, INC.

	LONGWOOD UNI	VERSIT	Y FOUNDAT:	LON, INC.	54-6	047289)
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	28	420,600.	NYSE		
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 $_{\dots}$						
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 ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for		
	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 p		•		ions?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a X	
b	If "Yes," describe in Part II.						

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

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

SCHEDULE M, LINE 32B:

THE FOUNDATION USES THE BROKERAGE FIRM DAVENPORT & CO. TO SELL ALL

STOCK GIFTS AND DELIVER THE PROCEEDS BACK TO THE FOUNDATION.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



54-6047289

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LONGWOOD UNIVERSITY FOUNDATION,

STRATEGIC INVESTMENT PLANS, AND TIMELY DISTRIBUTION OF PRIVATE

RESOURCES.

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

THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION IS RESPONSIBLE FOR THE

OVERSIGHT OF THE TAX PREPARATION SERVICES BY THE OUTSIDE ACCOUNTING FIRM.

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF THE FORM

990. A DRAFT OF THE FORM 990 IS ALSO PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE ORGANIZATION'S CONFLICT

OF INTEREST POLICY ANNUALLY, AND DISCLOSE ANY POSSIBLE PERSONAL, FAMILIAL,

OR BUSINESS RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

IF A CONFLICT ARISES, THE BOARD MEMBER WILL NOT BE PART OF DISCUSSIONS AND

WILL ABSTAIN FROM VOTING.

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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS THE RESPONSIBILITY OF

THE EXECUTIVE COMMITTEE. THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS

REVIEWED AND APPROVED ON AN ANNUAL BASIS. A COMPARABILITY STUDY IS DONE

ONLY WHEN THE CHIEF EXECUTIVE OFFICER IS INITIALLY HIRED, OR WHEN THE

RECOMMENDED PAY RAISE IS ABOVE THE GENERAL ASSEMBLY'S PAY INCREASE FOR

STATE EMPLOYEES. THE FOUNDATION ALSO USES STATE AND NATIONAL SURVEYS TO

DETERMINE COMPENSATION.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2								
Name of the organization LONGWOOD UNIVERSITY FOUNDATION	Employer identification numberDN, INC.54-6047289							
FORM 990, PART VI, SECTION C, LINE 19:								
THE FOUNDATION MAKES ITS GOVERNING DOCUMENT	S, CONFLICT OF INTEREST POLICY,							

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOUNDATION'S

WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERFUND TRANSFERS	54,696.
ANNUITY AND UNITRUST ADJUSTMENTS	89,773.
REV LIFE INSURANCE CSV ADJUSTMENT	4,576.
TOTAL TO FORM 990, PART XI, LINE 9	149,045.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990) 2021

132212 11-11-21

SCH	EDULE	R
	1	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

54-6047289

Department of the Treasury Internal Revenue Service

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

Name of the organization

LONGWOOD UNIVERSITY FOUNDATION, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	HOLDS AND RECEIVES FUNDS FOR LONGWOOD UNIVERSITY				LONGWOOD UNIVERSITY
· · ·	FOR LONGWOOD UNIVERSITY FOUNDATION'S STREAM CREDITS	VIRGINIA			FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DUVAHL RIDGWAY HULL AND ANDREW W. HULL					LONGWOOD		
CHARITABLE FOUNDATION - 54-1567947, 201 HIGH	TO PROVIDE SUPPORT FOR				UNIVERSITY		
STREET, FARMVILLE, VA 23909	LONGWOOD UNIVERSITY	VIRGINIA	501(C)(3)	12A, TYPE I	FOUNDATION	X	
LONGWOOD UNIVERSITY - 54-6001788							
201 HIGH STREET	EDUCATIONAL INSTITUTION -						
FARMVILLE, VA 23909	PUBLIC	VIRGINIA	170(C)(1)		N/A		х
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 LONGWOOD UNIVERSITY FOUNDATION, INC.

54-6047289 Page 2

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

organizationo troatou ao a pa		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging mer?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	-											
										-	$\left \right $	
	{											
	{											
	{											

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

(a) Name, address, and EIN of related organization	address, and EIN Primary activity		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	i) stion b)(13) rolled ity?
		country)		of fluety				Yes	No
LUF WEYANOKE, INC 81-5177137			LONGWOOD						
201 HIGH STREET	PASSIVE INVESTOR IN		UNIVERSITY						
FARMVILLE, VA 23909	REDEVELOPMENT	VA	FOUNDATION	C CORP		1,000,000.	100%	X	
	-								
	-								

Schedule R (Form 990) 2021 LONGWOOD UNIVERSITY FOUNDATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
-1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		103	
'		1a		x
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		x	
	Gift, grant, or capital contribution to related organization(s)	1b		v
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		Х
	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		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
-				
r	Other transfer of cash or property to related organization(s)	1r		х
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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LONGWOOD UNIVERSITY	В	4,361,651.	воок
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2021 LONGWOOD 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2021

			UNIVERSITY	FOUNDATION,	INC.	54-6047289	Page 5
Part VII	Supplemental Inform	nation					

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

LONGWOOD UNIVERSITY MITIGATION BANKING FOUNDATION, LLC

DIRECT CONTROLLING ENTITY: LONGWOOD UNIVERSITY FOUNDATION

Schedule R (Form 990) 2021

132165 11-17-21

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name LONGWOOD UNIVERSITY FOUNDATION, INC.	Employer Identifica 54-60472	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - PASS THROUGH IN	VESTME	358,021.
FEDERAL CONTRIBUTION - 50% CASH		221.
CA NET OPERATING LOSS		71,834.
CA CONTRIBUTION - 50% CASH		221.
NY NET OPERATING LOSS		256,529.

	Name:	LONGWOOD UNIV	ERSITY FOUNDAT	ION, INC.							FEIN:	54-6047289
		and Entity: PAS 382 Annual Limitation	S THROUGH INVE	STMEN POST-202 Section 382 Carryover	L7 NO	DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/20	Amount Used for 12/31/20	Amount Used for						
ABCDMFGH_JKLZCPQR0FJ>	2016 2017 2018 2021	179,578. 105,349.	150,821. 179,578. 3,857.	27,460.	123,361. 179,578. 3,857.							
W	Detail Type	E Amount S Used for B C —	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
S <chøjøjozzlyc liøhudøb<="" 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></chøjøjozzlyc>												

FEIN: Name: LONGWOOD UNIVERSITY FOUNDATION, INC. 54-6047289 Type and Entity: NOL CA DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover Amount Amount Amount Amount Amount Amount Amount Amount Amount Year Original Total Used for Carryover Origi-Amount 12/31/20 Amount Used nated 5,007. 2019 5,007. 5,007. А В 71,834. 2021 С D E F G Н L J Κ L Μ Ν 0 Р Q R S T U V W Е Amount S B C Used for Used for Detail Used for Туре А B C D E F G н Т J ĸ L Μ Ν 0 P Q R S т Ù V W

FEIN: 54-6047289 Type and Entity: NOL NY DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover Amount Amount Amount Amount Amount Amount Amount Amount Amount Year Original Total Used for Carryover Origi-Amount Amount Used nated 256,529. 2021 А В C D E F G Н L J Κ L Μ Ν 0 Р Q R S T U V W Е Amount S B C Used for Used for Detail Used for Туре А B C D E F G н Т J ĸ L Μ Ν 0 P Q R S т Ù V Ν

Name: LONGWOOD UNIVERSITY FOUNDATION, INC.

Name	: LONGWOOD UNI	VERSITY FOUNDA	TION, INC.							FEIN:	54-6047289
	and Entity: CC 382 Annual Limitation	NTRIBUTION - 5	0% CASH FED Section 382 Carryove		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2023	1 221	•									
3											
2											
-											
-											
A 202: 3 5 5 5 6 4											
J											
<											
-											
N I											
ς											
7											
6											
J /											
, N											
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detai	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	B C	·									
、 ——											
5											
Ξ											
-											
à .											
4											
J											
, K											
_											
N											
1											
2											
בי ג											
* 7											
S											
Г											
J											
/											
N											

Name	: LONGWOOD UNIV	ERSITY FOUNDA	TION, INC.							FEIN:	54-6047289
	and Entity: CON 1382 Annual Limitation	TRIBUTION - 5	0% CASH CA Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi nateo	Original Carryover I Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 202	1 221.										
3											
0											
2											
-											
A 202 B C D E G H											
J											
<											
_											
N											
2											
ຊ											
7											
S											
) V											
Ň											
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detai	IS Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	B C ———										
<u> </u>											
S S											
C											
Ξ											
=											
J H											
1											
J											
<											
_											
M											
N C											
5											
ຊ											
7											
S											
Г											
J											
/											
N	1 1										

Form 88	379-TE	E			IS IS NOT A F e-file Signatu for a Tax Ex al year beginning			20	OMB No. 1545-0047	7
Denstan	(.) T				Do not send to the IRS				2021	
	t of the Treasu venue Service	ry		► Go t	o www.irs.gov/Form887	9TE for the latest i	information.			
Name of	filer							EIN or SSN		
	LOI	NGWO	OD UNIV	ERSITY	FOUNDATION,	INC.		54-60	47289	
Name and			son subject to		RT HAZELWOOD					
				CHI	IEF EXECUTIVE	OFFICER				
Part I	Ту	pe of F	Return and	Return	Information					
Form 53 or 10a b whichev than one	30 filers ma elow, and er is applic e line in Par	ay enter the amo able, bla rt I.	dollars and o unt on that li	cents. For al ne for the re nter -0-). But	g this Form 8879-TE and e I other forms, enter whole turn being filed with this f t, if you entered -0- on the Fotal revenue, if any (Forn	dollars only. If you orm was blank, then return, then enter -0	check the box on li n leave line 1b, 2b , 0- on the applicable	ine 1a, 2a, 3 , 3b, 4b, 5b, e line below.	3a, 4a, 5a, 6a, 7a, 3 6b, 7b, 8b, 9b, or	8a, 9a , 10b, more
			ck here 🕨		Fotal revenue, if any (For				2b	
3a	Form 1120	D-POL c	heck here 🕨		Fotal tax (Form 1120-POL				3b	
4a	Form 990-	-PF che	ck here 🛄 🕨		Tax based on investment				4b	
5a	Form 8868	3 check	here 🕨		Balance due (Form 8868,				5b	
6a	Form 990-	T check	here 🕨		Fotal tax (Form 990-T, Pa				6b	0.
			here 🕨		Fotal tax (Form 4720, Par				7b	
			here 🕨		MV of assets at end of t	ax year (Form 522)	7, Item D)		8b	
			here 🕨		Fax due (Form 5330, Part	II, line 19)			9b	
10a			eck here 🕨		Amount of credit paymer				10b	
Part I	I De	clarat	ion and Sig	gnature A	Authorization of Off	icer or Person	Subject to Tax			
Under p	enalties of	perjury,	I declare that	t 🚺 I am	an officer of the above en	tity or 📃 I am a I	person subject to ta	ax with resp	ect to (name	
entry to financial later tha paymen persona PIN: che	the financia institution n 2 busines t of taxes to l identificat	al institu to debit ss days o receive tion num	tion account the entry to prior to the p confidential ber (PIN) as r	indicated in this accoun ayment (set information ny signature	asury and its designated F the tax preparation softw t. To revoke a payment, I tlement) date. I also authon necessary to answer inq e for the electronic return & COMPANY, LI	vare for payment of must contact the U prize the financial in uiries and resolve is and, if applicable, th	the federal taxes of .S. Treasury Financ stitutions involved i ssues related to the he consent to elect	wed on this ial Agent at in the proces payment. I I ronic funds	return, and the 1-888-353-4537 no ssing of the electron have selected a withdrawal.	nic
] I authoriz		JWN, ED	WARDS		<u>」</u>	to	enter my P		e hut
					ERO firm name				Enter five number do not enter all z	
	with a sta on the re As an off return. If	ate ager eturn's d ficer or p I have ii	ncy(ies) regula isclosure con person subjec ndicated with	ating charitie sent screen at to tax with in this return	ctronically filed return. If I es as part of the IRS Fed/s n respect to the entity, I w n that a copy of the return N on the return's disclosu	State program, I also ill enter my PIN as n i is being filed with a	o authorize the afor ny signature on the	rementioned tax year 20	ERO to enter my F	PIN
			0	•			DV ****	Data	▶ 11/15/2	1
Signature c	II Ce	son subjec	tion and A		<u>IS IS NOT A F</u> ation	LUGADUS CO	<u>'T T</u>	Date	▶ 11/15/2	<u> </u>
		-	your five-digit		g identification ed PIN.		4548624504 o not enter all zeros			
submitti			-		ich is my signature on the ements of Pub. 4163, Mo	•				for
ERO's sig	inature 🕨 _	BRO	WN, EDW	ARDS &	COMPANY, LLI	2	_ Date ▶ _ 07 /	12/23		
				FDO	Must Retain This F	orm - See Instr	ructions			
			Do N		t This Form to the l			So		
	r Privacy	act and			Act Notice, see instructio				Form 8879-TE	(2021)
	/ Theory	aoranu			House, see insu ucu					(2021)
102521 01	-11-22				5	0				

14080712 700842 0825320.500

Form	990-T	E	Exempt Organization Business Income Tax Return	n l	OMB No. 1545-0047		
			(and proxy tax under section 6033(e))		0004		
		For ca	endar year 2021 or other tax year beginning, and ending		2021		
Departi Interna	ment of the Treasury I Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)).	Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		over identification number		
B Ex	empt under section	Print or	LONGWOOD UNIVERSITY FOUNDATION, INC.	_	4-6047289		
	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions. 201 HIGH STREET	(see i	(see instructions)		
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code FARMVILLE, VA 23909	_ F	Check box if		
			ok value of all assets at end of year • 112,093,692.		an amended return.		
			X 501(c) corporation 501(c) trust 401(a) trust Other trust				
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u>		
	nter the number of						
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
-			d identifying number of the parent corporation.	121	205 2022		
			DIAN DYCKES Telephone number	434-	395-2033		
1			ss taxable income computed from all unrelated trades or businesses (see	1	0.		
2	Deeewaad			2	0.		
2	Add lines 1 and 2			3			
3 4			see instructions for limitation rules)		0.		
+ 5			taxable income before net operating losses. Subtract line 4 from line 3				
6			ng loss. See instructions	6			
7		•	ss taxable income before specific deduction and section 199A deduction.				
•	Subtract line 6 from		-	7			
8			ally \$1,000, but see instructions for exceptions)		1,000.		
9			duction. See instructions	9			
10	Total deductions	Add li		10	1,000.		
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
	enter zero		• ·	11	0.		
Par	t II Tax Com	putat	ion				
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	• 1	0.		
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on				
	Part I, line 11 from	: [Tax rate schedule or Schedule D (Form 1041)	2			
3	Proxy tax. See ins	structio	ns 🚬 🕨 🕨	• 3			
4	Other tax amounts	s. See i	nstructions	4			
5	Alternative minimu	ım tax ((trusts only)	5			
6	Tax on noncompl	iant fa	cility income. See instructions	6			
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.		
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2021)		

123701 07-06-22

Form 9	90-T (2021)					F	2 age	
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<u>1a</u>						
b	Other credits (see instructions)	1b						
с	General business credit. Attach Form 3800 (see instructions)	1c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d						
е	Total credits. Add lines 1a through 1d				1e			
2	Subtract line 1e from Part II, line 7				2		0.	
3	Other amounts due. Check if from: Form 4255 Form 8611 Forr Other (attach statement)			rm 8866	3			
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here	►			4		0.	
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)	, line 4			5		0.	
6a	Payments: A 2020 overpayment credited to 2021	<u>6a</u>						
b	2021 estimated tax payments. Check if section 643(g) election applies	6b						
с	Tax deposited with Form 8868	<u>6c</u>						
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d						
е	Backup withholding (see instructions)	<u>6e</u>						
f	Credit for small employer health insurance premiums (attach Form 8941)	<u>6f</u>						
g	Other credits, adjustments, and payments: Form 2439	_						
	Form 4136 Other Total	► 6g						
7	Total payments. Add lines 6a through 6g			<u></u>	7			
8								
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		🕨	10			
	Enter the amount of line 10 you want: Credited to 2022 estimated tax			efunded 🕨	11			
Part				,				
1	At any time during the 2021 calendar year, did the organization have an interest in o	•				Yes	No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," th	Ũ						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name	of the fore	ign country				
	here					-	X	
2	During the tax year, did the organization receive a distribution from, or was it the gr foreign trust?						X	
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year			\$				
4	Enter available pre-2018 NOL carryovers here > \$ Do no	t include	any post-2	2017 NOL car	ryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	y any dec	duction rep	orted on Part	I, line 4.			
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 N	IOL carry	vovers. Dor	n't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	or the ta	x year. See	instructions.				
	Business Activity Code	Ava	ailable pos	t-2017 NOL c	arryover			
	900003	\$		1	01,492.			
		\$						
6a	Did the organization change its method of accounting? (see instructions)						X	
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990)-PF, or F	orm 1128	? If "No,"				
	explain in Part V							
Part V Supplemental Information								

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I correct, and complete. Declar	declare that I have examined a ration of preparer (other than	this return, including accompa taxpayer) is based on all infor 	nying schedules ar mation of which pre CHIEF OFFIC	EXECUTIN	e best of my knowledge and belief, it is true, PE May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No		
	Print/Type preparer's name		Preparer's signature Date			Check	if	PTIN
Paid						self- employ	ed	
Preparei	. RICHARD HE	RICHARD HEDLEY		RICHARD HEDLEY 0				P00936170
Use Only		THE PROVINE FOUND FOR COMPANY LLD						54-0504608
	'	828 MAIN S	TREET SUITE	1401				
	Firm's address 🕨 LYNCHBURG, VA 24504						43	4-948-9000
123711 01-31-	22							Form 990-T (2021)
			_	•				

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

С

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Name of th Α

Name of the organization LONGWOOD UNIVERSITY FOUNDATION, INC.	B Employer ident $54-6047$		n numbe	er
Unrelated business activity code (see instructions) > 900003	D Sequence:	1	of	1

Describe the unrelated trade or business PASS THROUGH INVESTMENT INCOME Ε

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	541,600.		541,600.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 1	5	-259,161.		-259,161.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 2	12	24,462.		24,462.
13	Total. Combine lines 3 through 12	13	306,901.		306,901.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions	_	
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 3	14	563,430.
15	Total deductions. Add lines 1 through 14	15	563,430.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-256,529.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-256,529.
I HA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2021

123741 01-28-22

1

Sabad	I.a. A. (Form 000 T) 2021				1 Baga 2
Part	ule A (Form 990-T) 2021	hod of inventory valua	ation		Page 2
1	Inventory at beginning of year				1
2	Purchases				2
3	Cost of labor				3
4	Additional section 263A costs (attach statement)				4
5	Other costs (attach statement)				5
6	Total. Add lines 1 through 5				6
7	Inventory at end of year		_		7
8	Cost of goods sold. Subtract line 7 from line 6. Enter	,			8 Ves No
9 Part	Do the rules of section 263A (with respect to property Rent Income (From Real Property and				
1	Description of property (property street address, city, s	•			1
	A 🗌	, , ,			
	В				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
-	50% or if the rent is based on profit or income) Total rents received or accrued by property.				
С	Add lines 2a and 2b, columns A through D				
<u>5</u> Part ` 1	Description of debt-financed property (street address, of A	ee instructions)			- 0.
	B				
	C				
	B	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	9	%		%
7	Gross income reportable. Multiply line 2 by line 6 \dots				
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art I, line 7, column (A)	Þ	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the		nd on Part I, line 7, colun	nn (B)Þ	•0.
11	Total dividends-received deductions included in line	10			0.
123721 (11-28-22	E 4		Sch	edule A (Form 990-T) 2021

14080712 700842 0825320.500

												1
	ule A (Form 990-T) 2021 VI Interest, Annu		waltice and B	onto fron	n Control		aonization			· 、		Page 3
Part	VI Interest, Annu		byanties, and h				Exempt Control	,	e instruct	,		
	1. Name of controlle	ed	2. Employer	3. Net	unrelated		al of specified	1	rt of colur			eductions directly
	organization		identification	incon	ne (loss)		nents made		included			onnected with
			number	(see ins	structions)				olling orga gross inc		inco	ome in column 5
(1)												
(2)												
(3)												
<u>(4)</u>												
	· - · · ·				Controlled O	-	1					
7	7. Taxable Income	in	Net unrelated come (loss)	ome (loss) pa		otal of specified ayments made		10. Part of column 9 that is included in the controlling organization's			conr	uctions directly nected with
		(See	e instructions)				gross	incom	е	m	come	in column 10
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum	ne 5 a	nd 10	Ad	d coli	umns 6 and 11.
							Enter here					e and on Part I,
							line 8, c	column	(A)		line 8	, column (B)
Totals						►			0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee inst	ructions)			
	1. Desc	cription of i	ncome		2. Amou		3. Deductio		4. Set-			Total deductions
				income		ne	directly connected (attach (attach statement)		(attach st	tateme		and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	inte in					_	Add amounts in
					column 2							column 5. Enter
					here and o	,						ere and on Part I,
Totals				•	line 9, colu							ine 9, column (B) 0 •
Part		xempt A	ctivity Income	. Other T	han Adve		a Income	see ins	structions)			
1	Description of exploite		,	,								
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	1				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line ⁻	12							7		

Schedule A (Form 990-T) 2021

123731 01-28-22

	lule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a	a consolidated basis	5.	
	A				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
_		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		►	0.
а		[1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		Þ	0.
		[1		
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complet				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6 7	Circulation income				
'	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
U	deduction. For each column showing a gain of	n l			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		tal or zero here and	d on	
u	Part II, line 13			L 011	0.
Part		rectors, and Trustees	see instructions)		
			,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			

1

563,430.

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
THE RICHMOND FUND LP K-1 - ORDINARY BUSINESS INCOME (LOSS) THE RICHMOND FUND LP K-1 - NET RENTAL REAL ESTATE INCOME THE RICHMOND FUND LP K-1 - OTHER NET RENTAL INCOME (LOSS) THE RICHMOND FUND LP K-1 - INTEREST INCOME THE RICHMOND FUND LP K-1 - DIVIDEND INCOME THE RICHMOND FUND LP K-1 - ROYALTIES THE RICHMOND FUND LP K-1 - OTHER PORTFOLIO INCOME (LOSS) THE RICHMOND FUND LP K-1 - OTHER INCOME (LOSS)	12,174, -121,007, 26,810, 3,832, 927, 2,709, -255, -184,351,
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-259,161
FORM 990-T (A) OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - THE RICHMOND FUND LP K-1	24,462.
TOTAL TO SCHEDULE A, PART I, LINE 12	24,462.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
PROFESSIONAL FEES INVESTMENT MANAGEMENT PARTNERSHIP EXPENSESE	3,040, 518,121, 42,269,

TOTAL TO SCHEDULE A, PART II, LINE 14

14080712 700842 0825320.500

990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16 06/30/17 06/30/18 12/31/18	37,125. 150,821. 179,578. 105,349.	37,125. 150,821. 179,578. 3,857.	0. 0. 0. 101,492.	0. 0. 0. 101,492.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	101,492.	101,492.

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

► Yes X No

54-6047289

LONGWOOD	UNIVERSITY	FOUNDATION,	INC

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less							
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the		
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked					75,817.		
4 Short-term capital gain from installment sales	from Form 6252 line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kind				5			
6 Unused capital loss carryover (attach computa				6	()		
7 Net short-term capital gain or (loss). Combine				7	75,817.		
Part II Long-Term Capital Gair	ns and Losses - Ass	ets Held More Thar	n One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on 							
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 							
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 					407.000		
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 					427,099.		
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 				11	427,099. 38,684.		
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 	from Form 6252, line 26 or 3	7		12			
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 	from Form 6252, line 26 or 3			12 13			
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 	from Form 6252, line 26 or 3 l exchanges from Form 8824	7		12 13 14	38,684.		
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine 	from Form 6252, line 26 or 3 l exchanges from Form 8824 lines 8a through 14 in colum	7		12 13			
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	from Form 6252, line 26 or 3 l exchanges from Form 8824 lines 8a through 14 in colum I II	7 n h		12 13 14 15	38,684.		
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lim 	from Form 6252, line 26 or 3 l exchanges from Form 8824 <u>lines 8a through 14 in colum</u> l II e 7) over net long-term capita	7 n h I loss (line 15)		12 13 14 15 16	38,684. 465,783. 75,817.		
 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kind 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	from Form 6252, line 26 or 3 l exchanges from Form 8824 lines 8a through 14 in colum l II e 7) over net long-term capita capital gain (line 15) over net	7 n h I loss (line 15) : short-term capital loss (line	;7)	12 13 14 15	38,684.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

121051 12-17-21

Form 8949
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2021

Attachment Sequence No. 12A Social security number or

taxpayer identification no.

LONGWOOD UNIVE							047289			
Before you check Box A, B, or C bell statement will have the same information broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B (show whether you	or substitute staterr r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute IS by your			
Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term										
transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or										
codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box.										
If you have more short-term transactions than wil										
(A) Short-term transactions rep		-		-	Note ab	ove)				
(B) Short-term transactions rep		-	-	eported to the IRS						
X (C) Short-term transactions not reported to you on Form 1099-B 1 (a) (b) (c) (d) (e) Adjustment, if any, to gain or (h)										
Description of property Date acquired Date sold or Proceeds Cost or other in column (a), enter a code in Gain or (loss).										
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(ouloo phoo)	Note below and). See instructions.	from column (d) &			
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)			
THE RICHMOND FUND										
<u>LP K-1</u>							75,817.	С		
							· · · · · · · · · · · · · · · · · · ·			
							<u> </u>			
							<u> </u>			
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract								
negative amounts). Enter each to										
Schedule D, line 1b (if Box A abo										
above is checked), or line 3 (if B							75,817.			
Note: If you checked Box A above b	ut the basis repo	orted to the IRS v	was incorrect. ent	er in column (e) the	basis as r	eported to the IRS	and enter an			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

60

14080712 700842 0825320.500

Form 8949 (2021)				Attachn	nent Sequen	ce No. 12A	Page 2		
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.		
LONGWOOD UNIVE	RSITY FO	JNDATION,	INC.			54-6	047289		
efore you check Box D, E, or F belo atement will have the same informa	w, see whether ation as Form 10	ou received any 99-B. Either will s	Form(s) 1099-B show whether you	or substitute statem ur basis (usually you	ent(s) from y r cost) was re	our broker. A su eported to the IF	bstitute IS by your		
roker and may even tell you which b Part II Long-Term. Transaction see page 1.		al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term t	ransactions,		
Note: You may aggregate all codes are required. Enter the									
ou must check Box D, E, or F below. C you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	g-term transactions, compl	ete a separate Fo	orm 8949, page 2, for e			
(D) Long-term transactions rep	ported on Form(s) 1099-B showing	g basis was repo	rted to the IRS (see	Note abov	e)			
(E) Long-term transactions rep	•			eported to the IRS					
X (F) Long-term transactions not reported to you on Form 1099-B 1 (a) (b) (c) (d) (e) Adjustment, if any, to gain or (h)									
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the Note below and	loss. If you in column (g	enter an amount	Gain or (loss). Subtract column (e) from column (d) &		
				see Column (e) in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)		
THE RICHMOND FUND									
JP K-1							427,099.		
Totals. Add the amounts in colur	nns (d), (e), (<u>g</u>), a	nd (h) (subtract							
negative amounts). Enter each to									
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E							
above is checked), or line 10 (if E							427,099.		
ote: If you checked Box D above b	•				•		·		
djustment in column (g) to correct t	THE DASIS. SEE ()	olumn (g) in the s		IONS IOF NOW LO IIGUI	e une annour		ent. Form 8949 (2021)		
3012 12-14-21						ł	-onn 😏 🗝 (2021)		

Form 4797
Department of the Treasury Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No.	1545-0184

Attachment Sequence No. 27 Identifying number

Name(s) shown on return							Ide	ntifying number
LONG	LONGWOOD UNIVERSITY FOUNDATION, INC.							
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20								
	b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets							
	c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS						1c	
Part	Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)							
2 (a) Description of property (b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.) (d) Gross sales price (d) Depreciation allowed or allowable since acquisition (f) Cost or other basis, plus improvements and expense of sale								(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
THE	HE RICHMOND FUND LP							
77 1								20 604

<u>K</u> -	1							38,684.
_							_	
3	Gain, if any, from Form 4684, line 39					·····	3	
4	Section 1231 gain from installment sa	les from Form 6252	2, line 26 or 37				4	
5	Section 1231 gain or (loss) from like-k	ind exchanges from	n Form 8824				5	
6	Gain, if any, from line 32, from other t	nan casualty or thef	ft				6	
7	Combine lines 2 through 6. Enter the						7	38,684.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,		, .		or Form 1065, Sch	edule K,		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 loss	es from prior years.	See instruction	s			8	
9	Subtract line 8 from line 7. If zero or le line 9 is more than zero, enter the am capital gain on the Schedule D filed w	ount from line 8 on	line 12 below ar	0			9	38,684.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property hel	ld 1 year or less):			
11	Loss, if any, from line 7			11	()
12	2 Gain, if any, from line 7 or amount from line 8, if applicable			12	
13				13	
14				14	
15				15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824			16	
17	7 Combine lines 10 through 16			17	
18	3 For all except individual returns, enter the amount from line 17 on the appropriate lin	e of your return and sk	ip lines		
	a and b below. For individual returns, complete lines a and b below.				
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that	t part of the loss here.	Enter the		
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not in	clude any loss on prop	erty used		
	as an employee.) Identify as from "Form 4797, line 18a." See instructions		18a		
b	${\bf b}$ Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter	e1			
	(Form 1040), Part I, line 4		18b		
LH	HA For Paperwork Reduction Act Notice, see separate instructions.			Form 4797 (2021)	
1180	8011 12-17-21				

54-6047289

Page 2

Part III	Gain From	Disposition of	of Property	Under Se	ections 1245	, 1250,	1252,	1254, and	1255	(see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, c	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α						
В						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27a 27b				
		270 27c				
	Enter the smaller of line 24 or 27b If section 1254 property:	210				
	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30						
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31						
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion							
	from other than casualty or theft on Form 4797, line 6	32						
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less							
	(see instructions)							

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
1180	12 12-17-21			Form 4797 (2021)

14080712 700842 0825320.500

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

► Yes X No

54-6047289

LONGWOOD	UNIVERSITY	FOUNDATION,	INC

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less								
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (<u>g</u>)	result with column (g)			
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 								
1b Totals for all transactions reported on								
Form(s) 8949 with Box A checked								
2 Totals for all transactions reported on								
Form(s) 8949 with Box B checked								
3 Totals for all transactions reported on								
Form(s) 8949 with Box C checked					75,817.			
4 Short-term capital gain from installment sales				4				
5 Short-term capital gain or (loss) from like-kind				5				
6 Unused capital loss carryover (attach computat				6				
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain			One Vear	7	75,817.			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
round off cents to whole dollars.	()				result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b								
8b Totals for all transactions reported on								
Form(s) 8949 with Box D checked								
9 Totals for all transactions reported on								
Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on					407 000			
Form(s) 8949 with Box F checked					427,099.			
				11	38,684.			
12 Long-term capital gain from installment sales				12				
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13				
				14	165 702			
	lines 8a through 14 in colum	nh		15	465,783.			
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts Land								
Part III Summary of Parts I and	II	l loop (line 15)		10	75 817			
Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (line)	II e 7) over net long-term capita			16	75,817.			
Part III Summary of Parts I and	II e 7) over net long-term capita capital gain (line 15) over net	short-term capital loss (line	7)	16 17 18	75,817. 465,783. 541,600.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

121051 12-17-21

Form 8949							
Department of the Treasury Internal Revenue Service							

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2021

Attachment Sequence No. 12A Social security number or

taxpayer identification no.

LONGWOOD UNIVE							047289
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B o how whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute S by your
Part I Short-Term. Transact		al assets you held	1 year or less are ge	nerally short-term (see	e instructions	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the							
You must check Box A, B, or C below. (If you have more short-term transactions than will							each applicable box.
(A) Short-term transactions rep					,		
(B) Short-term transactions rep	ported on Form(s) 1099-B showin	g basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-E	3				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If yo in column	t, if any, to gain or bu enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(Note below and		. See instructions.	from column (d) &
		(1010., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result
				the instructions	0000(0)	adjustment	with column (g)
THE RICHMOND FUND LP K-1							75,817.
							/5,61/.
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B							75,817.
Note: If you checked Box A above b	out the basis repo	orted to the IRS v	vas incorrect. ent	er in column (e) the	basis as re	eported to the IRS	, and enter an

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

65

14080712 700842 0825320.500

Form 8949 (2021)				Attachm	nent Sequenc	ce No. 12A	Page 2
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secu	rity number or entification no.
LONGWOOD UNIVE	RSITY FO	UNDATION	, INC.			54-6	047289
Before you check Box D, E, or F belo statement will have the same information	ow, see whether ation as Form 10	you received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute RS by your
Part II Long-Term. Transaction see page 1.	<u>pox to check.</u> ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions). For short-term t	ransactions,
Note: You may aggregate all							
codes are required. Enter the You must check Box D, E, or F below. (
If you have more long-term transactions than will					-		
(D) Long-term transactions rep			•	· ·	Note above	e)	
(E) Long-term transactions rep		· ·	•	eported to the IRS			
X (F) Long-term transactions not					A d ¹		
1 (a)	(b)	(c)	(d) Proceeds	(e)		if any, to gain or enter an amount	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired	Date sold or	(sales price)	Cost or other basis. See the	in column (g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 Sh. XYZ CO.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	,	Note below and		ee instructions.	from column (d) &
		(1010., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
				the instructions	0000(0)	adjustment	with column (g)
THE RICHMOND FUND							407 000
LP K-1							427,099.
-							
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E	Box F above is cl	necked)					427,099.
Note: If you checked Box D above b adjustment in column (g) to correct t				• • •	•		
,		(y)					0040

123012 12-14-21

Form 4797
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No.	1545-0184

Identifying number

LONGWOOD UNIVERSITY FOUNDATION, INC.		54-6047289
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assets	1c	
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conver	sions	Erom Other

Than Casualty or Theft-Most Property Held More Than 1 Year (see instri

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
THE	RICHMOND FUND LP							
K-1								38,684.
							_	
	Gain, if any, from Form 4684, line 39						3	
	Section 1231 gain from installment sa						4	
5 S	Section 1231 gain or (loss) from like-k	kind exchanges fr	om Form 8824				5	
6 0	Gain, if any, from line 32, from other t	than casualty or t	heft				6	
7 (Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	ollows		7	38,684.
	Partnerships and S corporations. F				or Form 1065, Sch	edule K,		
li	ne 10, or Form 1120-S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	2 below.				
	ndividuals, partners, S corporation							
	rom line 7 on line 11 below and skip		•					
	231 losses, or they were recaptured he Schedule D filed with your return				ng-term capital gai	n on		
u	The Schedule D filed with your return	and skip lines o,	9, 11, anu 12 D					
8 N	Ionrecaptured net section 1231 loss	es from prior yea	rs. See instructi	ons			8	
	Subtract line 8 from line 7. If zero or l	•		•				
li	ne 9 is more than zero, enter the am	ount from line 8	on line 12 below	and enter the gai	n from line 9 as a l	ong-term		
С	apital gain on the Schedule D filed w	vith your return. S	See instructions				9	38,684.
Par	t II Ordinary Gains and I	Losses (see in:	structions)					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (inclu	he property held 1	vear or less).			
11 L	oss, if any, from line 7	I		1	1	1	11	(
	Gain, if any, from line 7 or amount fro						12	
	Gain, if any, from line 31						13	
	Net gain or (loss) from Form 4684, lin	0.1 1.00					14	
	Ordinary gain from installment sales f						15	

Ordinary gain or (loss) from like-kind exchanges from Form 8824 Combine lines 10 through 16 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines

a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

LHA For Paperwork Reduction Act Notice, see separate instructions. 118011 12-17-21

16

16

17

18a

18b

54-6047289

Page 2

Part III	Gain From I	Disposition	of Property	Under S	Sections	1245,	1250,	1252,	1254, ar	nd 1255	(see instructions)	

19	(a) Description of section 1245, 1250, 1252, 1254, c	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α						
В						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions \dots	26a				
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
	Add lines 26b, 26e, and 26f	26g				
27 a	dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b	27c				
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion		
	from other than casualty or theft on Form 4797, line 6	32	
Pa	art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to	50 %	or Less
	(see instructions)		

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
1180	12 12-17-21			Form 4797 (2021)

68

14080712 700842 0825320.500

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tay return for the year of the transfer or distribution

Attachment Sequence No. **128**

_	Attach to your income tax return for the year of the transfer or dis	Su ibuuon.		
Pa	rt I U.S. Transferor Information (see instructions)			
Nam	e of transferor		Identifying numb	er (see instructions)
L	ONGWOOD UNIVERSITY FOUNDATION, INC.			
			54-6047	289
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporat	ion?	Yes	XNo
2	If the transferor was a corporation, complete questions 2a through 2d.			
		\\ b		
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c			
	five or fewer domestic corporations?			No
b			Yes	No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	O sector l'estra de sector de la des		1.1	
	Controlling shareholder		Identifying number	
c	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent co	prooration?	Yes	No
Ū	If not, list the name and employer identification number (EIN) of the parent corporation.	siperation.		
	Name of parent corporation	EIN	I of parent corporat	tion
d	Have basis adjustments under section 367(a)(4) been made?		Yes	No No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as su	uch under se	ection 367),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership		EIN of partnership	
ጥ፣	HE RICHMOND FUND, LP	26-150	1561	
	·			TZ
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
С	Is the partner disposing of its entire interest in the partnership?		Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish	ed		
	securities market?		Yes	X No
Ра	rt II Transferee Foreign Corporation Information (see instructions)			
4	Name of transferee (foreign corporation)	Į	5a Identifying num	ber . if anv
			, ,	, <u>,</u>
н	CIF OFFSHORE			
-		,		
6		:	5b Reference ID nur	nber
	YMAN CORP CENTRE 27 HOSPITAL ROAD		mp m 1	
GEC	DRGETOWN, KY1-9008 CAYMAN ISLANDS		TRF1	
7	Country code of country of incorporation or organization			
Ci	J			
8	Foreign law characterization (see instructions)			
	DRPORATION			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	XNo
				(Dov 11 0010)
12453	¹ 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions. 69		Form 926	(Rev. 11-2018)

Form 926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOU	NDATION,	INC.
Part III	Informatio	on Regarding	Transfer of Prop	erty (see instructio	ns)

54-6047289 Page 2

X Yes

No No

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			336,101.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

		· · · · · · · · · · · · · · · · · · ·				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

124532 04-01-21

	1926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) 🕨 🕈		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
<u> </u>	also and the Dead Hills (a secolity of Dead Type Dead and the standard of the secolity of the		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa			
	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -017 % (b) After -019 %		
17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\017$ % (b) After $\019$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ <u>IRC SECTION 351</u> Indicate whether any transfer reported in Part III is subject to any of the following.		
17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\017$ % (b) After $\019$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No X No
17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before017_% (b) After019_% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before017_% (b) After019_% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes Yes	X No X No X No X No X No
17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before017 % (b) After019 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes Yes Yes Yes	X No X No X No
17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before017_% (b) After019_% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?		X No X No X No X No X No
17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes	X No X No X No X No X No
17 18 6 0 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		X No X No X No X No X No
17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		X No X No X No X No X No
17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.017</u> % (b) After <u>.019</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)·2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes ► \$	X No X No X No X No X No
17 18 6 7 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before017_% (b) After019 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes ► \$	X No X No X No X No X No X No

124533 04-01-21

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property **to a Foreign Corporation** Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

a tax raturn for the year of the transfer or distributio Attach to your inc

Attachment Sequence No. **128**

Attach to your income tax return for the year of the transfer or d	istribution.	Sequence	
Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying number	(see instructions)
LONGWOOD UNIVERSITY FOUNDATION, INC.			
	54-60472	89	
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpora	tion?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368)	c)) by		
five or fewer domestic corporations?		Yes	No
b Did the transferor remain in existence after the transfer?		······ <u> </u>	
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder		Identifying number	
		Vec	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of If not, list the name and employer identification number (EIN) of the parent corporation.	corporation?	Yes	No
Name of parent corporation	EI	N of parent corporation	n
d Have basis adjustments under section 367(a)(4) been made?		Yes	No No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as s	such under s	section 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership		EIN of partnership	
THE RICHMOND FUND, LP	26-150)1561	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
			X No
 c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis 			
securities market?	neu	Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)			
4 Name of transferee (foreign corporation)		5a Identifying number	; if any
			, ii ariy
HEDOSOPHIA FUND IV			
6 Address (including country)		5b Reference ID numb	er
152 GREAT PORTLAND STREET			
LONDON, W1W 6AJ UNITED KINGDOM TH			
7 Country code of country of incorporation or organization			
8 Foreign law characterization (see instructions)			
8 Foreign law characterization (see instructions) CORPORATION		Yes	XNo
8 Foreign law characterization (see instructions)			X No

`	- /			erty (see instruction	
Form 926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOUNDATION,	INC.

X Yes

No No

Section A - Cash

Type of property	(a)	(b)	(c)	(d)	(e)
	Date of	Description of	Fair market value on	Cost or other	Gain recognized on
	transfer	property	date of transfer	basis	transfer
Cash			198,619.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	🗌 No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

		· · · · · · · · · · · · · · · · · · ·				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
14 a	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20 year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	t IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before% (b) After% 000 %		
17	Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
a	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
C	Recapture under section 1503(d)		X No X No
	Exchange gain under section 987		X No
19 20 a	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes	A NO
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (Re	ev. 11-2018)

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment 128

Attach to your income tax return for the year of the transfer or o	listribution.		Sequence	e No. 120	
Part I U.S. Transferor Information (see instructions)					
Name of transferor		ldent	ifying numbe	er (see instructions)	
LONGWOOD UNIVERSITY FOUNDATION, INC.					
		54	54-6047289		
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	ation?		Yes	XNo	
2 If the transferor was a corporation, complete questions 2a through 2d.					
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368)	(c)) by				
		Г	Yes	No	
		_	Yes		
b Did the transferor remain in existence after the transfer?		L	1es		
If not, list the controlling shareholder(s) and their identifying number(s).					
Controlling shareholder		Identifyin	g number		
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of	corporation?	'L	Yes	No	
If not, list the name and employer identification number (EIN) of the parent corporation.					
Name of parent corporation	E	IN of paren	t corporati	on	
	_				
		Г		<u> </u>	
d Have basis adjustments under section 367(a)(4) been made?		L	Yes	└── No	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under s	section 367)	,		
complete questions 3a through 3d.					
a List the name and EIN of the transferor's partnership.					
Name of partnership		EIN of pa	rtnership		
	06 45				
THE RICHMOND FUND, LP	26-15				
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		L	Yes	X No	
c Is the partner disposing of its entire interest in the partnership?		L	Yes	X No	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis	shed	_			
securities market?			Yes	X No	
Part II Transferee Foreign Corporation Information (see instructions)					
4 Name of transferee (foreign corporation)		5a Identif	ying numb	er , if any	
HILLHOUSE FUND IV FEEDER, LP		98-14	12472		
6 Address (including country)		5b Referen	nce ID num	ber	
CAYMAN CORP CENTRE 27 HOSPITAL ROAD					
GEORGETOWN, KY1-9008 CAYMAN ISLANDS		TRF3			
7 Country code of country of incorporation or organization					
CJ					
8 Foreign law characterization (see instructions)					
LIMITED PARTNERSHIP					
 9 Is the transferee foreign corporation a controlled foreign corporation? 		Г	Yes	X No	
124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.		<u></u>		Rev. 11-2018)	
		'			

Form	926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOU	NDATION,	INC.
Par	t III	Informatio	on Regarding	Transfer of Prop	oerty (see instructio	ns)

X Yes

No No

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			139,792.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	🗌 No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

		· · · · · · · · · · · · · · · · · · ·				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

	926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa			
	t IV Additional Information Regarding Transfer of Property (see instructions)		
16	t IV Additional Information Regarding Transfer of Property (see instructions)		
17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -004% (b) After -002%		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.		XNo
18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No X No
18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
18 a b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No X No X No
18 a b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No
18 a b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.004</u> % (b) After <u>.002</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 904(f)(5)(F) Recapture under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
18 a c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.004</u> % (b) After <u>.002</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	☐ Yes ☐ Yes ☐ Yes ☐ Yes	X No X No X No X No X No
18 a b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	☐ Yes ☐ Yes ☐ Yes ☐ Yes ▶ \$	X No X No X No X No X No X No
18 a b c 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes	X No X No X No X No
18 a c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	☐ Yes ☐ Yes ☐ Yes ☐ Yes ▶ \$ ↓ Yes	X No X No X No X No X No
18 a b c 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\004$ % (b) After $\002$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ▶ \$	X No X No X No X No X No

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment Sequence No. **128**

Internal Revenue Service Attach to your income tax return for the year of the transfer	or distribution.	Sequence	No. 128
Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying numbe	(see instructions)
LONGWOOD UNIVERSITY FOUNDATION, INC.		lucinity ing number	
		54-60472	220
			X No
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign cor	poration?	Yes	
2 If the transferor was a corporation, complete questions 2a through 2d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section	368(c)) by		
five or fewer domestic corporations?		Yes	No
b Did the transferor remain in existence after the transfer?		Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	ld	entifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the par	ent corporation?	Yes	No
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation	EIN O	f parent corporati	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	No
2. If the transferrer was a partner in a partnership that was the part of transferrer (but is not tracted	l aa awah wadar aaat	ion 267)	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated	as such under sect	ion 367),	
complete questions 3a through 3d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership	F	IN of partnership	
	-		
THE RICHMOND FUND, LP	26-1501	561	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
c Is the partner disposing of its entire interest in the partnership?			X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est			
securities market?	ablished		XNo
Part II Transferee Foreign Corporation Information (see instructions)		Yes	
	_		
4 Name of transferee (foreign corporation)	5a	Identifying numb	er , if any
HILLHOUSE VENTURE FUND V FEEDER. LP	9	8-1539019	
6 Address (including country)	5b	Reference ID num	ber
CAYMAN CORP CENTRE 27 HOSPITAL ROAD			
GEORGETOWN, KY1-9008 CAYMAN ISLANDS	T	RF4	
7 Country code of country of incorporation or organization	, - .		
CJ			
8 Foreign law characterization (see instructions)			
LIMITED PARTNERSHIP			
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (I	Rev. 11-2018)
78			

2021.06000 LONGWOOD UNIVERSITY FOUND 08253204

Form 926 (Re	ev. 11-2018)	LONGWOOD	UNIVERSITY	FOUNDATION,	INC.

X Yes

No No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			108,897.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	No No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form 926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289 Page 3
14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life	
reasonably anticipated to exceed 20 years? b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	
 c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 	Yes No
	Yes
1.367(d)-1(c)(3)(ii) for any intangible property?d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attribut	
to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	able
Regulations section 1.367(d)-1(c)(3)(ii) *	
 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at 	any
	Yes No
Supplemental Part III Information Required To Be Reported (see instructions)	
Part IV Additional Information Regarding Transfer of Property (see instructions)	
16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.	
(a) Before <u>.000</u> % (b) After <u>.019</u> %	
17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
18 Indicate whether any transfer reported in Part III is subject to any of the following.	
a Gain recognition under section 904(f)(3)	
 b Gain recognition under section 904(f)(5)(F) 	
b Gain recognition under section 904(f)(5)(F)	Yes
b Gain recognition under section 904(f)(5)(F)	Yes X No Yes X No Yes X No Yes X No
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) 	Yes X No
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 	Yes X No
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 19 Did this transfer result from a change in entity classification? 	Yes X No
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 19 Did this transfer result from a change in entity classification? 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instruction) 	Yes X No
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 19 Did this transfer result from a change in entity classification? 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instruction of the first of th	Yes X No Ns) Yes X
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 19 Did this transfer result from a change in entity classification? 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instruction if "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) 	Yes X No Ns) Yes X
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 19 Did this transfer result from a change in entity classification? 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instruction If "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) c Did the domestic corporation not recognize gain or loss on the distribution of property because the 	Yes X No Yes No No
 b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 19 Did this transfer result from a change in entity classification? 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instruction If "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? 	Yes X No Yes X No

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment Sequence No. **128**

Internal Revenue Service Attach to your income tax return for the year of the transfer or	distribution.	Sequence	No. 128
Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying numbe	er (see instructions)
LONGWOOD UNIVERSITY FOUNDATION, INC.			
		54-60472	289
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpo	ration?	Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			
 a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 36) 	8(c)) by		
		Yes	No
b Did the transferor remain in existence after the transfer?			
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Ider	ntifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent	t corporation?	Yes	No
If not, list the name and employer identification number (EIN) of the parent corporation.			
in hot, list the hame and employer identification humber (EIN) of the parent corporation.	1		
Name of parent corporation	EIN of	parent corporati	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	No
- · · · · · · · · · · · · · · · · · · ·			
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	s such under sectio	n 367)	
complete questions 3a through 3d.			
 a List the name and EIN of the transferor's partnership. 			
	-		
Name of partnership	EIN	of partnership	
THE RICHMOND FUND, LP	26-15015	61	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
 c Is the partner disposing of its entire interest in the partnership? 			X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established of an interest in a limited partnership that is regularly traded on an established of an interest in a limited partnership that is regularly traded on an established of an interest in a limited partnership that is regularly traded on an established of an interest in a limited partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded on an established of an interest in the partnership that is regularly traded of an interest in the partnership that is regularly traded of an interest in the partnership that is regularly traded of an interest in the partnership			
securities market?	lisned		XNo
Part II Transferee Foreign Corporation Information (see instructions)			
4 Name of transferee (foreign corporation)	52 1	dentifying numb	or if any
• Name of transieree (loreign corporation)	Jan		er, il ally
HOLOCENE ADVISORS OFFSHORE FUND			
6 Address (including country)		Reference ID num	hor
UGLAND HOUSE, PO BOX 309		Reference ID hum	ber
GEORGETOWN, KY1-1104 CAYMAN ISLANDS	TR	r 5	
		- J	
 Country code of country of incorporation or organization CJ 			
8 Foreign law characterization (see instructions)			
CORPORATION			v
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.		⊦orm 926 (I	Rev. 11-2018)
81			

2021.06000 LONGWOOD UNIVERSITY FOUND 08253204

Form	926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOU	NDATION,	INC.
Par	t III	Informatio	on Regarding	Transfer of Prop	oerty (see instructio	ns)

X Yes

No No

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,075,524.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	recognition agreement was filed?	Yes	🗌 No
12 a	foreign corporation?	Yes	No No
b	If "Yes," go to line 12b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.	Yes	No
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.	Yes	No No
d 13	Enter the transferred loss amount included in gross income as required under section 91 Did the transferor transfer property described in section 367(d)(4)? If "No," skip Section C and questions 14a through 15.	Yes	No

Section C - Intangible Property Subject to Section 367(d)

		· · · · · · · · · · · · · · · · · · ·				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life	—	<u> </u>
	reasonably anticipated to exceed 20 years?		No No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	└── No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
-1	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
a	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
15	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
		165	
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before % (b) After%		
17	Type of nonrecognition transaction (see instructions) IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 926 (Re	ev. 11-2018)

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment Sequence No. **128**

Internal Reven		Attach to your income tax return for the year of the transfer or distribution.						
Part I	U.S. Trai	nsferor Information (see instructions)						
Name of tr	ransferor	IIVERSITY FOUNDATION, INC.		lde	ntifying	tifying number (see instructions)		
	5						89	
1 Is th	e transferee a	a specified 10%-owned foreign corporation that is not a controlled foreign corpora	ation?			Yes	Х	No
2 If the	e transferor w	as a corporation, complete questions 2a through 2d.						
		s a section 361(a) or (b) transfer, was the transferor controlled (under section 368	(c)) by					
		estic corporations?				Yes		No
		remain in existence after the transfer?				Yes		No
lf no	t, list the con	trolling shareholder(s) and their identifying number(s).						
		Controlling shareholder		Identify	ing nu	Imber		
• If the	a trapafarar u	use a member of an affiliated group filing a consolidated return was it the perent	oorporation?			Yes		No
		as a member of an affiliated group filing a consolidated return, was it the parent one and employer identification number (EIN) of the parent corporation.	corporation?			res		NO
	i, iist the nan							
		Name of parent corporation	EI	N of pare	ent cor	rporatio	n	
d Have	e basis adjus [.]	tments under section 367(a)(4) been made?				Yes		No
		as a partner in a partnership that was the actual transferor (but is not treated as	such under s	ection 36	67),			
	• •	ns 3a through 3d.						
a List	the name and	d EIN of the transferor's partnership.						
		Name of partnership		EIN of I	partne	rship		
тне н	RTCHMON	ID FUND, LP	26-150	01561				
		ick up its pro rata share of gain on the transfer of partnership assets?				Yes	X	No
		posing of its entire interest in the partnership?				Yes		No
		posing of an interest in a limited partnership that is regularly traded on an establis						
	-					Yes	X	No
Part II	Transfer	? ee Foreign Corporation Information (see instructions)						
4 Nam	ne of transfere	ee (foreign corporation)		5a Ident	tifying	numbe	r, if a	ny
		NTS OFFSHORE FUND III						
6 Address (including country) 5b Refer					rence l	ID numb	er	
		KY1-1104 CAYMAN ISLANDS		TRF6				
CJ	-	country of incorporation or organization						
	ign law chara	acterization (see instructions)						
9 Is th	e transferee f	oreign corporation a controlled foreign corporation?				Yes	X	No
124531 04-01	I-21 LHA	For Paperwork Reduction Act Notice, see separate instructions.			Form	n 926 (Re	ev. 11	1-2018)

Form 926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOUNDATION,	INC.
Part III	Informatio	on Regarding	Transfer of Prop	erty (see instruction	ons)

X Yes

No No

Section A - Cash

Type of property	(a)	(b)	(c)	(d)	(e)
	Date of	Description of	Fair market value on	Cost or other	Gain recognized on
	transfer	property	date of transfer	basis	transfer
Cash			134,440.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

		· · · · · · · · · · · · · · · · · · ·				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
<u> </u>	ale and the Dest Hills (a secold a Dest find Table Dest dest / a second a d		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Da	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Га			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	(a) Before -012 % (b) After -000 %		
47	Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
17 10	Indicate whether any transfer reported in Part III is subject to any of the following.		
18	Gain recognition under section 904(f)(3)	Yes	X No
b		····· =	X No
с С	Recapture under section 1503(d)		X No
	Exchange gain under section 987	····· =	X No
19 20 c	Did this transfer result from a change in entity classification?		X No
20 a		Yes	A NO
Ŀ	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
0.1	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		X No
	covered by section 367(e)(1)? See instructions	Yes	
		Form 926 (Re	ev. 11-2018)

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment Sequence No. **128**

	Attachment Sequence No. 128				^{nt} No. 128
Part I	U.S. Trar	sferor Information (see instructions)			
Name of t LONG		IVERSITY FOUNDATION, INC.		ldentifying numbe	, , , , , , , , , , , , , , , , , , ,
				54-60472	
		a specified 10%-owned foreign corporation that is not a controlled foreign corporation	n?	Yes	X No
		as a corporation, complete questions 2a through 2d.			
		s a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))			
		estic corporations?			No No
		remain in existence after the transfer? trolling shareholder(s) and their identifying number(s).		Yes	
		Controlling shareholder	Iden	tifying number	
c If th	ne transferor w	as a member of an affiliated group filing a consolidated return, was it the parent corp	ooration?	Yes	No
lf n	ot, list the nam	e and employer identification number (EIN) of the parent corporation.			
		Name of parent corporation	FIN of n	arent corporati	
					011
d 110	va haaia adiwat	mente under acetien 267(a)(4) haan meda?		Yes	No
u Hav	e basis aujusi	ments under section 367(a)(4) been made?			
3 lfth	ne transferor w	as a partner in a partnership that was the actual transferor (but is not treated as suc	h under section	367)	
		ns 3a through 3d.		,	
	• •	I EIN of the transferor's partnership.			
		Neuro of neuronalia			
		Name of partnership	EIN	of partnership	
				- 4	
			6-150156		37
		ck up its pro rata share of gain on the transfer of partnership assets?			X No X No
		posing of its entire interest in the partnership?		Yes	
				Yes	X No
Part II	Transfer	? ee Foreign Corporation Information (see instructions)			
4 Nar		e (foreign corporation)		entifying numb	er, if any
PARI	WASHIN	GTON INDIA FUND			
	dress (includin		5 b R	eference ID num	ber
		VELL STREET			
		11324 MAURITIUS	TRI	· /	
7 Cou <u>MP</u>	untry code of c	country of incorporation or organization			
	•	cterization (see instructions)			
	ORATION				
		oreign corporation a controlled foreign corporation?	<u></u>		X No
124531 04-0	01-21 LHA	For Paperwork Reduction Act Notice, see separate instructions. 8 7		Form 926 (F	Rev. 11-2018)

Form 926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOUNDATION,	INC.
Part III	Informatio	on Regarding	Transfer of Prop	erty (see instruction	ons)

X Yes

No No

Section A - Cash

Type of property	(a)	(b)	(c)	(d)	(e)	
	Date of	Description of	Fair market value on	Cost or other	Gain recognized on	
	transfer	property	date of transfer	basis	transfer	
Cash			403,321.			

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
11 300. 007 (d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
<u> </u>	ale service Dest III is for each in the Dest in the De Destated of the term of the A		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Da	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Га			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	(a) Before $.377 \%$ (b) After $.545 \%$		
47	Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
17 10	Indicate whether any transfer reported in Part III is subject to any of the following.		
18		Yes	X No
	Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)		X No
b		····· =	X No
C A	Recapture under section 1503(d)	=	X No
	Exchange gain under section 987	····· =	X No
19 20 c	Did this transfer result from a change in entity classification?		X No
20 a		Yes	LA NO
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		—
0.1	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		X No
	covered by section 367(e)(1)? See instructions	Yes	
		Form 926 (Re	ev. 11-2018)

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment 100

Attach to your income tax return for the year of the transfer or d	listribution.		Sequence	No. 120
Part I U.S. Transferor Information (see instructions)				
Name of transferor		Identifying	, numbei	r (see instructions)
LONGWOOD UNIVERSITY FOUNDATION, INC.				
		54-6	0472	89
I Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation.	ation?		Yes	X No
2 If the transferor was a corporation, complete questions 2a through 2d.			100	
	(a)) h			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(
five or fewer domestic corporations?		······ =	Yes	No
b Did the transferor remain in existence after the transfer?			Yes	No
If not, list the controlling shareholder(s) and their identifying number(s).				
Controlling shareholder		Identifying nu	mher	
		lacinging na		
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of	corporation?	·	Yes	No
If not, list the name and employer identification number (EIN) of the parent corporation.				
Name of parent corporation	F	IN of parent co	poratio	n
			poratio	
d Have basis adjustments under section 367(a)(4) been made?			Yes	No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under s	section 367),		
complete questions 3a through 3d.				
a List the name and EIN of the transferor's partnership.				
Name of partnership		EIN of partne	rsnip	
THE RICHMOND FUND, LP	26-15	01561		
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
c Is the partner disposing of its entire interest in the partnership?			Yes	X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis			100	
securities market?	incu		Yes	X No
Part II Transferee Foreign Corporation Information (see instructions)		·····	163	
		Eo Idontificina		
4 Name of transferee (foreign corporation)		5a Identifying	numbe	r, if any
DIGUNOND FUND I INTERD		75 2266	012	
RICHMOND FUND LIMITED		75-3266		
6 Address (including country)		5b Reference	D numb	ber
190 ELGIN AVENUE		_		
GEORGETOWN, KY1-9005 CAYMAN ISLANDS		TRF8		
7 Country code of country of incorporation or organization				
CJ				
8 Foreign law characterization (see instructions)				
CORPORATION				
9 Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No
124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.				ev. 11-2018)
90				

 <u> </u>		erty (see instruction	
<u> </u>		FOUNDATION,	

X Yes

No No

Section A - Cash

Type of property	(a)	(b)	(c)	(d)	(e)
	Date of	Description of	Fair market value on	Cost or other	Gain recognized on
	transfer	property	date of transfer	basis	transfer
Cash	12/31/2021		1,104,198.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

eeellen e maangilen						
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

14 0	n 926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
	Did the transferor transfer any intensible property that at the time of the transfer, had a useful life		
1 4 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	oplemental Part III Information Required To Be Reported (see instructions)		
Pa			
	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 134 % (b) After 134 %		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\134$ % (b) After $\134$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\134$ % (b) After $\134$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.	Yes	X No
17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\134$ % (b) After $\134$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No X No
17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\134$ % (b) After $\134$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	
17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes	X No
17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\134$ % (b) After $\134$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes Yes Yes	X No X No
17 18 b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before134 % (b) After134 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes	X No X No X No
17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes	X No X No X No X No X No
17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.134</u> % (b) After <u>.134</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes	X No X No X No X No X No
17 18 b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.134</u> % (b) After <u>.134</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.134</u> % (b) After <u>.134</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes Yes Yes Yes Yes	X No X No X No X No X No
17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.134</u> % (b) After <u>.134</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	☐ Yes ☐ Yes ☐ Yes ☐ Yes ▶ \$	X No X No X No X No X No
17 18 b c 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before134_ % (b) After134_ % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ▶ \$	X No X No X No X No X No X No

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attack to your income toy youry for the year of the transfer or distribution

Attachment Sequence No. **128**

Part 1 110 Transformer informations	stribution.
Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
LONGWOOD UNIVERSITY FOUNDATION, INC.	FA C047000
	54-6047289
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpora	tion? Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent c	orporation? Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	YesNo
2. If the transferrer was a partner is a partnership that was the part of transferrer (but is not transfer	uch under costion 267)
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as s	uch under section 367),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
THE RICHMOND FUND, LP	26-1501561
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish	······ — —
securities market?	
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
SCEP OFFSHORE FUND	
6 Address (including country)	5b Reference ID number
TWO PACIFIC PLACE, 88 QUEENSWAY, SUITE 3616-19, 36/F	
HONG KONG, HONG KONG	TRF9
7 Country code of country of incorporation or organization	
НК	
8 Foreign law characterization (see instructions)	
CORPORATION 9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
9 Is the transferee foreign corporation a controlled foreign corporation? 124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.	Yes <u>A</u> No Form 926 (Rev. 11-2018)
124331 04-01-21 LINA FOI Papel work Reduction Act Notice, see separate instructions. 93	10111 320 (Nev. 112010)

2021.06000 LONGWOOD UNIVERSITY FOUND 08253204

Form 926 (Rev. 11-2018)	LONGWOOD	UNIVERSITY	FOUNDATION,	INC.
Part III	Informatio	on Regarding	Transfer of Prop	erty (see instructio	ns)

X Yes

No No

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			268,881.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	recognition agreement was filed?	Yes	🗌 No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b.	Yes	No No
b		Yes	No No
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.	Yes	No No
d 13	Enter the transferred loss amount included in gross income as required under section 91 Did the transferor transfer property described in section 367(d)(4)? If "No," skip Section C and questions 14a through 15.	Yes	No

Section C - Intangible Property Subject to Section 367(d)

		· · · · · · · · · · · · · · · · · · ·				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

Form	926 (Rev. 11-2018) LONGWOOD UNIVERSITY FOUNDATION, INC.	54-6047289	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
<u> </u>	shows the Dest III is for each a Dest find To De Desta dest (1999 and 1999)		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Da	t IV Additional Information Regarding Transfer of Property (see instructions)		
Га			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	(a) Before -0000 % (b) After -0000 %		
47	Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351		
17 10	Indicate whether any transfer reported in Part III is subject to any of the following.		
18	Gain recognition under section 904(f)(3)	Yes	X No
			X No
b		····· =	X No
с С	Recapture under section 1503(d)		X No
	Exchange gain under section 987	····· =	X No
19 20 c	Did this transfer result from a change in entity classification?		X No
20 a		Yes	LA NO
Ŀ	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	► \$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		—
0.1	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		X No
	covered by section 367(e)(1)? See instructions	Yes	
		Form 926 (Re	ev. 11-2018)