

PUBLIC INSPECTION COPY

OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

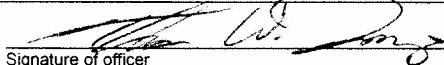
A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

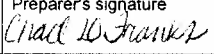
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC.</u>		D Employer identification number <u>59-6152180</u>
	Doing Business As		E Telephone number <u>(850) 644-6000</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>192,291,070.</u>
	<u>INNOVATION PARK, 2010 LEVY AVENUE</u>	<u>300</u>	
City or town, state or country, and ZIP + 4 <u>TALLAHASSEE, FL 32306</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: <u>THOMAS W. JENNINGS, PRESIDENT</u> <u>INNOVATION PARK, 2010 LEVY AVE TALLAHASSEE, FL 32306</u>		H(c) Group exemption number ▶ <u>N/A</u>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ <u>WWW.FOUNDATION.FSU.EDU</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1960</u> M State of legal domicile: <u>FL</u>

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE FLORIDA STATE UNIVERSITY FOUNDATION ENHANCES THE ACADEMIC MISSION AND VISION OF THE FLORIDA STATE UNIVERSITY THROUGH ITS ORGANIZED FUNDRAISING ACTIVITIES AND FUND MANAGEMENT</u>		
	2 Check this box <input type="checkbox"/> 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	<u>40.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>39.</u>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>106.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>930.</u>
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<u>33,023.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>-1,073.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>37,479,539.</u>	<u>39,738,220.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>439,054.</u>	<u>589,477.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>13,395,031.</u>	<u>8,553,748.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,092,680.</u>	<u>985,780.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>52,406,304.</u>	<u>49,867,225.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>20,865,545.</u>	<u>18,439,319.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>15,261,716.</u>	<u>16,340,755.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>594,104.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>7,033,596.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>14,435,057.</u>	<u>19,318,122.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>50,562,318.</u>	<u>54,692,300.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>1,843,986.</u>	<u>-4,825,075.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>447,345,645.</u>	<u>504,811,417.</u>
	21 Total liabilities (Part X, line 26)	<u>16,800,324.</u>	<u>12,274,686.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>430,545,321.</u>	<u>492,536,731.</u>

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 Here	Signature of officer 	Date <u>4/3/2012</u>
	Type or print name and title <u>Thomas W. Jennings, President, FSU Foundation</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>Chad D. Franks</u>	Preparer's signature 	Date <u>03/07/2012</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P01071312</u>
	Firm's name ▶ <u>ERNST & YOUNG U.S. LLP</u>	Firm's EIN ▶ <u>34-6565596</u>		Phone no. <u>404-874-8300</u>	
	Firm's address ▶ <u>55 IVAN ALLEN JR. BLVD., SUITE 1000 ATLANTA, GA 30308</u>				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 41,829,422. including grants of \$ 18,439,319.) (Revenue \$ 589,477.)

ATTACHMENT 2

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 41,829,422.

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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)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Part IV Checklist of Required Schedules *(continued)*

		Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	23	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	249	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	106	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: ▶ <u>ATTACHMENT 3</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	X	
c 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		
e 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		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 40		
b Enter the number of voting members included in line 1a, above, who are independent	1b 39		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this is done</i>	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 4
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ LAURA F. HENSLEY INNOVATION PARK, 2010 LEVY AVE., BLDG B, TALLAHASSEE, FL
(850) 644-0749

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FLORENCE ASHBY TRUSTEE	1.00	X					0.	0.	0.	
(2) BETH AZOR TRUSTEE/SECRETARY	1.00	X		X			0.	0.	0.	
(3) ERIC BARRON TRUSTEE	1.00	X					0.	0.	0.	
(4) YVONNE BROWN TRUSTEE	1.00	X					0.	0.	0.	
(5) EDWARD BURR TRUSTEE	1.00	X					0.	0.	0.	
(6) JOHN CARNAGHI TRUSTEE/TREASURER	1.00	X		X			0.	0.	0.	
(7) STELLA COTTRELL TRUSTEE	1.00	X					0.	0.	0.	
(8) WARREN COVILLE TRUSTEE	1.00	X					0.	0.	0.	
(9) THOMAS CULLIGAN TRUSTEE	1.00	X					0.	0.	0.	
(10) JULIE EICHENBERG TRUSTEE	1.00	X					0.	0.	0.	
(11) ANDREW FEINBERG TRUSTEE	1.00	X					0.	0.	0.	
(12) RALPH GONZALEZ TRUSTEE	1.00	X					0.	0.	0.	
(13) CARLA GOPHER TRUSTEE	1.00	X					0.	0.	0.	
(14) PRISCILLA GREENFIELD TRUSTEE	1.00	X					0.	0.	0.	
(15) WILLIAM HAGGARD TRUSTEE	1.00	X					0.	0.	0.	
(16) DONALD HARBAUGH TRUSTEE	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MART HILL TRUSTEE	1.00	X					0.	0.	0.	
(18) GORDON HOLDER TRUSTEE/CHAIR ELECT	1.00	X		X			0.	0.	0.	
(19) ROBERT JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(20) PETER JONES TRUSTEE	1.00	X					0.	0.	0.	
(21) JOHN JONES TRUSTEE	1.00	X					0.	0.	0.	
(22) FLOYD JORDAN TRUSTEE	1.00	X					0.	0.	0.	
(23) GALEN KILBURN TRUSTEE	1.00	X					0.	0.	0.	
(24) GEORGE LANGFORD TRUSTEE	1.00	X					0.	0.	0.	
(25) CHARLOTTE MAGUIRE TRUSTEE	1.00	X					0.	0.	0.	
(26) STEPHEN METZ TRUSTEE	1.00	X					0.	0.	0.	
(27) JOYCE MILES TRUSTEE	1.00	X					0.	0.	0.	
(28) JACQUELINE MONTGOMERY TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 5							1,419,957.	0	196,423.	
d Total (add lines 1b and 1c)							1,419,957.	0	196,423.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 14

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	455,100.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,710,180.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	37,572,940.				
	g Noncash contributions included in lines 1a-1f: \$		5,715,792.				
	h Total. Add lines 1a-1f ▶			39,738,220.			
Program Service Revenue			Business Code				
	2a REGISTRATION/ADMINISTRATION		561110	589,477.	589,477.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			589,477.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,688,849.			1,688,849.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	5 Royalties ▶			69,066.			69,066.
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	148,708,853.	7,092.				
	b Less: cost or other basis and sales expenses	141,849,873.	1,173.				
	c Gain or (loss)	6,858,980.	5,919.				
	d Net gain or (loss) ▶			6,864,899.			6,864,899.
	8a Gross income from fundraising events (not including \$ 455,100. of contributions reported on line 1c). See Part IV, line 18 a		344,002.				
	b Less: direct expenses b		572,799.				
c Net income or (loss) from fundraising events ▶			-228,797.			-228,797.	
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue			Business Code				
11a ADVERTISING		541800	70,433.		70,433.		
b PARTNERSHIP LOSS		900099	-37,410.		-37,410.		
c OTHER		900099	1,112,488.		1,112,488.		
d All other revenue							
e Total. Add lines 11a-11d ▶			1,145,511.				
12 Total revenue. See instructions ▶			49,867,225.	1,701,965.	33,023.	8,394,017.	

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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) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	18,422,327.	18,422,327.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,792.	11,792.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,200.	5,200.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	743,106.		262,487.	480,619.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	13,466,642.	7,519,229.	2,277,030.	3,670,383.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	802,273.		286,357.	515,916.
9 Other employee benefits	615,872.	2,140.	281,800.	331,932.
10 Payroll taxes	712,862.	226,521.	188,100.	298,241.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	61,958.	8,913.	53,045.	
c Accounting	133,069.	1,000.	132,069.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	594,104.			594,104.
f Investment management fees	0.			
g Other	1,291,501.	958,576.	263,476.	69,449.
12 Advertising and promotion	801,588.	776,664.	9,353.	15,571.
13 Office expenses	2,364,302.	1,680,485.	351,015.	332,802.
14 Information technology	2,952,571.	2,706,640.	240,136.	5,795.
15 Royalties	0.			
16 Occupancy	894,499.	250,142.	644,357.	
17 Travel	2,545,955.	2,138,699.	24,053.	383,203.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	750,388.	717,408.	15,671.	17,309.
20 Interest	3,333.	3,358.	-25.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	551,333.		551,333.	
23 Insurance	216,006.	124,798.	91,208.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ENTERTAINMENT -----	2,358,446.	2,089,361.	11,085.	258,000.
b PROV. FOR UNCOLLECT. PLEDGES -----	2,212,850.	2,212,850.		
c BOOKS, JOURNALS & SUBSCRIPTI -----	1,553,139.	1,482,378.	23,493.	47,268.
d 2009 UBIT PAYMENT -----	1,397.	1,397.		
e ALL OTHER EXPENSES -----	625,787.	489,544.	123,239.	13,004.
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	54,692,300.	41,829,422.	5,829,282.	7,033,596.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	20,074,962.	2	59,153,620.	
	3 Pledges and grants receivable, net	12,002,106.	3	11,392,365.	
	4 Accounts receivable, net	202,516.	4	282,150.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net	49,668.	7	47,704.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,611,581.			
	b Less: accumulated depreciation	2,710,902.	2,002,956.	10c	1,900,679.
	11 Investments - publicly traded securities	388,716,526.	11	411,234,427.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	24,296,911.	15	20,800,472.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	447,345,645.	16	504,811,417.		
Liabilities	17 Accounts payable and accrued expenses	2,852,027.	17	1,959,061.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	13,948,297.	25	10,315,625.	
	26 Total liabilities. Add lines 17 through 25	16,800,324.	26	12,274,686.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-35,274,395.	27	-7,709,263.	
	28 Temporarily restricted net assets	97,804,370.	28	128,226,770.	
	29 Permanently restricted net assets	368,015,346.	29	372,019,224.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	430,545,321.	33	492,536,731.		
34 Total liabilities and net assets/fund balances	447,345,645.	34	504,811,417.		

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59-6152180

Form 990 (2010)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	49,867,225.
2 Total expenses (must equal Part IX, column (A), line 25)	2	54,692,300.
3 Revenue less expenses. Subtract line 2 from line 1	3	-4,825,075.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430,545,321.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	66,816,485.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	492,536,731.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2010)

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Employer identification number

59-6152180

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,778,373.	59,244,839.	27,469,796.	37,479,539.	39,738,220.	199,710,767.
2 Tax revenues levied for the organization'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	35,778,373.	59,244,839.	27,469,796.	37,479,539.	39,738,220.	199,710,767.
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). ATCH 1						1,597,040.
6 Public support. Subtract line 5 from line 4.						198,113,727.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	35,778,373.	59,244,839.	27,469,796.	37,479,539.	39,738,220.	199,710,767.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,038,584.	5,509,777.	6,001,479.	3,771,137.	1,720,505.	23,041,482.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	30,000.	18,543.	11,143.	68,464.	33,023.	161,173.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1,322,131.	1,112,488.	2,434,619.
11 Total support. Add lines 7 through 10						225,348,041.
12 Gross receipts from related activities, etc. (see instructions)				12		1,654,244.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	87.91 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	87.43 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from 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						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19 a 33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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59-6152180

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

<u>CONTRIBUTOR NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>LESS 2% OF LINE 11 (F)</u>	<u>EXCESS CONTRIBUTION AMOUNT</u>
HELGA M. WALL-APELT	6,104,001.	4,506,961.	1,597,040.
TOTAL	<u>6,104,001.</u>		<u>1,597,040.</u>

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Table with 2 columns: Name of the organization (FLORIDA STATE UNIVERSITY FOUNDATION, INC.) and Employer identification number (59-6152180)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PUBLIC INSPECTION COPY

Name of organization **FLORIDA STATE UNIVERSITY FOUNDATION, INC.**

Employer identification number
59-6152180

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,162,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 1,710,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 2,275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 2,152,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 2,375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

PUBLIC INSPECTION COPY

Name of organization **FLORIDA STATE UNIVERSITY FOUNDATION, INC.**

Employer identification number

59-6152180

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 992,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 2,377,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 8,849,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

PUBLIC INSPECTION COPY

Name of organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
---	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	SOFTWARE _____ _____ _____	\$ 2,151,600.	01/01/2011
7	HARDWARE AND SOFTWARE _____ _____ _____	\$ 1,200,000.	05/12/2011
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

PUBLIC INSPECTION COPY

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Employer identification number

59-6152180

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate 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 funds 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

PUBLIC INSPECTION COPY

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- | | |
|---|---|
| <p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange programs</p> <p>e <input type="checkbox"/> Other _____</p> |
|---|---|

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	328,243,562.	306,089,601.	370,825,716.		
b Contributions	9,807,870.	4,933,109.	23,294,406.		
c Net investment earnings, gains, and losses	70,561,374.	37,854,704.	-68,284,307.		
d Grants or scholarships	3,488,351.	3,838,114.	4,258,047.		
e Other expenditures for facilities and programs	10,008,036.	8,428,969.	9,123,955.		
f Administrative expenses	8,318,694.	8,366,769.	6,364,212.		
g End of year balance	386,797,725.	328,243,562.	306,089,601.		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 4.2800 %
- b** Permanent endowment ▶ 95.7200 %
- c** Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	804,554.	119,000.		923,554.
b Buildings		678,550.	614,418.	64,132.
c Leasehold improvements				
d Equipment		2,918,455.	2,024,352.	894,103.
e Other		91,022.	72,132.	18,890.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,900,679.

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Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) REFUNDABLE ADVANCES	4,100,000.	
(3) AGENCY LIABILITY	344,497.	
(4) ANNUITY OBLIGATIONS	5,871,128.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,315,625.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

PUBLIC INSPECTION COPY

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		49,867,225.
2	Total expenses (Form 990, Part IX, column (A), line 25)		54,692,300.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-4,825,075.
4	Net unrealized gains (losses) on investments		-66,816,485.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		-66,816,485.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-71,641,560.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		117,256,509.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a 66,816,485.	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e 66,816,485.
3	Subtract line 2e from line 1		3 50,440,024.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b -572,799.	
c	Add lines 4a and 4b		4c -572,799.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 49,867,225.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		55,265,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d 572,799.	
e	Add lines 2a through 2d		2e 572,799.
3	Subtract line 2e from line 1		3 54,692,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 54,692,300.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V.

SPENDING FROM THE FOUNDATION'S ENDOWMENTS SUPPORTS THE ACADEMIC
ACTIVITIES OF THE UNIVERSITY INCLUDING SCHOLARSHIPS AND PROGRAMS.

OTHER REVENUE ADJUSTMENTS

SCHEDULE D, PART XII, LINE 4B

EXPENSES RELATED TO FUNDRAISING EVENTS OF \$572,799 ARE NETTED ON THE
REVENUE SCHEDULE IN PART VIII. IN THE AUDITED FINANCIALS THESE EXPENSES
ARE INCLUDED IN PROGRAM EXPENSES.

OTHER EXPENSE ADJUSTMENTS

SCHEDULE D, PART XIII, LINE 2D

EXPENSES RELATED TO FUNDRAISING EVENTS OF \$572,799 ARE NETTED ON THE
REVENUE SCHEDULE IN PART VIII. IN THE AUDITED FINANCIALS THESE EXPENSES
ARE INCLUDED IN PROGRAM EXPENSES.

FIN 48

SCH D, PART XIV

THE FOUNDATION HAS REVIEWED ITS TAX STATUS AND RELATED FILINGS AND
DETERMINED THAT THERE ARE NO TAX POSITIONS FOR WHICH AN OBLIGATION NEEDS
TO BE RECORDED.

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SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

59-6152180

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	N/A	36,835,956.
(2) NORTH AMERICA			INVESTMENTS	N/A	9,140,567.
(3) EAST ASIA AND THE PACIFIC			INVESTMENTS	N/A	4,786,505.
(4) EUROPE			INVESTMENTS	N/A	24,697,287.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					75,460,315.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					75,460,315.

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

Schedule F (Form 990) 2010

PUBLIC INSPECTION COPY

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

PUBLIC INSPECTION COPY

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

PUBLIC INSPECTION COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DESCRIPTION FOR ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THE ORGANIZATION DOES NOT HAVE FORMAL MONITORING PROCEDURES AFTER THE

GRANT IS MADE. HOWEVER, AT THE TIME OF THE GRANT, THE ORGANIZATION

AUDITS THE DISBURSEMENT TO ENSURE THAT IT MEETS THE DONOR'S INTENT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

PUBLIC INSPECTION COPY
Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Employer identification number

59-6152180

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALOCODY, LLC	PHONE SOLICIT		X	847,737.	594,104.	253,633.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				847,737.	594,104.	253,633.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL,
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

PUBLIC INSPECTION COPY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <u>RINGLING INTERN</u> <small>(event type)</small>	(b) Event #2 <u>7 DAYS OF OPEN</u> <small>(event type)</small>	(c) Other Events <u>10.</u> <small>(total number)</small>	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	338,330.	222,853.	237,919.	799,102.
	2 Less: Charitable contributions	147,227.	196,208.	111,665.	455,100.
	3 Gross income (line 1 minus line 2)	191,103.	26,645.	126,254.	344,002.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,538.	8,212.	6,119.	30,869.
	8 Entertainment	15,465.	62,590.	73,864.	151,919.
	9 Other direct expenses	87,399.	244,397.	58,215.	390,011.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(572,799.)
	11 Net income summary. Combine line 3, column (d), and line 10				-228,797.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

PUBLIC INSPECTION COPY

59-6152180

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SUPPLEMENTAL INFORMATION

SCHEDULE G, PART II

AS REPORTED ON SCHEDULE G, NET INCOME FOR FUNDRAISING EVENTS DOES NOT INCLUDE ANY CHARITABLE CONTRIBUTIONS RECEIVED DURING THESE FUNDRAISING EVENTS. EXCLUDING CHARITABLE CONTRIBUTIONS FROM FUNDRAISING EVENTS, AS PER SCHEDULE G INSTRUCTIONS, CAN RESULT IN NEGATIVE INCOME FOR PURPOSES OF SCHEDULE G, PART II, LINE 11. FUNDRAISING EVENTS NOT ONLY SERVE TO

PUBLIC INSPECTION COPY

59-6152180

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

RAISE MONEY BUT TO ALSO INCREASE DONOR AWARENESS WITH HOPE OF FUTURE CONTRIBUTIONS IN SUPPORT OF OUR MISSION.

PUBLIC INSPECTION COPY

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Employer identification number

59-6152180

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE FLORIDA STATE UNIVERSITY 600 W. COLLEGE AVE. TALLAHASSEE, FL 32306	59-1961248	501(C)(3)	16,076,232.	2,085,869.	FMV	COMP, EQUIP, FURNIT.	SUPPORT SCHOLARSHIPS
(2)	THE FLORIDA STATE UNIVERSITY RESEARCH FOUND 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-3211153	501(C)(3)	71,195.				RESEARCH SUPPORT
(3)	SOUTHERN SCHOLARSHIP HOUSE 322 STADIUM DRIVE TALLAHASSEE, FL 32304	59-0939481	501(C)(3)	21,983.				SCHOLARSHIP SUPPORT
(4)	UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816	59-2924021	501(C)(3)	10,750.				SCHOLARSHIP SUPPORT
(5)	UNIVERSITY OF FLORIDA FINANCIAL AID S-107 CRISER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	21,635.				SCHOLARSHIP SUPPORT
(6)	UNIVERSITY OF NORTH FLORIDA 4567 ST JOHNS BLF RD JACKSONVILLE, FL 32224	59-2976169	501(C)3	8,494.				SCHOLARSHIP SUPPORT
(7)	UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVE ADM131 TAMPA, FL 33620	59-1561180	501(C)(3)	5,094.				SCHOLARSHIP SUPPORT
(8)	TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION 1331 E. SIXTH AVE. TALLAHASSEE, FL 32303	59-1727645	501(C)(3)	50,000.				MEDICAL RESEARCH
(9)	TALLAHASSEE COMMUNITY COLLEGE FOUNDATION 444 APPELYARD DRIVE TALLAHASSEE, FL 32304	59-2091480	501(C)(3)	25,000.				COMMUNITY DEVELOPMENT
(10)	FPPA FOUNDATION 411 OFFICE PLAZA DR. TALLAHASSEE, FL 32301	59-3469943	501(C)(3)	9,359.				COMMUNITY DEVELOPMENT
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 10

3 Enter total number of other organizations 0

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

Schedule I (Form 990) (2010)

PUBLIC INSPECTION COPY

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 ACADEMIC RESEARCH AWARD	13.	11,692.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
FORM 990, SCHEDULE I
THE ORGANIZATION DOES NOT HAVE FORMAL MONITORING PROCEDURES AFTER THE
GRANT IS MADE. HOWEVER, AT THE TIME OF THE GRANT, THE ORGANIZATION
AUDITS THE DISBURSEMENT TO ENSURE THAT IT MEETS THE DONOR'S INTENT.

PUBLIC INSPECTION COPY

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, QUESTION 1

MAINTENANCE OF RECORDS TO SUBSTANTIATE GRANTS OR ASSISTANCE

THE UNIVERSITY OVERSEES THE GRANT PROCESS. UNIVERSITY PERSONNEL

DETERMINE WHO WILL RECEIVE AWARDS AND HOW THEY ARE AWARDED. THE

UNIVERSITY THEN GIVES THE FOUNDATION AN APPROVED DISBURSEMENT REQUEST TO

TRANSFER THE FUNDS. THE FOUNDATION KEEPS RECORDS OF THE DISBURSEMENTS AS

PART OF ITS ACCOUNTS PAYABLE DOCUMENTATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

**PUBLIC INSPECTION COPY
Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

59-6152180

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

PUBLIC INSPECTION COPY

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GERALD J. GANZ, JR.	(i) 136,995.	(ii) 0.	(iii) 0.	13,857.	12,153.	163,005.	100,096.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2 LORAINÉ CHOREY-SMITH	(i) 162,599.	(ii) 0.	(iii) 6,974.	21,071.	7,928.	198,572.	178,504.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3 MARILYN SPORES	(i) 143,228.	(ii) 0.	(iii) 25,000.	19,406.	3,434.	191,068.	190,984.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
4 THOMAS WETHERELL	(i) 258,317.	(ii) 0.	(iii) 0.	0.	0.	258,317.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
5 SARAH RAMSEY	(i) 156,063.	(ii) 0.	(iii) 22,000.	21,631.	4,638.	204,332.	176,437.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
6 PERRY FULKERSON	(i) 163,611.	(ii) 0.	(iii) 8,553.	21,190.	8,933.	202,287.	166,924.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
7 MARK PANKEY	(i) 129,473.	(ii) 0.	(iii) 7,090.	17,480.	13,305.	167,348.	130,157.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
8 JEANNE PECHA	(i) 125,297.	(ii) 0.	(iii) 6,481.	16,001.	4,579.	152,358.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
9	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
10	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
11	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
12	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
13	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
14	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
15	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
16	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(ii) -----	(iii) -----	-----	-----	-----	-----

PUBLIC INSPECTION COPY

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BENEFITS

SCHEDULE J, PART I, LINE 1A

CHARTER FLIGHTS ARE PROVIDED FOR THE FOUNDATION PRESIDENT TO ATTEND SCHEDULED MEETINGS WHEN COMMERCIAL TRAVEL ALTERNATIVES ARE NOT AVAILABLE. WHEN CHARTER FLIGHTS ARE USED, OTHER FOUNDATION AND UNIVERSITY EXECUTIVES TRAVEL WITH THE PRESIDENT TO PREPARE EN ROUTE FOR THE MEETINGS. THE FOUNDATION PAID SOCIAL CLUB DUES, SPECIFICALLY FOR FUNDRAISING PURPOSES, FOR THE FOUNDATION PRESIDENT. ONLY BUSINESS USE OF THE SOCIAL CLUB MEMBERSHIP IS ALLOWED THEREFORE THERE IS NO REPORTABLE TAXABLE COMPENSATION.

PUBLIC INSPECTION COPY

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III

DURING THE FISCAL YEAR ENDED JUNE 30, 2011, THE FOUNDATION'S CFO, GERALD

J. GANZ, JR. WAS AN EMPLOYEE OF FLORIDA STATE UNIVERSITY. HIS TOTAL

COMPENSATION FOR CALENDAR YEAR 2010 WAS \$163,005. FLORIDA STATE

UNIVERSITY HAS BEEN DETERMINED TO BE AN UNRELATED ORGANIZATION FOR

PURPOSES OF FORM 990 REPORTING.

PUBLIC INSPECTION COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
--	---

Part 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 determining noncash contribution amounts
1 Art - Works of art	X	5 .		APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		36,030 .	APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20 .	292,462 .	SALE OF COMPARABLES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1 .	423,559 .	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1 .	3,331 .	APPRAISAL
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		43 .	4,960,410 .	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1 .

		Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 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 policy that requires the review of any non-standard contributions?	31	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) (2010)

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ART - WORKS OF ART

SCHEDULE M, PART I, LINE 1

THE FOUNDATION DOES NOT REPORT CONTRIBUTIONS OF ART AS REVENUE, AS
PERMITTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS CODIFIED IN
THE NON-FOR-PROFIT ENTITIES TOPIC OF THE ASC (ASC 958).

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EQUIPMENT & SUPPLIES	X	23.	1,130,560.	SALE OF COMPARABLES
SOFTWARE/MEDIA	X	10.	3,805,553.	SALE OF COMPARABLES
SILENT AUCTION ITEMS	X	7.	13,331.	SALE OF COMPARABLES
CATERED FOOD	X	3.	10,966.	SALES PRICE OF PROP
TOTALS		<u>43.</u>	<u>4,960,410.</u>	

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

59-6152180

REASON FOR NOT FILING FOR 990-T

FORM 990, PART V, LINE 3B

THE FOUNDATION HAS RECEIVED AN EXTENSION TO FILE THE 990-T. THE EXTENDED
DUE DATE IS FEBRUARY 15, 2012. THE FOUNDATION'S 990 AND 990-T ARE FILED
AT THE SAME TIME.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW
990

FORM 990, PART VI, QUESTION 11

THE FOLLOWING IS THE REVIEW AND DISTRIBUTION PROCESS FOR THE FOUNDATION'S
FORMS 990 AND 990T. THIS PROCESS TAKES PLACE EACH YEAR PRIOR TO FILING
THE FORMS WITH THE IRS: 1) THE CFO REVIEWS FORM 990 AND FORM 990T WITH
THE CEO AND RESOLVES ANY ISSUES OR QUESTIONS WITH THE INDEPENDENT
ACCOUNTING FIRM THAT PREPARES THE FORMS. IT IS THE CFO AND CEO'S
RESPONSIBILITY TO CONFIRM THAT THESE FORMS REPRESENT THE FOUNDATION'S
FINANCIAL CONDITION FOR THE PERIOD BEING REPORTED AND DO NOT CONTAIN ANY
UNTRUE STATEMENTS OR OMIT ANY MATERIAL FACTS; 2) THE FOUNDATION'S BOARD
OF TRUSTEES HAS DELEGATED TO THE AUDIT COMMITTEE THE RESPONSIBILITY FOR
THE FINAL REVIEW OF THE DRAFT FORMS 990 AND 990T AND NO FURTHER REVIEW BY
THE BOARD IS REQUIRED BEFORE THE FORMS ARE FILED WITH THE IRS. THE
COMMITTEE'S REVIEW IS DOCUMENTED IN THE COMMITTEE MEETING MINUTES; 3)
DRAFT FORMS 990 AND 990T ARE PROVIDED TO EACH VOTING BOARD MEMBER OF THE
BOARD OF TRUSTEES PRIOR TO FILING THE FORMS WITH THE IRS. DISTRIBUTION
MAY BE IN THE FORM OF ELECTRONIC MAIL, NOTIFICATION OF A LINK TO A

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Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

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59-6152180

WEBSITE OR ACTUAL MAILING OF THE DOCUMENT.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, QUESTION 12C

ANNUALLY ALL TRUSTEES ARE ASKED TO FILL A CONFLICT OF INTEREST FORM. THE BOARD STAFF LIAISON MONITORS THE PROCESS TO ENSURE THAT COMPLETED FORMS ARE RETURNED BY ALL MEMBERS WITH INDIVIDUAL FOLLOW UP WHEN NECESSARY. HARD COPIES OF ALL FORMS ARE RETAINED. IT IS THE RESPONSIBILITY OF THE ASSISTANT SECRETARY OF THE BOARD TO INFORM THE BOARD CHAIR AND COMMITTEE CHAIRPERSONS OF ANY EXISTING CONFLICTS SO THAT THEY CAN BE SURE THAT BOARD MEMBERS RECUSE THEMSELVES FROM ANY DISCUSSIONS AND/OR ACTIONS INCLUDING VOTES ON ISSUES WHERE THERE IS A CONFLICT OF INTEREST.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN
FORM 990, PART VI, QUESTION 15A & 15B
BEGINNING IN 1997, THE FOUNDATION HAS CONDUCTED AN ANNUAL SURVEY OF SALARIES AT COMPARABLE UNIVERSITY RELATED ADVANCEMENT ORGANIZATIONS. THE SURVEY IS CONDUCTED BY AN INDEPENDENT SALARY CONSULTANT WHO PROVIDES STATISTICAL ANALYSIS OF THE RESULTS. COMPARISON FOR KEY POSITIONS, WHICH INCLUDES THE PRESIDENT AND OFFICERS, ARE INCLUDED EVERY YEAR WITH OTHER POSITIONS INCLUDED ON AN AS NEEDED BASIS. THE SURVEY RESULTS ARE USED TO BUDGET SALARIES FOR THE COMING YEAR. SALARY COSTS INCLUDING BENEFITS ARE DETAILED BY POSITION IN THE BUDGET. COMPENSATION FOR THE FOUNDATION'S PRESIDENT, OFFICERS AND ALL EMPLOYEES IS APPROVED BY THE BOARD OF TRUSTEES AS PART OF THE ANNUAL BUDGET PROCESS. THIS APPROVAL IS

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DOCUMENTED IN THE BOARD MEETING MINUTES.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN
PUBLIC

FORM 990, PART VI, QUESTION 19

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FOUNDATION'S FORM
990 AND FORM 990-T ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND UPON
REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, RECONCILIATION OF NET ASSETS

CHANGE OF \$66,816,485 WAS A RESULT OF UNREALIZED GAINS AND LOSSES FROM
INVESTMENTS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FLORIDA STATE UNIVERSITY FOUNDATION ENHANCES THE ACADEMIC MISSION
AND VISION OF THE FLORIDA STATE UNIVERSITY THROUGH ITS ORGANIZED
FUNDRAISING ACTIVITIES AND FUNDS MANAGEMENT. THE FSU FOUNDATION
ACCOMPLISHES ITS MISSION BY FOSTERING RELATIONSHIPS WITH ALUMNI AND
FRIENDS, ADVOCATING CHARITABLE GIVING AND RAISING FUNDS ON BEHALF OF
FSU; SOLICITING CONTRIBUTIONS FOR ACADEMIC PURPOSE AS PART OF FSU'S
OVERALL ADVANCEMENT EFFORT; INVESTING AND DISBURSING FUNDS TO MEET
CURRENT AND FUTURE NEEDS OF FSU; AND STRENGTHENING RELATIONSHIPS WITH
DONORS TO FSU.

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Name of the organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
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ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE FLORIDA STATE UNIVERSITY FOUNDATION EXPENDS FUNDS FOR PURPOSES THAT ENHANCE THE ACADEMIC MISSION OF THE FLORIDA STATE UNIVERSITY. ACADEMIC SUPPORT INCLUDES SALARIES, SCHOLARSHIPS & FELLOWSHIPS, RESEARCH, CAPITAL FUNDING, EQUIPMENT & SUPPLIES, TRAVEL AND OTHER RELATED EXPENSES. THIS SUPPORT HELPS THE UNIVERSITY'S OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTER AND ENHANCE STRONG ACADEMIC PROGRAMS, AND SERVE AS A KEY ELEMENT TO INSTITUTIONAL GREATNESS. EMINENT SCHOLARS AND PROFESSORSHIPS ARE PRESTIGIOUS POSITIONS HELD BY THE UNIVERSITY'S MOST ACCOMPLISHED FACULTY. SPENDING TO SUPPORT THESE POSITIONS MEANS THAT ACADEMIC EXCELLENCE WILL BE MAINTAINED. CURRICULUM DEVELOPMENT, INTERNSHIPS, INTERDISCIPLINARY WORK, EXPERIENTIAL LEARNING AND ACADEMIC ENRICHMENT ALL REQUIRE PRIVATE SUPPORT.

ATTACHMENT 3

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

- BERMUDA
- CANADA
- HONG KONG
- CAYMAN ISLANDS
- IRELAND

ATTACHMENT 4

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Name of the organization

Employer identification number

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

59-6152180

ATTACHMENT 4 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

AK, AZ, CA, CO,

HI, KY, LA, ME, MD, MA, MI,

MN, NH, NJ, NY, ND, OH, OK, OR,

SC, UT, WA, WV, WI,

ATTACHMENT 5

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29	JANE MORGAN TRUSTEE	1.00	X						0.	0.	0.
30	GERALD REDDITT TRUSTEE	1.00	X						0.	0.	0.
31	BETTY RODGERS TRUSTEE	1.00	X						0.	0.	0.
32	JEFFREY ROHR TRUSTEE	1.00	X						0.	0.	0.
33	KIRK ROSTRON TRUSTEE	1.00	X						0.	0.	0.
34	JERRY SOWELL TRUSTEE	1.00	X						0.	0.	0.
35	JOHN THIEL TRUSTEE	1.00	X						0.	0.	0.
36	JAMES THOMAS TRUSTEE	1.00	X						0.	0.	0.
37	EDWIN WALBORSKY TRUSTEE	1.00	X						0.	0.	0.
38	ERIC WALKER TRUSTEE	1.00	X						0.	0.	0.
39	ASHBEL WILLIAMS TRUSTEE/CHAIR	1.00	X	X					0.	0.	0.
40	THOMAS W. JENNINGS, II TRUSTEE/PRESIDENT	40.00	X	X				68,276.	0.	10,817.	
41	GERALD J. GANZ, JR. CFO/ASST. TREASURER	40.00			X			136,995.	0.	26,010.	
42	LORAIN CHOREY-SMITH ASST. SECRETARY	40.00			X			169,573.	0.	28,999.	
43	MARILYN SPORES COO	40.00				X		168,228.	0.	22,840.	
44	THOMAS WETHERELL UNIVERSITY PRESIDENT EMERITUS	40.00					X	258,317.	0.	0.	
45	SARAH RAMSEY VP, PRINCIPAL GIVING	40.00					X	178,063.	0.	26,269.	
46	PERRY FULKERSON										

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Name of the organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
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ATTACHMENT 5 (CONT'D)						
VP, DEVELOPMENT	40.00	X	172,164.	0.	30,123.	
47 MARK PANKEY						
ASSOCIATE VP, DEVELOPMENT	40.00	X	136,563.	0.	30,785.	
48 JEANNE PECHA						
VP, ADVANCEMENT SERVICES	40.00	X	131,778.	0.	20,580.	

ATTACHMENT 6

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RUFFALOCODY, LLC P.O. BOX 3018 CEDAR RAPIDS, IA 52406	FUNDRAISING SERVICES	540,095.
WITT/KIEFFER, FORD, HADELMAN, LLOYD CORP 2015 SPRING RD SUITE 510 OAK BROOK, IL 60523	EXEC SEARCH SERVICES	191,061.
ERNST & YOUNG 401 EAST JACKSON STREET TAMPA, FL 33602	ACCOUNTING	132,069.
BENTZ WHALEY FLESSNER, INC. 7251 OHMS LANE MINNEAPOLIS, MN 55439	CONSULTING	116,100.
TOTAL COMPENSATION		979,325.