

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

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 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

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 FLORIDA STATE UNIVERSITY FOUNDATION, INC. Doing Business As		D Employer identification number 59-6152180
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite INNOVATION PARK 2010 LEVY AVE 300		E Telephone number (850) 644-6000
	City or town, state or country, and ZIP + 4 TALLAHASSEE, FL 32306		G Gross receipts \$ 181,311,232.
	F Name and address of principal officer: THOMAS W. JENNINGS, PRESIDENT INNOVATION PARK, 2010 LEVY AVE TALLAHASSEE, FL 32306		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)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527


J Website: ▶ WWW.FOUNDATION.FSU.EDU


K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1960 **M** State of legal domicile: FL

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE FLORIDA STATE UNIVERSITY FOUNDATION ENHANCES THE ACADEMIC MISSION AND VISION OF THE FLORIDA STATE UNIVERSITY THROUGH ITS ORGANIZED FUNDRAISING ACTIVITIES AND FUND MANAGEMENT.		
	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	45.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	137.
	6	Total number of volunteers (estimate if necessary)	6	697.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-80,479.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-102,855.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	51,095,024.	58,060,799.
	9	Program service revenue (Part VIII, line 2g)	579,691.	653,837.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,185,260.	11,413,197.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,706,869.	2,288,445.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,566,844.	72,416,278.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,972,061.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,362,258.	18,657,641.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	611,925.	593,600.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,963,094.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,300,186.	21,108,974.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,246,430.	61,053,084.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	6,320,414.	11,363,194.
	20	Total assets (Part X, line 16)	498,250,336.	550,932,086.
	21	Total liabilities (Part X, line 26)	12,641,411.	11,410,712.
	22	Net assets or fund balances. Subtract line 21 from line 20	485,608,925.	539,521,374.

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	
	Thomas W. Jennings, VP for University Advancement & President of the FSU Foundation Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name SUSAN S. TURNBAUGH	Preparer's signature 	Date 03/26/14	Check if self-employed <input type="checkbox"/>	PTIN P01081752
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶ 34-6565596		Phone no. ▶ 410-539-7940	
	Firm's address ▶ 621 EAST PRATT STREET BALTIMORE, MD 21202				

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 (2012)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

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 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 No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 45,844,060. including grants of \$ 20,692,869.) (Revenue \$ 3,273,238.)

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 45,844,060.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	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>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		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>		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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, foreign accounts, and charitable contributions.

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. [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) MS. BETH A. AZOR TRUSTEE	1.00 0	X					0	0	0	
(2) DR. ERIC J. BARRON TRUSTEE	1.00 0	X					0	0	0	
(3) MR. THOMAS BARTELMO TRUSTEE	1.00 0	X					0	0	0	
(4) MR. GREGORY M. BENNETT TRUSTEE	1.00 0	X					0	0	0	
(5) THE HONORABLE ALLAN G. BENSE TRUSTEE	1.00 0	X					0	0	0	
(6) MRS. YVONNE T. BROWN TRUSTEE	1.00 0	X					0	0	0	
(7) MR. JOHN R. CARNAGHI TRUSTEE/TREASURER	1.00 0	X		X			0	0	0	
(8) MRS. BARBARA S. COEN TRUSTEE	1.00 0	X					0	0	0	
(9) MR. PETER H. COLLINS TRUSTEE	1.00 0	X					0	0	0	
(10) MR. WARREN J. COVILLE TRUSTEE	1.00 0	X					0	0	0	
(11) MR. THOMAS M. CULLIGAN TRUSTEE	1.00 0	X					0	0	0	
(12) MR. JOHN W. CULVER TRUSTEE	1.00 0	X					0	0	0	
(13) MRS. JULIE DUNN EICHENBERG TRUSTEE/SECRETARY	1.00 0	X		X			0	0	0	
(14) MR. ANDREW F. FEINBERG TRUSTEE	1.00 0	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) MR. RALPH R. GONZALEZ, J.D. TRUSTEE	1.00 0	X					0	0	0	
(16) MS. CARLA S. GOPHER TRUSTEE	1.00 0	X					0	0	0	
(17) MRS. MART P. HILL TRUSTEE	1.00 0	X					0	0	0	
(18) VADM (R) GORDON S. HOLDER TRUSTEE/CHAIR	1.00 0	X		X			0	0	0	
(19) MR. PAUL G. HUDSON TRUSTEE	1.00 0	X					0	0	0	
(20) MS. MARVALENE HUGHES, PH.D. TRUSTEE	1.00 0	X					0	0	0	
(21) SEN. ROBERT M. JOHNSON, ATTY. TRUSTEE	1.00 0	X					0	0	0	
(22) MR. BOBBY JONES, JR. TRUSTEE	1.00 0	X					0	0	0	
(23) MR. PETER D. JONES TRUSTEE	1.00 0	X					0	0	0	
(24) MR. FRED E. KARLINSKY, ESQ. TRUSTEE	1.00 0	X					0	0	0	
(25) MR. DAVID B. LANE TRUSTEE	1.00 0	X					0	0	0	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							1,428,428.	0	237,164.	
d Total (add lines 1b and 1c)							1,428,428.	0	237,164.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

	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>		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>	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>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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 ► 3

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) MR. GEORGE R. LANGFORD, SR. TRUSTEE	1.00 0	X						0	0	0
(27) MS. SANDRA LEWIS, ED.D. TRUSTEE	1.00 0	X						0	0	0
(28) MS. SHARON A. LICAMARA TRUSTEE	1.00 0	X						0	0	0
(29) MS. CHARLOTTE E. MAGUIRE, M.D. TRUSTEE	1.00 0	X						0	0	0
(30) MR. ROBERT B. MANG TRUSTEE	1.00 0	X						0	0	0
(31) MRS. JOYCE BEERY MILES TRUSTEE	1.00 0	X						0	0	0
(32) DR. JACQUELINE D. MONTGOMERY TRUSTEE	1.00 0	X						0	0	0
(33) MRS. JANE E. MORGAN TRUSTEE	1.00 0	X						0	0	0
(34) MR. FRANCIS J. NARDOZZA TRUSTEE	1.00 0	X						0	0	0
(35) MR. G. BRUCE REDDITT TRUSTEE	1.00 0	X						0	0	0
(36) MR. JEFFREY P. ROHR TRUSTEE	1.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

	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>		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>	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>	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(37) MR. KIRK T. ROSTRON TRUSTEE	1.00 0	X					0	0	0	
(38) MR. ROBERT L. STAHL TRUSTEE	1.00 0	X					0	0	0	
(39) MS. JANET L. STONER TRUSTEE	1.00 0	X					0	0	0	
(40) MR. JOHN W. THIEL TRUSTEE/CHAIR ELECT	1.00 0	X		X			0	0	0	
(41) MR. JAMES THOMAS, JR. TRUSTEE	1.00 0	X					0	0	0	
(42) MR. EDWIN W. WALBORSKY, ESQ. TRUSTEE	1.00 0	X					0	0	0	
(43) MS. ELIZABETH J. WALTERS, J.D. TRUSTEE	1.00 0	X					0	0	0	
(44) MR. ASHBEL C. WILLIAMS, JR. TRUSTEE	1.00 0	X					0	0	0	
(45) DR. THOMAS W. JENNINGS, JR. TRUSTEE/PRESIDENT	40.00 0	X		X			315,816.	0	31,080.	
(46) MR. GERALD J. GANZ, JR. CFO/ASST. TREASURER	40.00 0			X			143,017.	0	22,703.	
(47) MR. PATRICK J. CROWLEY VP ADV. RELATIONS/ASST. SEC.	40.00 0			X			127,778.	0	26,075.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

	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>		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>	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>	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(48) MR. ANDY A. JHANJI ----- EXECUTIVE VICE PRESIDENT	40.00 ----- 0					X	208,611.	0	40,722.	
(49) MR. PERRY FULKERSON ----- VP, GENERAL DEVELOPMENT	40.00 ----- 0					X	183,598.	0	34,863.	
(50) MR. GLEN W. JACK ----- VP, CONSTITUENT PROGRAMS	40.00 ----- 0					X	171,094.	0	24,683.	
(51) MR. MARK G. PANKEY ----- ASSOCIATE VP, DEVELOPMENT	40.00 ----- 0					X	136,584.	0	32,750.	
(52) MS. JEANNE PECHA ----- VP, ADVANCEMENT SERVICES	40.00 ----- 0					X	141,930.	0	24,288.	

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 11

	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>		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>	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>	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

Part VIII Statement of Revenue

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

				(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	630,928.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	1,704,384.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	55,725,487.					
	g Noncash contributions included in lines 1a-1f: \$		1,195,857.					
	h Total. Add lines 1a-1f			58,060,799.				
	Program Service Revenue	Business Code						
2a REGISTRATION/ADMINISTRATION			561000	653,837.	653,837.			
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f			653,837.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,793,089.		-121,575.	2,914,664.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			81,345.			81,345.	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		116,751,050.	33,414.					
		b Less: cost or other basis and sales expenses			108,121,692.	42,664.		
		c Gain or (loss)			8,629,358.	-9,250.		
	d Net gain or (loss)			8,620,108.			8,620,108.	
	8a Gross income from fundraising events (not including \$ 630,928. of contributions reported on line 1c). See Part IV, line 18	a		277,201.				
		b Less: direct expenses	b	730,598.				
		c Net income or (loss) from fundraising events			-453,397.			-453,397.
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 RETURN OF FUNDS ON CONSTRUCTION PROJECT		900099	1,313,635.	1,313,635.				
b ADVERTISING		900099	41,096.		41,096.			
c OTHER		900099	1,305,766.	1,305,766.				
d All other revenue								
e Total. Add lines 11a-11d			2,660,497.					
12 Total revenue. See instructions			72,416,278.	3,273,238.	-80,479.	11,162,720.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,651,144.	20,651,144.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	36,725.	36,725.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,000.	5,000.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	634,325.		163,989.	470,336.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	15,643,170.	8,121,255.	2,631,472.	4,890,443.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	941,236.	320.	248,727.	692,189.
9 Other employee benefits	644,230.	2,400.	258,972.	382,858.
10 Payroll taxes	794,680.	207,752.	199,003.	387,925.
11 Fees for services (non-employees):				
a Management	0			
b Legal	193,640.	97,330.	95,545.	765.
c Accounting	187,638.	28,109.	159,529.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	593,600.			593,600.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,536,176.	1,381,483.	82,277.	72,416.
12 Advertising and promotion	1,004,636.	931,725.	19,065.	53,846.
13 Office expenses	2,800,820.	2,047,369.	342,572.	410,879.
14 Information technology	405,208.	185,063.	219,846.	299.
15 Royalties	0			
16 Occupancy	961,661.	324,610.	635,534.	1,517.
17 Travel	3,080,722.	2,510,964.	20,688.	549,070.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,076,261.	1,007,709.	30,441.	38,111.
20 Interest	1,603.	1,458.	139.	6.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	450,002.		450,002.	
23 Insurance	245,327.	115,122.	130,205.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ENTERTAINMENT	2,894,928.	2,569,440.	5,495.	319,993.
b PROVISION FOR UNCOLLECT ACCT	2,884,369.	2,884,369.		
c BOOKS, JOURNALS & SUBSCRIPT.	858,252.	744,417.	31,029.	82,806.
d ALL OTHER EXPENSES	2,527,731.	1,990,296.	521,400.	16,035.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	61,053,084.	45,844,060.	6,245,930.	8,963,094.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	66,847,149.	2	69,841,041.
	3 Pledges and grants receivable, net	15,724,361.	3	15,706,397.
	4 Accounts receivable, net	810,796.	4	3,292,410.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	45,790.	7	44,218.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,891,455.		
	b Less: accumulated depreciation	10b 3,319,305.	980,669.	10c 572,150.
	11 Investments - publicly traded securities	393,452,417.	11	439,589,028.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	20,389,154.	15	21,886,842.
16 Total assets. Add lines 1 through 15 (must equal line 34)	498,250,336.	16	550,932,086.	
Liabilities	17 Accounts payable and accrued expenses	2,204,370.	17	2,158,827.
	18 Grants payable	0	18	0
	19 Deferred revenue	3,800,000.	19	2,455,543.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,637,041.	25	6,796,342.
	26 Total liabilities. Add lines 17 through 25	12,641,411.	26	11,410,712.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-22,784,717.	27	-6,157,746.
	28 Temporarily restricted net assets	121,812,870.	28	140,516,311.
	29 Permanently restricted net assets	386,580,772.	29	405,162,809.
	Organizations that do not follow SFAS 117 (ASC 958), 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	485,608,925.	33	539,521,374.
34 Total liabilities and net assets/fund balances	498,250,336.	34	550,932,086.	

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	72,416,278.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,053,084.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,363,194.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	485,608,925.
5	Net unrealized gains (losses) on investments	5	42,549,255.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	539,521,374.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

(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 monetary 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) 2012

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (89.01%); 15 Public support percentage from 2011 Schedule A, Part II, line 14 (87.30%); 16a 33 1/3% support test - 2012 (checked); 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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>
	9,816,846.		
	5,814,800.		
	5,000,000.		
TOTAL	<u>20,631,646.</u>		<u>6,665,896.</u>

Schedule of Contributors

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

2012

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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, total 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 total 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 Part I, 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).

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

Employer identification number

59-6152180

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,704,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 9,816,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 1,164,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 2,073,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 9,985,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

59-6152180

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

Employer identification number
59-6152180

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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 section 170(h)(4)(B)(ii)?, 9 In Part XIII, 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: \$, \$, \$, \$. 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 XIII, the text of the footnote to its financial statements that describes these items., 1b 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) 2012

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):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the 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	370,494,800.	386,797,725.	328,243,562.	306,089,601.	370,825,716.
b Contributions	19,105,053.	14,702,652.	9,807,870.	4,933,109.	23,294,406.
c Net investment earnings, gains, and losses	48,466,127.	-9,480,451.	70,561,374.	37,854,704.	-68,284,307.
d Grants or scholarships	4,172,626.	4,163,600.	3,488,351.	3,838,114.	4,258,047.
e Other expenditures for facilities and programs	9,982,090.	8,886,004.	10,008,036.	8,428,969.	9,123,955.
f Administrative expenses	8,603,125.	8,475,522.	8,318,694.	8,366,769.	6,364,212.
g End of year balance	415,308,139.	370,494,800.	386,797,725.	328,243,562.	306,089,601.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 4.2200 %
- b Permanent endowment 95.7800 %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	423,559.			423,559.
b Buildings		516,050.	516,050.	
c Leasehold improvements				
d Equipment		2,860,139.	2,720,539.	139,600.
e Other		91,707.	82,716.	8,991.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				572,150.

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) Book value	
(1) Federal income taxes		
(2) AGENCY LIABILITY	372,087.	
(3) ANNUITY OBLIGATIONS	6,424,255.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,796,342.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

1	Total revenue, gains, and other support per audited financial statements		1	115,696,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 42,549,255.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	42,549,255.
3	Subtract line 2e from line 1		3	73,146,876.
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 XIII.)	4b -730,598.		
c	Add lines 4a and 4b		4c	-730,598.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	72,416,278.

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

1	Total expenses and losses per audited financial statements		1	61,783,682.
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 XIII.)	2d 730,598.		
e	Add lines 2a through 2d		2e	730,598.
3	Subtract line 2e from line 1		3	61,053,084.
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 XIII.)	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	61,053,084.

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

SEE PAGE 5

Part XIII 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.

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

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.

OTHER REVENUE ADJUSTMENTS

SCHEDULE D, PART XI, LINE 4B

EXPENSES RELATED TO FUNDRAISING EVENTS OF \$730,598 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 XII, LINE 2D

EXPENSES RELATED TO FUNDRAISING EVENTS OF \$730,598 ARE NETTED ON THE
REVENUE SCHEDULE IN PART VIII. IN THE AUDITED FINANCIALS THESE EXPENSES
ARE INCLUDED IN PROGRAM EXPENSES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

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

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Employer identification number

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 its grants and other 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 its grants and other assistance 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	38,595,956.
(2) NORTH AMERICA			INVESTMENTS	N/A	5,046,198.
(3) EAST ASIA AND THE PACIFIC			INVESTMENTS	N/A	5,040,373.
(4) EUROPE			INVESTMENTS	N/A	30,408,116.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					79,090,643.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					79,090,643.

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

Schedule F (Form 990) 2012

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. 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. ▶ -----

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)							

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, Information 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; amounts of investments vs. expenditures per region); 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).

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

SCHEDULE F, PART V

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

**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

2012

**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 SOLIC.		X	765,554.	593,600.	171,954.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				765,554.	593,600.	171,954.

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, WA, WV, WI,

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		7 <u>DAYS FESTIVAL</u> (event type)	<u>RINGLING INTL.</u> (event type)	8. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	348,977.	352,542.	206,610.	908,129.
	2 Less: Contributions	262,727.	242,463.	125,738.	630,928.
	3 Gross income (line 1 minus line 2)	86,250.	110,079.	80,872.	277,201.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	11,802.	72,677.	48,020.	132,499.
	8 Entertainment	29,222.	22,669.	12,821.	64,712.
	9 Other direct expenses	317,320.	165,288.	50,779.	533,387.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(730,598.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-453,397.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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: _____

- 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 - FUNDRAISING EVENTS

SCHEDULE G, PART IV

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

- 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 ALSO TO INCREASE DONOR AWARENESS WITH HOPE OF FUTURE CONTRIBUTIONS IN SUPPORT OF OUR MISSION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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. 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)	BIG BEND HOSPICE 1723 MAHAN CNTR BLVD TALLAHASSEE, FL 32308	59-2328806	501 (C) 3	20,000.				DONATION
(2)	FAMU FINANCIAL AID 1700 LEE HALL DRIVE TALLAHASSEE, FL 32307	59-0977035	501 (C) 3	5,761.				SCHOLARSHIP SUPPORT
(3)	FEEDING SOUTH FLORIDA 2501 SW 32ND TERR. PEMBROKE PINES, FL 33023	59-2097520	501 (C) 3	10,000.				INDUSTRY AWARD
(4)	THE FLORIDA STATE UNIVERSITY 600 W COLLEGE AVE TALLAHASSEE, FL 32306	59-1961248	501 (C) 3	19,025,254.	792,326.	FMV	COMPUTERS, EQUIPMENT	SUPPORT SCHOLARSHIPS UNIVERSITY PROGRAMS
(5)	THE FLORIDA STATE UNIVERSITY ALUMNI ASSOC. 1030 W. TENNESSEE ST. TALLAHASSEE, FL 32304	59-0705420	501 (C) 3	159,830.				PROGRAM SUPPORT
(6)	THE FLORIDA STATE REAL ESTATE FOUNDATION 2010 LEVY AVE TALLAHASSEE, FL 32310	45-2337977	501 (C) 3	50,000.	150,000.	FMV	REAL ESTATE	PROGRAM SUPPORT
(7)	THE FLORIDA STATE UNI. RESEARCH FOUNDATION 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-3211153	501 (C) 3	114,190.				RESEARCH SUPPORT
(8)	JUNIOR ACHIEVEMENT OF NORTH FLORIDA 4049 WOODCOCK DR. JACKSONVILLE, FL 32207	59-1021800	501 (C) 3	6,000.				DONATION
(9)	LIPID NANOTECHNOLOGIES LLC 331 MEADOWBROOK LANE TALLAHASSEE, FL 32304	37-1701147		20,000.				INDUSTRY AWARD
(10)	NANOTECHNOLOGY PATRONAS GROUP, INC. 4743 PLANTERS RDG DR. TALLAHASSEE, FL 32311	45-5182357		10,000.				INDUSTRY AWARD
(11)	SOUTHERN SCHOLARSHIP HOUSE 322 STADIUM DRIVE TALLAHASSEE, FL 32304	59-0939481	501 (C) 3	21,811.				SCHOLARSHIP SUPPORT
(12)	TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION 1331 EAST SIXTH AVE TALLAHASSEE, FL 32303	59-1727645	501 (C) 3	169,000.				MEDICAL RESEARCH SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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. 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)	UNIVERSITY OF FLORIDA FINANCIAL AID S-107 CRISER HALL GAINESVILLE, FL 32611	59-6002052	501(C)3	24,405.				SCHOLARSHIP SUPPORT
(2)	UNIVERSITY OF NORTH FLORIDA 4567 ST JHNS BLUFF RD S JCKSNVLL, FL 32224	59-2976169	501(C)3	7,299.				SCHOLARSHIP SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12.

3 Enter total number of other organizations listed in the line 1 table 3.

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

Schedule I (Form 990) (2012)

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 INDUSTRY AWARD	11.	28,225.			
2 TRAVEL STIPEND - ACADEMIC SUPPORT	2.	3,000.			
3 RESEARCH STIPEND - ACADEMIC SUPPORT	8.	5,500.			
4					
5					
6					
7					

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

MAINTENANCE OF RECORDS TO SUBSTANTIATE GRANTS OR ASSISTANCE

FORM 990, SCHEDULE I, LINE 1

THE UNIVERSITY OVERSEES THE GRANT PROCESS. UNIVERSITY PERSONNEL DETERMINE WHO WILL RECEIVE AWARDS AND HOW THEY ARE AWARDED. INTERNAL AUDITS ARE PERFORMED ANNUALLY TO VERIFY THAT DONOR RESTRICTIONS ARE BEING COMPLIED WITH BY THE UNIVERSITY DURING THE GRANT PROCESS. AFTER MAKING THE GRANT SELECTIONS, THE UNIVERSITY 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.

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, Part III, column (b), and any other additional information.

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

FORM 990, SCHEDULE I, LINE 2

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.

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, Part III, column (b), and any other additional information.

AWARDS GRANTED TO NON-501(C)(3) ENTITIES

FORM 990, SCHEDULE J, PART II

THE AWARDS TO NON-501(C)(3) ENTITIES ARE GIVEN AS PART OF A BUSINESS PLAN

COMPETITION WITHIN THE FSU COLLEGE OF BUSINESS. THESE AWARDS ARE GIVEN

TO STUDENT RUN ENTREPRENEURIAL ENTITIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|--|
| <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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) 2012

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. THOMAS W. JENNINGS, TRUSTEE/PRESIDENT	(i)	315,816.	0	0	16,322.	14,758.	346,896.	0
	(ii)	0	0	0	0	0	0	0
2 MR. GERALD J. GANZ, JR. CFO/ASST. TREASURER	(i)	143,017.	0	0	9,600.	13,103.	165,720.	0
	(ii)	0	0	0	0	0	0	0
3 MR. PATRICK J. CROWLEY VP ADV. RELATIONS/ASST. SEC.	(i)	127,778.	0	0	19,356.	6,719.	153,853.	0
	(ii)	0	0	0	0	0	0	0
4 MR. ANDY A. JHANJI EXECUTIVE VICE PRESIDENT	(i)	208,611.	0	0	30,002.	10,720.	249,333.	0
	(ii)	0	0	0	0	0	0	0
5 MR. PERRY FULKERSON VP, GENERAL DEVELOPMENT	(i)	183,598.	0	0	27,823.	7,040.	218,461.	0
	(ii)	0	0	0	0	0	0	0
6 MR. GLEN W. JACK VP, CONSTITUENT PROGRAMS	(i)	171,094.	0	0	19,053.	5,630.	195,777.	0
	(ii)	0	0	0	0	0	0	0
7 MR. MARK G. PANKEY ASSOCIATE VP, DEVELOPMENT	(i)	136,584.	0	0	21,717.	11,033.	169,334.	0
	(ii)	0	0	0	0	0	0	0
8 MS. JEANNE PECHA VP, ADVANCEMENT SERVICES	(i)	141,930.	0	0	20,483.	3,805.	166,218.	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL BENEFITS INFORMATION

SCHEDULE J, PART I, LINE 1A

CHARTER FLIGHTS ARE PROVIDED FOR THE UNIVERSITY PRESIDENT TO ATTEND SCHEDULED MEETINGS WHEN COMMERCIAL TRAVEL ALTERNATIVES ARE NOT AVAILABLE. WHEN CHARTER FLIGHTS ARE USED, 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.

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART III

DURING THE FISCAL YEAR ENDED JUNE 30, 2013, THE FOUNDATION'S CFO, GERALD J. GANZ, JR. WAS AN EMPLOYEE OF FLORIDA STATE UNIVERSITY. HIS TOTAL COMPENSATION FOR CALENDAR YEAR 2012 WAS \$165,720.

DURING THE FISCAL YEAR ENDED JUNE 30, 2013, THE FOUNDATION'S PRESIDENT, THOMAS W. JENNINGS, II, WAS AN EMPLOYEE OF FLORIDA STATE UNIVERSITY. MR. JENNINGS ALSO HOLDS THE TITLE OF VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT AT FLORIDA STATE UNIVERSITY, AND, IN THIS ROLE, HE OVERSEES

Part III Supplemental Information

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

THE ACTIVITIES OF FOUR DIRECT SUPPORT ORGANIZATIONS OF THE UNIVERSITY,
INCLUDING THE ACTIVITIES OF THE FSU FOUNDATION. HIS TOTAL COMPENSATION
PAID BY FLORIDA STATE UNIVERSITY FOR CALENDAR YEAR 2012 WAS \$346,896.
FLORIDA STATE UNIVERSITY HAS BEEN DETERMINED TO BE AN UNRELATED
ORGANIZATION FOR PURPOSES OF 990 REPORTING.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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	10.	0	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1.	1,124.	EXPERT'S OPINION
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	90.	1,018,042.	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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	2.	68,556.	EXPERT'S OPINION
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>)		23.	108,135.	
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** 3.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 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?		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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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) (2012)

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

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).

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

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	19.	101,623.	SALE OF COMPARABLES
SOFTWARE/MEDIA	X	1.	1,935.	SALE OF COMPARABLES
CATERED FOOD	X	3.	4,577.	COST/SELLING PRICE
TOTALS		<u>23.</u>	<u>108,135.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Employer identification number

59-6152180

REASON FOR NOT FILING FORM 990-T

FORM 990, PART V, LINE 3B

THE FOUNDATION HAS RECEIVED AN EXTENSION TO FILE THE 990-T. THE EXTENDED
DUE DATE IS MAY 15, 2014. 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
WEBSITE OR ACTUAL MAILING OF THE DOCUMENT.

Name of the organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
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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 DOCUMENTED IN THE BOARD MEETING MINUTES.

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

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

FORM 990, PART XI, LINE 9

UNRELATED BUSINESS INCOME LOSS GENERATED FROM PARTNERSHIP INVESTMENTS:

\$121,575

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.

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.

Name of the organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
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ATTACHMENT 2 (CONT'D)

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 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BERMUDA
CANADA
HONG KONG
CAYMAN ISLANDS
IRELAND

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO,
KY, LA, ME, MD, MA, MI,
MN, NH, NJ, NY, ND, OH, OK, OR,
SC, UT, WA, WV, WI,

Name of the organization FLORIDA STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 59-6152180
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ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RUFFALOCODY, LLC P.O. BOX 3018 CEDAR RAPIDS, IA 52406	FUNDRAISING SERVICES	704,859.
ERNST & YOUNG 401 EAST JACKSON STREET TAMPA, FL 33602	ACCOUNTING	179,416.
PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32303	LEGAL SERVICES	159,529.