

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</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	<b>C</b> Name of organization THE FLORIDA STATE UNIVERSITY FOUNDATION INC.  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2010 LEVY AVENUE, BUILDING B 300  City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32310	<b>D</b> Employer identification number  59-6152180  <b>E</b> Telephone number  850-644-6000  <b>G</b> Gross receipts \$ 311,254,578.  <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.FOUNDATION.FSU.EDU		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1960		<b>M</b> State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>THE FLORIDA STATE UNIVERSITY FOUNDATION ENHANCES THE ACADEMIC MISSION AND VISION OF THE FLORIDA</u>  2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 49 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 48 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... <b>5</b> 141 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 749 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 11,280. 7b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> -319,962.																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">58,060,799.</td> <td style="text-align: right;">43,621,682.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">653,837.</td> <td style="text-align: right;">741,255.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">11,413,197.</td> <td style="text-align: right;">18,074,026.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">2,288,445.</td> <td style="text-align: right;">1,711,621.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">72,416,278.</td> <td style="text-align: right;">64,148,584.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) .....	58,060,799.	43,621,682.	9 Program service revenue (Part VIII, line 2g) .....	653,837.	741,255.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	11,413,197.	18,074,026.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	2,288,445.	1,711,621.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	72,416,278.	64,148,584.						
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**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.

<b>Sign Here</b>	Signature of officer THOMAS W. JENNINGS, PRESIDENT Type or print name and title	Date <u>5/11/2015</u>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature 	Date _____	Check if self-employed <input type="checkbox"/>	PTIN P00362629
	Firm's name ▶ MCGLADREY LLP Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940	Firm's EIN ▶ 42-0714325  Phone no. 321-751-6200			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE FLORIDA STATE UNIVERSITY FOUNDATION IS TO ENHANCE THE ACADEMIC VISION AND PRIORITIES OF FLORIDA STATE UNIVERSITY THROUGH ITS ORGANIZED FUNDRAISING ACTIVITIES AND FUNDS MANAGEMENT.

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

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

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 \$ 45,382,462. including grants of \$ 18,236,522. ) (Revenue \$ 2,728,317. ) THE FLORIDA STATE UNIVERSITY FOUNDATION EXPENDS FUNDS FOR PURPOSES THAT ENHANCE THE ACADEMIC MISSION OF THE FLORIDA STATE UNIVERSITY. ACADEMIC SUPPORT INCLUDES SALARIES, SCHOLARSHIPS & FELLOWSHIPS, RESEARCH, CAPITAL FUNDING, EQUIPMENT & SUPPLIES, TRAVEL AND OTHER RELATED EXPENSES. THIS SUPPORT HELPS THE UNIVERSITY'S OUTSTANDING FACULTY INSPIRE STUDENTS, FOSTER AND ENHANCE STRONG ACADEMIC PROGRAMS, AND SERVE AS A KEY ELEMENT TO INSTITUTIONAL GREATNESS. EMINENT SCHOLARS AND PROFESSORSHIPS ARE PRESTIGIOUS POSITIONS HELD BY THE UNIVERSITY'S MOST ACCOMPLISHED FACULTY. SPENDING TO SUPPORT THESE POSITIONS MEANS THAT ACADEMIC EXCELLENCE WILL BE MAINTAINED. CURRICULUM DEVELOPMENT, INTERNSHIPS, INTERDISCIPLINARY WORK, EXPERIENTIAL LEARNING AND ACADEMIC ENRICHMENT ALL REQUIRE PRIVATE SUPPORT.

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 45,382,462.

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or 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	
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 299		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 141		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: <u>SEE SCHEDULE O</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	49		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	48		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			X
<b>6</b> Did the organization have members or stockholders?			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **FL, AK, CA, CO, KY, LA, ME, MD, MA, MI, MN, NH**

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and 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 POWELL - 850-644-0749**  
**INNOVATION PARK, 2010 LEVY AVE, BLDG B, TALLAHASSEE, FL 32310**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization'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 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	X						0.	0.	0.
(2) DR. ERIC J. BARRON TRUSTEE	1.00	X						0.	0.	0.
(3) MR. THOMAS BARTELMO TRUSTEE	1.00	X						0.	0.	0.
(4) MR. GREGORY M. BENNETT TRUSTEE	1.00	X						0.	0.	0.
(5) THE HONORABLE ALLAN G. BENSE TRUSTEE	1.00	X						0.	0.	0.
(6) MR. BRETT BRACKIAK TRUSTEE	1.00	X						0.	0.	0.
(7) MRS. YVONNE T. BROWN TRUSTEE	1.00	X						0.	0.	0.
(8) MR. KEITH D. CARR TRUSTEE	1.00	X						0.	0.	0.
(9) MRS. BARBARA S. COEN TRUSTEE	1.00	X						0.	0.	0.
(10) MR. PETER H. COLLINS TRUSTEE	1.00	X						0.	0.	0.
(11) MR. JOHN W. CULVER TRUSTEE	1.00	X						0.	0.	0.
(12) MRS. JULIE DUNN EICHENBURG TRUSTEE/SECRETARY	1.00	X		X				0.	0.	0.
(13) MR. ANDREW F. FEINBERG TRUSTEE	1.00	X						0.	0.	0.
(14) RALPH R. GONZALEZ, J.D. TRUSTEE/TREASURER	1.00	X		X				0.	0.	0.
(15) DANIEL J. GRANT TRUSTEE	1.00	X						0.	0.	0.
(16) ANNE HAMILTON TRUSTEE	1.00	X						0.	0.	0.
(17) MRS. MART P. HILL TRUSTEE	1.00	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 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			
(18) MRS. NAN C. HILLIS TRUSTEE	1.00	X						0.	0.	0.
(19) WILLIAM T. HOLD TRUSTEE	1.00	X						0.	0.	0.
(20) VADM (R) GORDON S. HOLDER TRUSTEE/CHAIR	1.00	X		X				0.	0.	0.
(21) MR. PAUL G. HUDSON TRUSTEE	1.00	X						0.	0.	0.
(22) MARVALENE HUGHES, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(23) SENATOR ROBERT M. JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(24) MR. BOBBY JONES, JR. TRUSTEE	1.00	X						0.	0.	0.
(25) MR. PETER D. JONES TRUSTEE	1.00	X						0.	0.	0.
(26) FRED E. KARLINSKY, ESQ. TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,568,937.	0.	280,118.
<b>d Total (add lines 1b and 1c)</b>								1,568,937.	0.	280,118.

**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 **10**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
RUFFALOCODY, LLC P.O. BOX 3018, CEDAR RAPIDS, IA 52406	FUNDRAISING SERVICES	550,836.
EVERGREEN SOLUTIONS, LLC., 2878 REMINGTON GREEN CIRCLE, TALLAHASSEE, FL 32308	CONSULTING	195,720.
BLACKBAUD, INC. P.O. BOX 930256, ATLANTA, GA 31193	SOFTWARE SOLUTIONS	178,655.
ERNST & YOUNG 401 EAST JACKSON ST, TAMPA, FL 33602	AUDIT & TAX SERVICES	132,850.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. DAVID B. LANE TRUSTEE	1.00	X						0.	0.	0.
(28) MS. SHARON A. LICAMARA TRUSTEE	1.00	X						0.	0.	0.
(29) STEPHANIE S. LYNCH TRUSTEE	1.00	X						0.	0.	0.
(30) CHARLOTTE E. MAGUIRE, M.D. TRUSTEE	1.00	X						0.	0.	0.
(31) MR. ROBERT B. MANG TRUSTEE	1.00	X						0.	0.	0.
(32) HON. WAYNE M. MESSAM TRUSTEE	1.00	X						0.	0.	0.
(33) MRS. JOYCE BEERY MILES TRUSTEE	1.00	X						0.	0.	0.
(34) DR. JACQUELINE D. MONTGOMERY TRUSTEE	1.00	X						0.	0.	0.
(35) MRS. JANE E. MORGAN TRUSTEE	1.00	X						0.	0.	0.
(36) MR. FRANCIS J. NARDOZZA TRUSTEE	1.00	X						0.	0.	0.
(37) MR. CRAIG A. REUTLINGER TRUSTEE	1.00	X						0.	0.	0.
(38) MR. JEFFREY P. ROHR TRUSTEE	1.00	X						0.	0.	0.
(39) MR. KIRK T. ROSTRON TRUSTEE	1.00	X						0.	0.	0.
(40) MR. BOB SASSER TRUSTEE	1.00	X						0.	0.	0.
(41) MR. ROBERT L. STAHL TRUSTEE	1.00	X						0.	0.	0.
(42) DR. GARNETT STOKES TRUSTEE	1.00	X						0.	0.	0.
(43) MS. JANET L. STONER TRUSTEE	1.00	X						0.	0.	0.
(44) MR. LOUIS C. TAORMINA TRUSTEE	1.00	X						0.	0.	0.
(45) MR. JOHN W. THEIL TRUSTEE	1.00	X						0.	0.	0.
(46) DR. GARY S. TYSON TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	716,388.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,733,207.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	41,172,087.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,462,382.				
	<b>h Total.</b> Add lines 1a-1f		43,621,682.				
	Program Service Revenue	<b>2 a</b> REGISTRATION/ ADMINIST	<b>Business Code</b>				
		561000	741,255.	741,255.			
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			741,255.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		5,239,392.			5,239,392.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		83,475.			83,475.	
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses		246,442,645.			
		<b>c</b> Gain or (loss)		12,834,634.			
	<b>d</b> Net gain or (loss)			12,834,634.		12,834,634.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 716,388. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		293,153.			
		<b>b</b> Less: direct expenses		663,349.			
<b>c</b> Net income or (loss) from fundraising events				-370,196.		-370,196.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER		900099	1,987,062.	1,987,062.			
	<b>b</b> ADVERTISING	900099	11,280.		11,280.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			1,998,342.			
<b>12 Total revenue.</b> See instructions.			64,148,584.	2,728,317.	11,280.	17,787,305.	

**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 or note to any line 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	18,193,572.	18,193,572.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	37,950.	37,950.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,000.	5,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	936,937.		426,558.	510,379.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	18,908,516.	10,935,676.	2,579,048.	5,393,792.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,028,250.	960.	281,491.	745,799.
<b>9</b> Other employee benefits	826,185.	2,700.	347,196.	476,289.
<b>10</b> Payroll taxes	943,020.	321,462.	207,174.	414,384.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	63,649.	6,786.	53,192.	3,671.
<b>c</b> Accounting	178,450.	20,600.	157,850.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	550,836.			550,836.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,276,011.	1,919,555.	251,852.	104,604.
<b>12</b> Advertising and promotion	1,028,742.	1,001,008.	14,282.	13,452.
<b>13</b> Office expenses	3,203,022.	2,478,688.	323,551.	400,783.
<b>14</b> Information technology	396,735.	134,929.	261,407.	399.
<b>15</b> Royalties				
<b>16</b> Occupancy	842,587.	244,012.	595,892.	2,683.
<b>17</b> Travel	3,677,910.	2,994,527.	48,305.	635,078.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,103,766.	1,044,808.	17,385.	41,573.
<b>20</b> Interest	508.	266.	164.	78.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	53,807.		53,807.	
<b>23</b> Insurance	123,183.	65,768.	57,415.	
<b>24</b> 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.)				
<b>a</b> ENTERTAINMENT	3,427,034.	3,003,306.	5,321.	418,407.
<b>b</b> PROVISION FOR UNCOLLECT	1,148,593.	1,148,593.		
<b>c</b> BOOKS JOURNALS SUBSCRIP	862,885.	790,418.	20,618.	51,849.
<b>d</b> MEMBERSHIP DUES & FEES	346,030.	328,636.	10,062.	7,332.
<b>e</b> All other expenses	1,363,474.	703,242.	654,468.	5,764.
<b>25</b> Total functional expenses. Add lines 1 through 24e	61,526,652.	45,382,462.	6,367,038.	9,777,152.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	28,399,721.	<b>1</b>	16,249,653.
	<b>2</b> Savings and temporary cash investments .....	41,441,320.	<b>2</b>	26,052,014.
	<b>3</b> Pledges and grants receivable, net .....	15,706,397.	<b>3</b>	16,066,613.
	<b>4</b> Accounts receivable, net .....	3,292,410.	<b>4</b>	4,453,258.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	44,218.	<b>7</b>	41,396.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,540,570.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,956,935.	572,150.	<b>10c</b> 583,635.
	<b>11</b> Investments - publicly traded securities .....	439,589,028.	<b>11</b>	529,215,940.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	21,886,842.	<b>15</b>	22,907,001.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	550,932,086.	<b>16</b>	615,569,510.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,158,827.	<b>17</b>	2,516,135.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,455,543.	<b>19</b>	4,000,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	6,796,342.	<b>25</b>	7,841,180.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,410,712.	<b>26</b>	14,357,315.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-6,157,746.	<b>27</b>	7,992,824.
	<b>28</b> Temporarily restricted net assets .....	140,516,311.	<b>28</b>	184,576,879.
	<b>29</b> Permanently restricted net assets .....	405,162,809.	<b>29</b>	408,642,492.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	539,521,374.	<b>33</b>	601,212,195.
<b>34</b> Total liabilities and net assets/fund balances .....	550,932,086.	<b>34</b>	615,569,510.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	64,148,584.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,526,652.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,621,932.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	539,521,374.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	59,068,889.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	601,212,195.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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.	X	
<b>3a</b>	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?		X
<b>3b</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		

Form 990 (2013)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC.

Employer identification number  
59-6152180

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - 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?
 

	Yes	No
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	37,479,539.	39,738,220.	51,095,024.	58,060,799.	43,621,682.	229,995,264.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	37,479,539.	39,738,220.	51,095,024.	58,060,799.	43,621,682.	229,995,264.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5,566,683.
<b>6 Public support.</b> Subtract line 5 from line 4.						224,428,581.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	37,479,539.	39,738,220.	51,095,024.	58,060,799.	43,621,682.	229,995,264.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,761,811.	1,757,915.	4,444,838.	2,874,434.	5,322,867.	18,161,865.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	14,842.		43,332.	41,096.	11,280.	110,550.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	9,326.			1,305,766.	1,987,062.	3,302,154.
<b>11 Total support.</b> Add lines 7 through 10						251,569,833.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,003,314.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.21	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	89.01	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**  
**its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Name of the organization**

THE 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<b>Name of organization</b> THE FLORIDA STATE UNIVERSITY FOUNDATION INC.	<b>Employer identification number</b> 59-6152180
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**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		\$ 1,733,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 12,857,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,455,543.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> THE FLORIDA STATE UNIVERSITY FOUNDATION INC.	<b>Employer identification number</b> 59-6152180
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

<b>Name of organization</b> THE FLORIDA STATE UNIVERSITY FOUNDATION INC.	<b>Employer identification number</b> 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.) ▶ \$ \_\_\_\_\_  
 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization THE 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for held easements (2a-2d), and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

**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	415,308,139.	370,494,800.	386,797,725.	328,243,562.	306,089,601.
b Contributions	9,085,740.	19,105,053.	14,702,652.	9,807,870.	4,933,109.
c Net investment earnings, gains, and losses	69,897,942.	48,466,127.	-9,480,451.	70,561,374.	37,851,704.
d Grants or scholarships	4,408,024.	4,172,626.	4,163,600.	3,488,351.	3,838,114.
e Other expenditures for facilities and programs	10,166,034.	9,982,090.	8,886,004.	10,008,036.	8,428,969.
f Administrative expenses	8,397,202.	8,603,125.	8,475,522.	8,318,694.	8,366,769.
g End of year balance	471,320,561.	415,308,139.	370,494,800.	386,797,725.	328,240,562.

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

- a Board designated or quasi-endowment  4.19 %
- b Permanent endowment  81.47 %
- c Temporarily restricted endowment  14.34 %

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:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X

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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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.	0.
c Leasehold improvements				
d Equipment		2,599,837.	2,440,660.	159,177.
e Other		1,124.	225.	899.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				583,635.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY LIABILITIES	417,132.
(3) ANNUITY OBLIGATIONS	7,424,048.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,841,180.

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	123,880,822.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	59,068,889.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	663,349.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	59,732,238.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	64,148,584.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	64,148,584.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	62,190,001.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	663,349.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	663,349.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	61,526,652.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	61,526,652.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

SPENDING FROM THE FOUNDATION'S ENDOWMENTS SUPPORTS THE

ACADEMIC ACTIVITIES OF THE UNIVERSITY INCLUDING SCHOLARSHIPS AND PROGRAMS.

PART X, LINE 2:

THE FOUNDATION IS A NON-PROFIT CORPORATION EXEMPT FROM

FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN

ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WITH THE EXCEPTION OF ANY

UNRELATED BUSINESS INCOME. THE FOUNDATION IS CLASSIFIED AS 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).

**Part XIII** Supplemental Information (continued)

THE FOUNDATION HAS REVIEWED ITS TAX STATUS AND RELATED FILINGS AND  
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS FOR WHICH AN  
OBLIGATION NEEDS TO BE RECORDED PURSUANT TO THE INCOME TAX TOPIC (ASC  
740).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 663,349.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 663,349.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  
THE 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" on 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
CENTRAL AMERICA/ CARIBBEAN			INVESTMENTS	N/A	105,233,250.
<b>3 a</b> Sub-total .....	0	0			105,233,250.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			105,233,250.





**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

Schedule F (Form 990) 2013

**Part V** Supplemental Information

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.

PART I, LINE 2:

THE ORGANIZATION DOES NOT HAVE FORMAL MONITORING PROCEDURES

AFTER 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 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 DAYS FESTIVAL	RINGLING INTL.	11	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	512,930.	266,402.	230,209.	1,009,541.
	<b>2</b> Less: Contributions .....	389,570.	215,347.	111,471.	716,388.
	<b>3</b> Gross income (line 1 minus line 2) .....	123,360.	51,055.	118,738.	293,153.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	14,622.	39,276.	36,060.	89,958.
	<b>8</b> Entertainment .....	1,834.	18,230.	29,958.	50,022.
	<b>9</b> Other direct expenses .....	309,634.	167,951.	45,784.	523,369.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				663,349.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-370,196.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**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: \_\_\_\_\_

**10a** 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 ► \_\_\_\_\_

- 15a 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. Provide the explanations 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).

SCHEDULE G, PART II

AS REPORTED ON SCHEDULE G, NET INCOME FOR FUNDRAISING

EVENTS DOES NOT INCLUDE ANY CHARITABLE CONTRIBUTIONS FROM FUNDRAISING

EVENTS. EXCLUDING CHARITABLE CONTRIBUTIONS, 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 RAISE MONEY BUT

ALSO 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

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at** [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization THE 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BEND HOSPICE 1723 MAHAN CENTER BLVD TALLAHASSEE, FL 32308	59-2328806	501(C)3	25,000.	0.			DONATION
FAMU FINANCIAL AID 1700 LEE HALL DRIVE TALLAHASSEE, FL 32307	59-0977035	501(C)3	4,339.	0.			SCHOLARSHIP SUPPORT
THE FLORIDA STATE UNIVERSITY 600 WEST COLLEGE AVENUE TALLAHASSEE, FL 32306	59-1961248	501(C)3	16,820,438.	490,259.	FMV	COMPUTERS, EQUIPMENT AND FURNITURE	SUPPORT SCHOLARSHIP AND UNIVERSITY PROGRAMS
THE FLORIDA STATE UNIVERSITY ALUMNI ASSOC. - 1030 W. TENNESSEE ATREET - TALLAHASSEE, FL 32304	59-0705420	501(C)3	150,250.	0.			PROGRAM SUPPORT
THE FLORIDA STATE RESEARCH FOUNDATION - 874 TRADITIONS WAY, SUITE 300 - TALLAHASSEE, FL 32306	59-3211153	501(C)3	389,106.	0.	FMV	REAL ESTATE	RESEARCH SUPPORT
SEMINOLE BOOSTERS P.O. BOX 1353 TALLAHASSEE, FL 32302	59-1561180	501(C)3	20,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JUNIOR ACHIEVEMENT OF NORTH FLORIDA - 4049 WOODCOCK DRIVE, SUITE 200 - JACKSONVILLE, FL 32207	59-1021800	501(C)3	12,000.	0.			DONATION
HFE SHARE IT FORWARD, INC. 2800 W. 76 COUNTRY BLVD BRANSON, MO 65616	20-1582086	501(C)3	10,000.	0.			INDUSTRY AWARD
HILLEL AT FLORIDA STATE P.O. BOX 1715 TALLAHASSEE, FL 32302	59-6194457	501(C)3	25,000.	0.			PROGRAM SUPPORT
REPORTERS INSTRUCTED IN SAVING COLLEAGUES, INC. - C/O THE HALF KING, 505-507 WEST 23RD STREET - NEW YORK, NY 10011	45-4535775	501(C)3	25,000.	0.			INDUSTRY AWARD
SOUTHERN SCHOLARSHIP HOUSE 322 STADIUM DRIVE TALLAHASSEE, FL 32304	59-0939481	501(C)3	19,514.	0.			SCHOLARSHIP SUPPORT
TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION - 1331 EAST SIXTH AVENUE - TALLAHASSEE, FL 32304	59-1727645	501(C)3	130,318.	0.			MEDICAL RESEARCH SUPPORT
UNIVERSITY OF FLORIDA FINANCIAL AID - S-107 CRISER HALL, P.O. BOX 114025 - GAINESVILLE, FL 32611	59-6002052	501(C)3	11,847.	0.			SCHOLARSHIP SUPPORT
YOUNG ENTREPRENEURSHIP SOCIETY P.O. BOX 3061110 TALLAHASSEE, FL 32306	59-1961248	501(C)3	10,000.	0.			PROGRAM SUPPORT

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
INDUSTRY AWARD	24	13,100.	0.		
RESEARCH STIPEND- ACADEMIC SUPPORT	21	24,000.	0.		
SCHOLARSHIP - ACADEMIC SUPPORT	2	850.	0.		

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

PART I, LINE 2:

THE 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 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 IV Supplemental Information**

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.

Multiple horizontal lines for supplemental information.





**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) THOMAS W. JENNINGS, JR., PH.D. TRUSTEE/PRESIDENT	(i)	312,355.	0.	0.	16,539.	15,412.	344,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDY A. JHANJI EX. VP FOUNDATION	(i)	208,090.	0.	0.	30,348.	15,096.	253,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. JERRY GANZ, JR. CFO/ASST. TREASURER	(i)	144,845.	0.	0.	9,228.	13,500.	167,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PERRY FULKERSON VP, CENTRAL DEVELOPMENT	(i)	184,917.	0.	0.	27,859.	11,346.	224,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GLENN JACK VP, CONSTITUENT PROGRAMS	(i)	179,258.	0.	0.	21,628.	10,043.	210,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEANNE PECHA VP, ADVANCEMENT SERVICES	(i)	143,928.	0.	0.	21,562.	5,206.	170,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK PANKEY ASSOC. DEAN, DEVELOPMENT	(i)	142,164.	0.	0.	19,019.	12,964.	174,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NANCY SMILOWITZ ASST. DEAN, DEVELOPMENT	(i)	123,536.	0.	0.	18,786.	12,190.	154,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

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, OTHER FOUNDATION AND UNIVERSITY

EXECUTIVES TRAVEL WITH THE PRESIDENT TO PREPARE EN ROUTE FOR THE MEETINGS.

THE FOUNDATION PAID SOCIAL CLUB DUES, SPECIFICALLY FOR FUNDRAISING

PURPOSES, FOR THE UNIVERSITY PRESIDENT.

SCHEDULE J, PART II

DURING THE FISCAL YEAR ENDED JUNE 30, 2014, THE FOLLOWING

WERE EMPLOYEES OF FLORIDA STATE UNIVERSITY:

EMPLOYEE	TITLE	CALENDAR YR 2013
GERALD J. GANZ, JR.	FOUNDATION CFO	\$147,903
THOMAS W. JENNINGS	FOUNDATION PRESIDENT	\$283,326

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**

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.

FLORIDA STATE UNIVERSITY HAS BEEN DETERMINED TO BE AN UNRELATED

ORGANIZATION FOR PURPOSES OF FORM 990 REPORTING.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization **THE 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	14		APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		7,572.	SALE OF COMPARABLES
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	3,995.	EXPERT'S OPINION
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	63	1,021,159.	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 .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( EQUIPMENT & S )	X	17	413,392.	SALE OF COMPARABLES
26 Other ▶ ( MEDIA )	X	2	13,978.	SALE OF COMPARABLES
27 Other ▶ ( CATERED FOOD )	X	1	2,286.	FMV
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**

30a 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? .....

	Yes	No
30a		X
31	X	
32a		X
33		

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

ART - WORKS OF ART:

THE FOUNDATION DOES NOT REPORT CONTRIBUTIONS OF ART AS REVENUE, AS

PERMITTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AS CODIFIED IN

THE NOT-FOR-PROFIT ENTITIES TOPIC OF THE ASC (ASC 958).

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization THE FLORIDA STATE UNIVERSITY FOUNDATION INC.	Employer identification number 59-6152180
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

PURPOSES 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.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BERMUDA, CAYMAN ISLANDS, BRITISH VIRGIN IS

FORM 990, PART VI, SECTION A, LINE 4:

CHANGES TO THE BYLAWS - CHANGES TO THE FOUNDATION BYLAWS

INCLUDED THE ADDITION OF A BOARD OFFICER (FOUNDATION EXECUTIVE VICE

PRESIDENT); CLARIFICATION OF THE DELEGATION OF SIGNATURE AUTHORITIES FROM

BOARD OFFICERS TO STAFF; AND THE ADDITION OF LANGUAGE THAT ELIMINATES THE

NEED TO PASS CORPORATE RESOLUTIONS TO AUTHORIZE FISCAL AND FINANCIAL

ACTIONS.

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

THE FOLLOWING IS THE REVIEW AND DISTRIBUTION PROCESS FOR THE

FOUNDATION'S FORM 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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization THE FLORIDA STATE UNIVERSITY FOUNDATION INC.	Employer identification number 59-6152180
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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 COMMITTEES'S REVIEW IS DOCUMENTED IN THE COMMITTEE MEETING MINUTES;

3) DRAFT FORMS 990 AND 990T ARE PROVIDED TO EACH VOTING 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.

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

ANNUALLY, ALL TRUSTEES ARE ASKED TO COMPLETE A CONFLICT OF INTEREST FORM. THE BOARD STAFF LIASON 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.

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

BEGINNING IN 1997, THE FOUNDATION HAS CONDUCTED AN ANNUAL

SURVEY OF SALARIES AT COMPARABLE UNIVERSITY RELATED ADVANCEMENT

Name of the organization THE FLORIDA STATE UNIVERSITY FOUNDATION INC.	Employer identification number 59-6152180
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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 PART OF THE BUDGET PROCESS TO DETERMINE 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 DOCUMENTS INT HE BOARD MEETING MINUETS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
FL, AK, CA, CO, KY, LA, ME, MD, MA, MI, MN, NH, NJ, NY, ND, OH, OK, OR, SC, UT, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FOUNDATION'S FINANCIAL STATEMENTS, FORM 990 AND 990-T ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AND UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XII, LINE 2C:  
THERE HAS BEEN NO CHANGE TO THE PROCESS FROM THE PRIOR YEAR.