

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** 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  
325 W COLLEGE AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
TALLAHASSEE, FL 32301

**D** Employer identification number  
59-6152180

**E** Telephone number  
(850) 644-6000

**F** Name and address of principal officer:  
ANDY A JHANJI  
325 W COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**G** Gross receipts \$ 180,068,898

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.FOUNDATION.FSU.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1960 **M** State of legal domicile: FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 THE FLORIDA STATE UNIVERSITY FOUNDATION ENHANCES THE ACADEMIC MISSION AND VISION OF FLORIDA STATE UNIVERSITY THROUGH ITS ORGANIZED FUNDRAISING ACTIVITIES AND FUNDS MANAGEMENT. THE FSU FOUNDATION ACCOMPLISHES ITS MISSION BY FOSTERING RELATIONSHIPS WITH ALUMNI AND FRIENDS, ADVOCATING CHARITABLE GIVING AND RAISING FUNDS ON BEHALF OF FSU, SOLICITING CONTRIBUTIONS FOR ACADEMIC PURPOSES AS PART OF FSU'S OVERALL ADVANCEMENT EFFORT, INVESTING AND EXPENDING FUNDS TO MEET CURRENT AND FUTURE NEEDS OF FSU, AND STRENGTHENING RELATIONSHIPS WITH DONORS TO FSU.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	44
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	40
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	148
<b>6</b> Total number of volunteers (estimate if necessary)	526
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-1,580,089
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	-1,580,089

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	56,857,526	38,352,071
<b>9</b> Program service revenue (Part VIII, line 2g)	801,059	786,103
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,067,348	16,968,957
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,184,351	1,263,000
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,910,284	57,370,131
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,285,238	30,163,782
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,169,715	12,150,174
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	410,108	406,544
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,438,422		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,237,228	25,585,831
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,102,289	68,306,331
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,807,995	-10,936,200

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	750,191,436	730,089,060
<b>21</b> Total liabilities (Part X, line 26)	38,833,956	36,048,268
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	711,357,480	694,040,792

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-04-22

HOLLY NEWELL CFO/ASSISTANT TREASURER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-04-15

Firm's name ▶ RSM US LLP Check  if self-employed PTIN P01204534

Firm's address ▶ 7351 OFFICE PARK PLACE Firm's EIN ▶ 42-0714325

MELBOURNE, FL 329408229 Phone no. (321) 751-6200

**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 FLORIDA STATE UNIVERSITY FOUNDATION ENHANCES THE ACADEMIC MISSION AND VISION 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

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

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

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

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

**4a** (Code: ) (Expenses \$ 44,684,267 including grants of \$ 30,163,782 ) (Revenue \$ 1,950,566 )  
See Additional Data

**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 ▶ 44,684,267

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 44; 1b Enter the number of voting members included in line 1a... 40; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body...; 8b Each committee with authority to act on behalf of the governing body...; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O...

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates...; 10b 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...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form...; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990...; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts...; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done...; 13 Did the organization have a written whistleblower policy...; 14 Did the organization have a written document retention and destruction policy...; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official...; 15b Other officers or key employees of the organization...; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year...; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HOLLY NEWELL 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301 (850) 644-6000







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	126,626		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	8,194,061		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,829,254		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	28,202,130		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>	1,955,945		
	<b>h Total.</b> Add lines 1a-1f . . . . .		38,352,071		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
	Business Code					
<b>2a</b> REGISTRATION/ADMIN	900099		480,216	480,216		
<b>b</b> SPONSORSHIPS	900099		305,887	305,887		
<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. . . . .			786,103			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		4,370,361		-1,651,998	6,022,359		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .		114,090			114,090		
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	135,227,966				
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	122,629,370			
			<b>c</b> Gain or (loss)	<b>7c</b>	12,598,596			
	<b>d</b> Net gain or (loss) . . . . .			12,598,596	71,909	12,526,687		
	<b>8a</b> Gross income from fundraising events (not including \$ 126,626 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		53,844				
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	69,397			
			<b>c</b> Net income or (loss) from fundraising events . . . . .			-15,553	-15,553	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
			<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue		Business Code						
<b>11a</b> MISCELLANEOUS		900099	1,164,463	1,164,463				
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			1,164,463					
<b>12 Total revenue.</b> See instructions . . . . .			57,370,131	1,950,566	-1,580,089	18,647,583		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	30,163,782	30,163,782		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	685,435		196,480	488,955
<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 . . . . .	8,551,938		3,070,899	5,481,039
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	722,087		261,095	460,992
<b>9</b> Other employee benefits . . . . .	1,544,739		580,667	964,072
<b>10</b> Payroll taxes . . . . .	645,975		234,139	411,836
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	42,635	21,900	20,735	
<b>c</b> Accounting . . . . .	198,094	34,408	163,686	
<b>d</b> Lobbying . . . . .	79,500	79,500		
<b>e</b> Professional fundraising services. See Part IV, line 17	406,544			406,544
<b>f</b> Investment management fees . . . . .	8,275,229		8,275,229	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,707,523	3,595,505	35,263	76,755
<b>12</b> Advertising and promotion . . . . .	1,120,518	1,087,109	1,996	31,413
<b>13</b> Office expenses . . . . .	2,520,051	2,071,704	131,959	316,388
<b>14</b> Information technology . . . . .	313,653	95,553	215,780	2,320
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,715,286	1,307,517	391,674	16,095
<b>17</b> Travel . . . . .	2,544,122	2,203,225	22,522	318,375
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	293,880	243,587	8,263	42,030
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	211,887		211,887	
<b>23</b> Insurance . . . . .	368,139	288,005	80,134	
<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> CAMPUS & DONOR EVENTS	2,930,704	2,753,432	10,528	166,744
<b>b</b> BOOKS, JOURNALS, & SUBS	591,582	331,702	75,781	184,099
<b>c</b> MEMBERSHIP DUES & FEES	451,702	394,655	8,504	48,543
<b>d</b>				
<b>e</b> All other expenses	221,326	12,683	186,421	22,222
<b>25</b> Total functional expenses. Add lines 1 through 24e	68,306,331	44,684,267	14,183,642	9,438,422
<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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	12,819,508	<b>1</b>	13,722,387
	<b>2</b> Savings and temporary cash investments . . . . .	45,143,281	<b>2</b>	34,943,746
	<b>3</b> Pledges and grants receivable, net . . . . .	63,899,866	<b>3</b>	58,698,483
	<b>4</b> Accounts receivable, net . . . . .	79,049	<b>4</b>	73,419
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	360,592	<b>9</b>	279,742
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 8,374,198		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,754,841	5,797,529	<b>10c</b> 5,619,357
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	595,486,378	<b>12</b>	571,346,921
	<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 . . . . .	26,605,233	<b>15</b>	45,405,005
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	750,191,436	<b>16</b>	730,089,060	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	827,999	<b>17</b>	449,924
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,103,424	<b>19</b>	955,000
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,394,387	<b>23</b>	3,152,979
	<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	33,508,146	<b>25</b>	31,490,365
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	38,833,956	<b>26</b>	36,048,268
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	209,531,537	<b>29</b>	199,464,237
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	2,403,142	<b>30</b>	2,466,378
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	499,422,801	<b>31</b>	492,110,177
<b>32</b> Total net assets or fund balances . . . . .	711,357,480	<b>32</b>	694,040,792	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	750,191,436	<b>33</b>	730,089,060	

**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>	57,370,131
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	68,306,331
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-10,936,200
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	711,357,480
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,380,488
<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>	694,040,792

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-6152180

**Name:** THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

THE FLORIDA STATE UNIVERSITY FOUNDATION EXPENDS FUNDS FOR PURPOSES THAT ENHANCE THE ACADEMIC MISSION OF FLORIDA STATE UNIVERSITY. ACADEMIC SUPPORT INCLUDES SALARIES, SCHOLARSHIPS & FELLOWSHIPS, RESEARCH, CAPITAL FUNDING, EQUIPMENT & SUPPLIES, TRAVEL, AND OTHER 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.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS W JENNINGS ..... TRUSTEE/PRESIDENT	12.00 .....	X		X				0	364,760	46,164
DAVID B LANE ..... TRUSTEE/CHAIR	1.00 .....	X		X				0	0	0
NANCY MCKAY ..... TRUSTEE/CHAIR ELECT	1.00 .....	X		X				0	0	0
LOUIS C TAORMINA ..... TRUSTEE/TREASURER	1.00 .....	X		X				0	0	0
NAN C HILLIS ..... TRUSTEE/SECRETARY	1.00 .....	X		X				0	0	0
DONNA M ABOOD ..... TRUSTEE	1.00 .....	X						0	0	0
FLORENCE H ASHBY ..... TRUSTEE	1.00 .....	X						0	0	0
KATHRYN E BALLARD ..... TRUSTEE/EX OFFICIO V, FSU BOT	1.00 .....	X						0	0	0
KEITH D CARR ..... TRUSTEE, CHAIR, AUDIT COMMITTEE	1.00 .....	X						0	0	0
DEAN L CASH ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC K CHICKEN ..... TRUSTEE/EX OFFICIO V, FACULTY SENATE PRESIDENT	1.00 ..... 40.00	X						0	179,849	37,369
TIMOTHY A COLE ..... TRUSTEE	1.00 .....	X						0	0	0
PETER H COLLINS ..... TRUSTEE, CHAIR, INVESTMENT COMMITTEE	1.00 .....	X						0	0	0
THOMAS M CULLIGAN ..... TRUSTEE	1.00 .....	X						0	0	0
JULIE D EICHENBERG ..... TRUSTEE	1.00 .....	X						0	0	0
MARK S ELLIS ..... TRUSTEE	1.00 .....	X						0	0	0
ANDREA K FRIALL ..... TRUSTEE	1.00 .....	X						0	0	0
JEFFREY D GARGIULO ..... TRUSTEE	1.00 .....	X						0	0	0
TIMOTHY S GUNNING ..... TRUSTEE	1.00 .....	X						0	0	0
FRANKLIN L HAGENBECK ..... TRUSTEE, CHAIR, DONOR STEWARDSHIP COMMITTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARION J HARGETT ..... TRUSTEE	1.00 .....	X						0	0	0
KRISTINE C HARPER PARTIAL YR ..... TRUSTEE/EX OFFICIO V, FACULTY SENATE PRESIDENT	1.00 ..... 40.00	X						0	104,013	18,116
MICHAEL D HARTLINE ..... TRUSTEE/EX OFFICIO V, CHAIR, DEANS DEV COMM	1.00 ..... 40.00	X						0	393,766	41,267
JOHN T HERNDON ..... TRUSTEE	1.00 .....	X						0	0	0
MART P HILL ..... TRUSTEE	1.00 .....	X						0	0	0
WILLIAM T HOLD ..... TRUSTEE	1.00 .....	X						0	0	0
PAUL G HUDSON ..... TRUSTEE	1.00 .....	X						0	0	0
CHRISTOPHER E IANSTTI ..... TRUSTEE, CHAIR, DEVELOPMENT COMMITTEE	1.00 .....	X						0	0	0
RUSSELL T KOHL ..... TRUSTEE	1.00 .....	X						0	0	0
WILLIAM C LLOYD ..... TRUSTEE	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M LUSK ..... TRUSTEE, CHAIR, FINANCE COMMITTEE	1.00 .....	X						0	0	0
CRAIG T LYNCH ..... TRUSTEE	1.00 .....	X						0	0	0
ROBERT B MANG ..... TRUSTEE	1.00 .....	X						0	0	0
THOMAS M MCALPIN ..... TRUSTEE	1.00 .....	X						0	0	0
STEVEN J MUDDER ..... TRUSTEE	1.00 .....	X						0	0	0
FRANCIS J NARDOZZA ..... TRUSTEE	1.00 .....	X						0	0	0
SEAN PITTMAN ..... TRUSTEE	1.00 .....	X						0	0	0
MICHAEL C POLAND ..... TRUSTEE	1.00 .....	X						0	0	0
SHERRILL W RAGANS ..... TRUSTEE	1.00 .....	X						0	0	0
KYLE D RIVA ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATHEW A ROMAN PARTIAL YEAR ..... TRUSTEE/EX OFFICIO V, CHAIR, STUDENT FOUNDATION	1.00 ..... 8.00	X						0	0	0
PAULA P SMITH ..... TRUSTEE	1.00 .....	X						0	0	0
JAMES G THOMPSON ..... TRUSTEE/EX OFFICIO V, CHAIR, STUDENT FOUNDATION	1.00 .....	X						0	0	0
JOHN E THRASHER ..... TRUSTEE/EX OFFICIO V, FSU PRESIDENT	1.00 ..... 40.00	X						0	732,809	291,072
ELIZABETH J WALTERS ..... TRUSTEE	1.00 .....	X						0	0	0
ASHBEL C WILLIAMS ..... TRUSTEE	1.00 .....	X						0	0	0
ANDY A JHANJI ..... EXECUTIVE VP	40.00 .....			X				0	270,472	45,728
HOLLY NEWELL ..... CFO/ASSISTANT TREASURER	40.00 ..... 6.00			X				0	153,984	41,802
THOMAS W BLOCK ..... VP ADV RELATIONS/ASST SECRETARY	40.00 .....			X				0	136,205	36,127
PERRY FULKERSON ..... VP CENTRAL DEVELOPMENT	40.00 .....					X		0	208,220	40,705

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRANDON MCCRAY ..... ASSOC. VP CONSTITUENT PROGRAMS	40.00 .....					X		0	163,027	37,626
MICHELLE MATTOX ..... ASSOC. VP CENTRAL DEVELOPMENT	40.00 .....					X		0	149,070	23,663
PAMELA SPENCER ..... VP ADVANCEMENT SERVICES	40.00 .....					X		0	143,404	34,534
JAMES A MCNEILL ..... SR. DIRECTOR DEVELOPMENT, MEDICINE	40.00 .....					X		0	143,295	35,407

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	111,122,036	41,108,276	46,802,286	56,857,526	38,352,071	294,242,195
<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	111,122,036	41,108,276	46,802,286	56,857,526	38,352,071	294,242,195
<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). . .						73,321,936
<b>6 Public support.</b> Subtract line 5 from line 4.						220,920,259

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	111,122,036	41,108,276	46,802,286	56,857,526	38,352,071	294,242,195
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	4,406,630	5,690,444	5,738,329	8,324,817	4,484,451	28,644,671
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	3,061,682	2,398,983	2,200,920	2,136,433	1,218,307	11,016,325
<b>11 Total support.</b> Add lines 7 through 10						333,903,191
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,724,045

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	66.160 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	67.880 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.) . . . . .						
<b>13</b>	<b>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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

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

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER - 2015 AMOUNT: \$ 2,991,027. 2016 AMOUNT: \$ 2,348,896. 2017 AMOUNT: \$ 2,143,322. 2018 AMOUNT: \$ 2,086,005. 2019 AMOUNT: \$ 1,164,463. GROSS INCOME FROM FUNDRAISING EVENTS - 201 5 AMOUNT: \$ 70,655. 2016 AMOUNT: \$ 50,087. 2017 AMOUNT: \$ 57,598. 2018 AMOUNT: \$ 50,428. 2 019 AMOUNT: \$ 53,844.

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization THE FLORIDA STATE UNIVERSITY FOUNDATION INC	Employer identification number 59-6152180
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		79,500
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			79,500
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	FEES OF \$79,500 WERE PAID TO CONSULTANTS FOR SERVICES TO SUPPORT THE INTERESTS OF FLORIDA STATE UNIVERSITY; NO PAYMENTS WERE IN SUPPORT OF OR IN OPPOSITION TO ANY CANDIDATE FOR POLITICAL OFFICE.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization 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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education), Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with columns: Held at the End of the Year, 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

**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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	499,422,801	490,032,438	466,262,833	428,194,012	451,100,435
<b>b</b> Contributions . . . . .	17,106,296	14,340,306	10,533,296	12,449,948	12,957,232
<b>c</b> Net investment earnings, gains, and losses	-2,052,885	18,162,684	37,763,452	50,805,872	-10,581,743
<b>d</b> Grants or scholarships . . . . .	5,362,634	5,264,696	5,041,974	5,256,742	5,372,728
<b>e</b> Other expenditures for facilities and programs . . . . .	9,873,845	10,974,872	11,036,325	10,985,292	11,449,103
<b>f</b> Administrative expenses . . . . .	7,129,556	6,873,059	8,448,844	8,944,965	8,460,081
<b>g</b> End of year balance . . . . .	492,110,177	499,422,801	490,032,438	466,262,833	428,194,012

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 5.300 %
  - b** Permanent endowment ▶ 92.250 %
  - c** Temporarily restricted endowment ▶ 2.450 %
- The percentages on 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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" on 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
<b>1a</b> Land . . . . .		1,619,876		1,619,876
<b>b</b> Buildings . . . . .		4,305,164	483,152	3,822,012
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,449,158	2,271,689	177,469
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,619,357



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on 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) MARKETABLE SECURITIES	11,794,419	F
(B) FIXED INCOME	48,764,543	F
(C) EQUITIES	299,549,825	F
(D) HEDGE FUNDS	75,331,842	F
(E) LIMITED PARTNERSHIPS	125,301,565	F
(F) REAL ASSETS	10,604,727	F
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	571,346,921	

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on 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> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) REMAINDER INTEREST TRUSTS	7,735,517
(2) FUNDS HELD IN TRUST BY OTHERS	10,127,900
(3) CASH SURRENDER VALUE LIFE INSURANCE	1,960,444
(4) DUE FROM RELATED ORGANIZATIONS	25,581,144
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	45,405,005

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on 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	9,984,335
(3) ANNUITY OBLIGATIONS	4,891,213
(4) SPLIT-INTEREST AGREEMENTS FOR REMAINDER INTERESTS	2,844,304
(5) TRUSTS HELD BY OTHERS	10,127,900
(6) DUE TO RELATED ORGANIZATIONS	3,638,908
(7) OTHER DEFERRED INFLOWS OF RESOURCES	3,705
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	31,490,365

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' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	42,783,811
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-6,380,488
<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>	69,397
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-6,311,091
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	49,094,902
<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>	8,275,229
<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>	8,275,229
<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>	57,370,131

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	60,100,499
<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>	69,397
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	69,397
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	60,031,102
<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>	8,275,229
<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>	8,275,229
<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>	68,306,331

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-6152180

**Name:** THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	SPENDING FROM THE FOUNDATION'S ENDOWMENTS SUPPORTS THE ACADEMIC ACTIVITIES OF THE UNIVERSITY INCLUDING SCHOLARSHIPS AND PROGRAMS.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS A NON-PROFIT FLORIDA 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) AND IS REPORTED AS A DISCRETE COMPONENT UNIT OF THE UNIVERSITY IN ITS FINANCIAL STATEMENTS. THE FOUNDATION HAS REVIEWED ITS TAX STATUS AND RELATED FILINGS AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 69,397.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 69,397.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2019

**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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			96,696,214
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			96,696,214



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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



**Part 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 separately 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; don't file with Form 990)* . . . . .  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**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. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-6152180

**Name:** THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA/ CARIBBEAN	0	0	INVESTMENTS	N/A	87,203,608
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	N/A	9,492,606

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

**Employer identification number**  
59-6152180

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO NOEL LEVITZ PO BOX 718  DES MOINES, IA 50303	PHONE SOLICITATION		No	281,506	406,544	-125,038
<b>Total</b>				281,506	406,544	-125,038

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

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>UNGALA 2019</u> (event type)	<u>PC ANNUAL DINNER</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	46,300	46,050	79,277	171,627
<b>2</b> Less: Contributions . . . . .	33,100	30,310	57,831	121,241
<b>3</b> Gross income (line 1 minus line 2) . . . . .	13,200	15,740	21,446	50,386
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .			3,909	3,909
<b>6</b> Rent/facility costs . . . . .			3,380	3,380
<b>7</b> Food and beverages . . . . .		16,587	13,000	29,587
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	1,320	9,455	13,075	23,850
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				60,726
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-10,340

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			
<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 conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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 conduct 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 conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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 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 provide any additional information. See instructions.

Return Reference	Explanation
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 THE MISSION.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE UNIVERSITY OVERSEES THE GRANT PROCESS. UNIVERSITY PERSONNEL DETERMINE WHO WILL RECEIVE AWARDS AND HOW THEY ARE AWARDED BASED ON THE DONOR RESTRICTIONS OF EACH FUND. ONCE GRANT SELECTIONS ARE MADE, A PAYMENT REQUEST IS INITIATED AND APPROVED BY UNIVERSITY PERSONNEL. EACH GRANT IS THEN AUDITED BY FOUNDATION STAFF TO ENSURE THAT IT MEETS THE DONOR'S INTENT BEFORE PAYMENT IS MADE. THE UNIVERSITY KEEPS RECORDS OF THE DISBURSEMENTS MADE ON BEHALF OF THE FSU FOUNDATION THROUGH ITS SYSTEMS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-6152180  
**Name:** THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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
THE FLORIDA STATE UNIVERSITY 282 CHAMPION WAY UCA 2200 TALLAHASSEE, FL 32306	59-1961248	501(C)3	29,800,619	97,515	FMV	RESEARCH EQUIPMENT	SUPPORT SCHOLARSHIPS AND UNIVERSITY PROGRAMS
THE FLORIDA STATE UNIVERSITY ALUMNI ASSOCIATION 1030 W TENNESSEE STREET TALLAHASSEE, FL 32304	59-0705420	501(C)3	125,000				SUPPORT FOR THE ALUMNI ASSOCIATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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
FSU REAL ESTATE FOUNDATION 200 WEST COLLEGE AVENUE TALLAHASSEE, FL 32301	45-2337977	501(C)3	100,000				SUPPORT FOR THE REAL ESTATE FOUNDATION
FLORIDA PREPAID COLLEGE FOUNDATION PO BOX 31088 TAMPA, FL 33631	59-3012202	501(C)3	40,648				STUDENT SCHOLARSHIPS FOR ACADEMIC SUPPORT

**Schedule J**  
**(Form 990)**

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

Employer identification number  
59-6152180

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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.

Return Reference	Explanation
PART I, LINE 1A	CHARTER AIRLINE TRAVEL IS PROVIDED FOR THE UNIVERSITY PRESIDENT AND OTHER SENIOR UNIVERSITY AND FOUNDATION STAFF TO BE ABLE TO TRAVEL WITH THE PRESIDENT OF THE UNIVERSITY ON ADMINISTRATIVE AND FUNDRAISING ACTIVITIES FOR FSU WHERE COMMERCIAL FLIGHTS ARE NOT AVAILABLE. THIS WAS NONTAXABLE TO THE UNIVERSITY PRESIDENT AS WELL AS OTHER SENIOR UNIVERSITY AND FOUNDATION STAFF. THE FOUNDATION PAYS TRAVEL EXPENSES FOR THE UNIVERSITY PRESIDENT'S SPOUSE WHO HAS A COURTESY APPOINTMENT WITH FSU AND ACTS AS AN OFFICIAL AMBASSADOR OF THE UNIVERSITY. THIS WAS NONTAXABLE TO THE UNIVERSITY PRESIDENT. THE UNIVERSITY'S EMPLOYMENT CONTRACT WITH THE VP FOR UNIVERSITY ADVANCEMENT/FOUNDATION PRESIDENT STIPULATES THAT THE FOUNDATION SHALL PAY THE TRAVEL EXPENSES FOR THE FOUNDATION PRESIDENT'S SPOUSE, WHO SERVES AS AN OFFICIAL AMBASSADOR FOR THE UNIVERSITY, TO ACCOMPANY THE FOUNDATION PRESIDENT ON BUSINESS TRIPS. THIS WAS NONTAXABLE TO THE FOUNDATION PRESIDENT. THE FOUNDATION PAID SOCIAL CLUB DUES, SPECIFICALLY FOR FUNDRAISING PURPOSES, FOR THE FOUNDATION'S PRESIDENT AND EXECUTIVE VICE PRESIDENT. THIS WAS NONTAXABLE TO THE FOUNDATION PRESIDENT AND EXECUTIVE VICE PRESIDENT.
PART I, LINE 3	THE FOUNDATION PRESIDENT, THOMAS W. JENNINGS, IS AN EMPLOYEE OF FLORIDA STATE UNIVERSITY, A RELATED ORGANIZATION. HIS COMPENSATION IS REVIEWED AND SET BY THE PRESIDENT OF FLORIDA STATE UNIVERSITY, OR HIS DESIGNEE, IN ACCORDANCE WITH THE UNIVERSITY'S POLICIES. THESE POLICIES REQUIRE THAT COMPARABLE DATA BE USED TO DETERMINE THAT MANAGEMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO SIMILAR ROLES IN OTHER FOUNDATIONS NATIONALLY.
SCHEDULE J, PART II	EFFECTIVE DECEMBER 14, 2018, ALL EMPLOYEES OF THE FSU FOUNDATION TRANSITIONED TO EMPLOYEES OF FLORIDA STATE UNIVERSITY, A RELATED ORGANIZATION. DURING THE CALENDAR YEAR ENDED 2019, THE FOLLOWING LISTED PERSONS FROM 990 PT. VII WERE EMPLOYEES OF FLORIDA STATE UNIVERSITY, A RELATED ORGANIZATION. EMPLOYEE TITLE HOLLY NEWELL CFO/ASSISTANT TREASURER THOMAS W. JENNINGS FOUNDATION PRESIDENT ERIC K. CHICKEN TRUSTEE/EX OFFICIO V, FACULTY SENATE PRESIDENT THOMAS BLOCK VP ADV. RELATIONS/ASST. SECRETARY MICHAEL D. HARTLINE TRUSTEE/EX OFFICIO V, CHAIR, DEANS DEV. COMM. JOHN E. THRASHER TRUSTEE/EX OFFICIO V, FSU PRESIDENT KRISTINE C. HARPER TRUSTEE/EX OFFICIO V, FACULTY SENATE PRESIDENT ANDY A. JHANJI EXECUTIVE VP PERRY FULKERSON VP CENTRAL DEVELOPMENT BRANDON MCCRAY ASSOC. VP CONSTITUENT PROGRAMS MICHELLE MATTOX ASSOC. VP CENTRAL DEVELOPMENT PAMELA SPENCER VP ADVANCEMENT SERVICES JAMES A. MCNEIL SR. DIRECTOR DEVELOPMENT, MEDICINE COMPENSATION FROM FLORIDA STATE UNIVERSITY IS REPORTED ON 990 PT. VII, SECTION A, AND ON SCHEDULE J PT. II. COMPENSATION FROM FLORIDA STATE UNIVERSITY FOR THOMAS W. JENNINGS, JOHN E. THRASHER, ERIC K. CHICKEN, DR. KRISTINE C. HARPER, AND DR. MICHAEL D. HARTLINE IS FOR THEIR RESPONSIBILITIES AS EMPLOYEES OF THE UNIVERSITY, A RELATED ORGANIZATION, AND NOT FOR THEIR ROLE AS TRUSTEES OF THE FSU FOUNDATION. THOMAS W. JENNINGS ALSO HOLDS THE TITLE OF VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT AT FLORIDA STATE UNIVERSITY. IN THIS ROLE, HE OVERSEES THE ACTIVITIES OF THREE DIRECT SUPPORT ORGANIZATIONS OF THE UNIVERSITY, INCLUDING THE ACTIVITIES OF THE FSU FOUNDATION. THE OTHER TWO DIRECT SUPPORT ORGANIZATIONS ARE RELATED ORGANIZATIONS OF THE FSU FOUNDATION. HOLLY NEWELL, CPA IS THE CHIEF FINANCIAL OFFICER AND ASSISTANT TREASURER FOR THE FOUNDATION. SHE IS ALSO THE TREASURER OF THE FSU REAL ESTATE FOUNDATION. IN THIS ROLE, SHE OVERSEES THE ACCOUNTING OF THE ORGANIZATION, A RELATED ORGANIZATION OF THE FSU FOUNDATION. DR. KRISTINE C. HARPER SERVED AS FACULTY SENATE PRESIDENT UNTIL DECEMBER 31, 2019. ERIC K. CHICKEN BEGAN SERVING AS FACULTY SENATE PRESIDENT ON JANUARY 1, 2020.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-6152180  
**Name:** THE FLORIDA STATE UNIVERSITY FOUNDATION  
 INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THOMAS W JENNINGS TRUSTEE/PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	357,560	1,200	6,000	24,018	22,334	411,112	
1ERIC K CHICKEN TRUSTEE/EX OFFICIO V, FACULTY SENATE	(i)	0	0	0	0	0	0	
	(ii)	178,349	1,500	0	15,811	21,601	217,261	
2MICHAEL D HARTLINE TRUSTEE/EX OFFICIO V, CHAIR, DEANS D	(i)	0	0	0	0	0	0	
	(ii)	367,362	1,500	24,904	24,114	17,196	435,076	
3JOHN E THRASHER TRUSTEE/EX OFFICIO V, FSU PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	601,866	0	130,943	255,736	35,578	1,024,123	
4ANDY A JHANJI EXECUTIVE VP	(i)	0	0	0	0	0	0	
	(ii)	263,272	1,200	6,000	23,008	22,868	316,348	
5HOLLY NEWELL CFO/ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	152,784	1,200	0	14,000	27,910	195,894	
6THOMAS W BLOCK VP ADV RELATIONS/ASST SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	134,736	1,200	269	12,105	24,065	172,375	
7PERRY FULKERSON VP CENTRAL DEVELOPMENT	(i)	0	0	0	0	0	0	
	(ii)	207,020	1,200	0	18,270	22,477	248,967	
8BRANDON MCCRAY ASSOC. VP CONSTITUENT PROGRAMS	(i)	0	0	0	0	0	0	
	(ii)	161,827	1,200	0	14,415	23,254	200,696	
9MICHELLE MATTOX ASSOC. VP CENTRAL DEVELOPMENT	(i)	0	0	0	0	0	0	
	(ii)	147,870	1,200	0	12,810	10,896	172,776	
10PAMELA SPENCER VP ADVANCEMENT SERVICES	(i)	0	0	0	0	0	0	
	(ii)	142,204	1,200	0	12,581	21,996	177,981	
11JAMES A MCNEILL SR. DIRECTOR DEVELOPMENT, MEDICINE	(i)	0	0	0	0	0	0	
	(ii)	142,095	1,200	0	12,238	23,212	178,745	



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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
<b>1</b> Art—Works of art . . . . .	X	4		APPRAISAL
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .	X	6	23,487	PUBLISHED VALUE
<b>7</b> Boats and planes . . . . .	X	1	55,780	PUBLISHED VALUE
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	58	1,876,678	SALE OF COMPARABLES
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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** 0

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** Yes No

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** Yes No

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** Yes No

**b** If "Yes," describe in Part II.

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

**Part III 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.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF UNIQUE CONTRIBUTIONS RECEIVED.
PART I, LINE 33:	THE FOUNDATION HAS ELECTED TO EXERCISE THE OPTION OF NOT CAPITALIZING ITEMS THAT MEET THE DEFINITION OF "COLLECTIONS" AS PRESCRIBED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. ALL DONATIONS OF COLLECTIONS ARE TRANSFERRED TO THE UNIVERSITY AT THE TIME OF THE GIFT. THE FOUNDATION RECEIVED DONATIONS OF PAINTINGS, SCULPTURES, PHOTOGRAPHS, MEMORABILIA AND SIMILAR ITEMS WITH A VALUE OF \$4,698,919 AND \$5,094,660 FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, RESPECTIVELY.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

Employer identification number

59-6152180

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE I, BOX F PRINCIPAL OFFICER:	FOLLOWING THE FISCAL YEAR END, PRESIDENT THOMAS W. JENNINGS LEFT THE ORGANIZATION. EXECUTIVE VP ANDY A. JHANJI IS CURRENTLY SERVING AS INTERIM PRESIDENT AT THE TIME THIS RETURN WAS FILED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART I, LINE 5 AND PART V, LINES 2A AND 2B:	EFFECTIVE DECEMBER 14, 2018, ALL EMPLOYEES OF THE FSU FOUNDATION TRANSITIONED TO EMPLOYEES OF FLORIDA STATE UNIVERSITY, A RELATED ORGANIZATION. DURING CALENDAR YEAR 2019 THERE WERE 148 EMPLOYEES PRIMARILY DEDICATED TO WORKING FOR THE FSU FOUNDATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A:	EFFECTIVE JULY 1, 2018, ALL DEPARTMENTAL EXPENDITURES FROM FOUNDATION FUNDS ARE PROCESSED AND PAID THROUGH THE FLORIDA STATE UNIVERSITY OMNI SYSTEM AND THE UNIVERSITY IS RESPONSIBLE FOR FILING REQUIREMENTS. THE NUMBER REPORTED REPRESENTS EXPENDITURES SPECIFIC TO FSU FOUNDATION OPERATIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI SECTION A, LINE 1A:	THE EXECUTIVE COMMITTEE SHALL EXERCISE THE POWERS AND AUTHORITY OF THE BOARD WHEN THE BOARD IS NOT IN SESSION. THE COMMITTEE SHALL INCLUDE THE CHAIR, PAST CHAIR, FOUNDATION PRESIDENT, TREASURER, SECRETARY, THE UNIVERSITY PRESIDENT OR DESIGNEE, THE CHAIR OF THE UNIVERSITY BOARD OF TRUSTEES OR DESIGNEE, THE PRESIDENT OF THE UNIVERSITY FACULTY SENATE, AND THE CHAIR OF EACH STANDING COMMITTEE. THE COMMITTEE SHALL CONSIDER, EVALUATE AND ANALYZE ISSUES THAT HAVE IMPLICATIONS FOR CHANGES TO THE BOARD AND MAKE RECOMMENDATIONS OF APPROPRIATE ACTION TO THE BOARD. IF THE COMMITTEE MEETS TO EXERCISE THE POWERS AND AUTHORITY OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, THE COMMITTEE SHALL HAVE NO AUTHORITY TO ALTER, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OR TO ELECT TRUSTEES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING HAD A FAMILY RELATIONSHIP DURING THE TIME PERIOD COVERED BY THIS TAX FILING PERIOD: LOUIS C. TAORMINA AND MARION J. HARGETT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS A TRUSTEESHIP COMMITTEE WHICH IS CHARGED WITH DETERMINING THE SLATE OF OFFICERS AND RECOMMENDING CANDIDATES FOR ELECTION AS REGULAR TRUSTEES TO THE UNIVERSITY PRESIDENT AND THE BOARD. REGULAR TRUSTEES HAVE VOTING PRIVILEGES AND ARE ELECTED BY MAJORITY VOTE OF THE VOTING TRUSTEES AFTER RECOMMENDATION BY THE TRUSTEESHIP COMMITTEE AND CONSULTATION WITH THE UNIVERSITY PRESIDENT. PER THE FLORIDA EXCELLENCE IN HIGHER EDUCATION ACT OF 2018, SIGNED INTO LAW ON MARCH 11, 2018, THE UNIVERSITY BOARD OF TRUSTEES SHALL APPROVE BOARD APPOINTMENTS, OTHER THAN THOSE MEMBERS APPOINTED BY THE TRUSTEE CHAIR OR PRESIDENT, TO THE FLORIDA STATE UNIVERSITY FOUNDATION.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PER THE FLORIDA EXCELLENCE IN HIGHER EDUCATION ACT OF 2018, SIGNED INTO LAW ON MARCH 11, 2018, THE UNIVERSITY BOARD OF TRUSTEES SHALL APPROVE BOARD APPOINTMENTS, OTHER THAN THOSE MEMBERS APPOINTED BY THE TRUSTEE CHAIR OR PRESIDENT, TO THE FLORIDA STATE UNIVERSITY FOUNDATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	1) THE CFO REVIEWS FORMS 990 AND 990-T WITH THE EXECUTIVE VICE PRESIDENT AND RESOLVES ANY ISSUES OR QUESTIONS WITH THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE FORMS. IT IS THE CFO AND EXECUTIVE VICE PRESIDENT'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 DELEGATED TO THE AUDIT COMMITTEE THE RESPONSIBILITY FOR THE FINAL REVIEW OF THE DRAFT FORMS 990 AND 990-T. 3) ONCE THE AUDIT COMMITTEE REVIEW IS COMPLETE, THE DRAFT FORMS 990 AND 990-T ARE PROVIDED TO EACH VOTING BOARD MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE FORMS WITH THE IRS. DISTRIBUTION MAY BE IN THE FORM OF ELECTRONIC MAIL, NOTIFICATION OF A LINK TO A WEBSITE OR ACTUAL MAILING OF THE DOCUMENT.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL TRUSTEES ARE ASKED TO COMPLETE A CONFLICT OF INTEREST FORM. THE BOARD STAFF LIAISON MONITORS THE PROCESS TO ENSURE THAT COMPLETED FORMS ARE RETURNED BY ALL MEMBERS WITH INDIVIDUAL FOLLOW UP WHEN NECESSARY. HARD COPIES OF ALL FORMS ARE RETAINED. IT IS THE RESPONSIBILITY OF THE ASSISTANT SECRETARY OF THE BOARD TO INFORM THE BOARD CHAIR AND COMMITTEE CHAIRPERSONS OF ANY EXISTING CONFLICTS SO THAT THEY CAN BE SURE THAT BOARD MEMBERS RECUSE THEMSELVES FROM ANY DISCUSSIONS AND/OR ACTIONS INCLUDING VOTES ON ISSUES WHERE THERE IS A CONFLICT OF INTEREST.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR MANAGEMENT IS REVIEWED AND SET BY THE PRESIDENT OF THE UNIVERSITY, OR HIS DESIGNEE, IN ACCORDANCE WITH THE UNIVERSITY'S POLICIES. THESE POLICIES REQUIRE THAT COMPARABLE DATA BE USED TO DETERMINE THAT MANAGEMENT IS COMPENSATED FAIRLY AND COMPETITIVELY WHEN COMPARED TO SIMILAR ROLES IN OTHER FOUNDATIONS NATIONALLY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 BY IRC SECTION 6104(D).

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A, LINE 1, COLUMN E:	BOARD MEMBER JOHN E. THRASHER IS AN EMPLOYEE OF FLORIDA STATE UNIVERSITY, A RELATED ORGANIZATION. FLORIDA STATE UNIVERSITY HAS DUAL STATUS AS A STATE UNIVERSITY AND EXEMPT 501(C)(3) ORGANIZATION, AND IS CONSIDERED TO BE AN APPLICABLE TAX-EXEMPT ORGANIZATION UNDER SECTION 4960 BECAUSE OF THEIR DUAL STATUS. FLORIDA STATE UNIVERSITY IS RESPONSIBLE FOR TRACKING COVERED EMPLOYEES UNDER SECTION 4960 AND PAYING ANY APPLICABLE TAX.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 2:	EFFECTIVE DECEMBER 14, 2018, ALL EMPLOYEES OF THE FSU FOUNDATION TRANSITIONED TO EMPLOYEES OF FLORIDA STATE UNIVERSITY, A RELATED ORGANIZATION. DURING CALENDAR YEAR 2019 THERE WERE 14 EMPLOYEES PRIMARILY DEDICATED TO WORKING FOR THE FSU FOUNDATION WHO RECEIVED MORE THAN \$100,000 OF REPORTABLE COMPENSATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE TO THE PROCESS FROM THE PRIOR YEAR.



# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE FLORIDA STATE UNIVERSITY FOUNDATION  
INC

**Employer identification number**

59-6152180

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-6152180  
**Name:** THE FLORIDA STATE UNIVERSITY FOUNDATION  
 INC

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
282 CHAMPION WAY UCA 2200 TALLAHASSEE, FL 32306 59-1961248	EDUCATION	FL	501(C)(3)	LINE 2			No
1030 W TENNESSEE STREET TALLAHASSEE, FL 32304 59-0705420	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 7	FLORIDA STATE UNIVERSITY		No
200 W COLLEGE AVENUE TALLAHASSEE, FL 32301 45-2337977	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No
2000 LEVY AVENUE BUIDLING A SUITE 3 TALLAHASSEE, FL 32310 59-3211153	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No
PO BOX 1353 TALLAHASSEE, FL 323021353 59-1561180	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 7	FLORIDA STATE UNIVERSITY		No
PO BOX 3062420 TALLAHASSEE, FL 323062420 59-3153341	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No
3000 SCHOOL HOUSE ROAD TALLAHASSEE, FL 32311 59-3726188	DEVELOPMENT RESEARCH SCHOOL	FL	501(C)(3)	LINE 2	FLORIDA STATE UNIVERSITY		No
5401 BAY SHORE ROAD SARASOTA, FL 34243 59-6214423	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No
1115 WEST CALL STREET TALLAHASSEE, FL 323064300 57-1234883	FACULTY MEDICAL PRACTICE PLAN	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No
109 WESTCOTT BUILDING TALLAHASSEE, FL 323061330 13-4356799	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No
FSU 821 ACADEMIC WAY 509RBA TALLAHASSEE, FL 323061110 26-4028305	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 5	FLORIDA STATE UNIVERSITY		No
403 STADIUM DRIVE WEST TALLAHASSEE, FL 32306 81-3227626	DIRECT SUPPORT ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLORIDA STATE UNIVERSITY		No