

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC.</u> <u>325 W. COLLEGE AVE.</u> <u>TALLAHASSEE, FL 32301</u>	1c Effective date of plan <u>07/01/1989</u> 2b Employer Identification Number (EIN) <u>59-6152180</u> 2c Plan Sponsor's telephone number <u>850-644-6000</u> 2d Business code (see instructions) <u>424100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MARY KILTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	233
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	162
	6a(2)	154
	6b	0
	6c	73
	6d	227
	6e	0
	6f	227
	6g(1)	227
	6g(2)	222
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2G 2F 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA STATE UNIVERSITY FOUNDATION, INC.</p>	<p>D Employer Identification Number (EIN) 59-6152180</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	334949	160	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	2733842
5	Current value of plan's interest under this contract in separate accounts at year end.....	12551521
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 2633660
c	Additions: (1) Contributions deposited during the year	7c(1) 0
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 117160
	(4) Transferred from separate account	7c(4) 57746
	(5) Other (specify below)..... ▶	7c(5) 0
	(6) Total additions	7c(6) 174906
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2808566
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 59285
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 14562
	(4) Other (specify below)..... ▶ MARKET VALUE ADJUSTMENT	7e(4) 877
(5) Total deductions	7e(5) 74724	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2733842

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	341986
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2600266

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	387654
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	9087	
	7c(4)	37577	
	7c(5)	0	

(6) Total additions	7c(6)	46664
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d Total of balance and additions (add lines 7b and 7c(6))	7d	434318
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	60440	
	7e(2)	0	
	7e(3)	31666	
	7e(4)	226	

(5) Total deductions	7e(5)	92332
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	341986
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(B) DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA STATE UNIVERSITY FOUNDATION, INC.	D Employer Identification Number (EIN) 59-6152180	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 27 28 52 54	NONE	325	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC.</u>	D Employer Identification Number (EIN) <u>59-6152180</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>13-1624203-004</u>	<u>P</u>		<u>640317</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(B) DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA STATE UNIVERSITY FOUNDATION, INC.	D Employer Identification Number (EIN) 59-6152180

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	31877
(9) Value of interest in common/collective trusts	1c(9)	0
(10) Value of interest in pooled separate accounts	1c(10)	688548
(11) Value of interest in master trust investment accounts	1c(11)	0
(12) Value of interest in 103-12 investment entities	1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13638512
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3021314
(15) Other.....	1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17380251	18292987
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17380251	18292987

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	1589	
(F) Other.....	2b(1)(F)	126247	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		127836
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3298	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		3298
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	-28237
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	2038579
c Other income	2c	80197
d Total income. Add all income amounts in column (b) and enter total.....	2d	2221673

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1306538
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1306538
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	2399
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	2399
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	1308937

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	912736
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(B) DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLORIDA STATE UNIVERSITY FOUNDATION, INC.</u>	D Employer Identification Number (EIN) <u>59-6152180</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-1624203 74-1625348

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 05 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501838A.

FLORIDA STATE UNIVERSITY FOUNDATION, INC.
403(b) DEFINED CONTRIBUTION PLAN
Tallahassee, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

FLORIDA STATE UNIVERSITY FOUNDATION, INC.
403(b) DEFINED CONTRIBUTION PLAN
Tallahassee, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Florida State University Foundation, Inc. 403(b) Defined Contribution Plan
Tallahassee, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements

We have performed audits of the financial statements of Florida State University Foundation, Inc. 403(b) Defined Contribution Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The Plan financial statements comprise the statements of fiduciary net position as of December 31, 2024 and 2023, and the related statement of changes in fiduciary net position for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

(Continued)

Further, as described in Note 10 to the financial statements, the Plan has excluded from investments in the accompanying statements of fiduciary net position certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net position. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Required Supplementary Information

Management has omitted management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the Plan financial statements. Such missing information, although not a part of the Plan financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the Plan financial statements in an appropriate operation, economic or historical context.

(Continued)

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Crowe LLP

Crowe LLP

South Bend, Indiana
October 14, 2025

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
STATEMENTS OF FIDUCIARY NET POSITION
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Variable annuity contracts	\$ 14,529,303	\$ 13,638,512
Fixed annuity contracts	2,418,474	2,319,780
Pooled separate account	640,317	688,548
Guaranteed investment contracts	341,986	387,654
Investments at contract value:		
Fixed annuity contracts	<u>315,368</u>	<u>313,880</u>
Total investments	<u>18,245,448</u>	<u>17,348,374</u>
Receivables		
Notes receivable from participants	<u>47,539</u>	<u>31,877</u>
Total receivables	<u>47,539</u>	<u>31,877</u>
FIDUCIARY NET POSITION RESTRICTED FOR BENEFITS	<u>\$ 18,292,987</u>	<u>\$ 17,380,251</u>

See accompanying notes to financial statements.

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
STATEMENT OF CHANGES IN FIDUCIARY NET POSITION
Year ended December 31, 2024

Additions

Investment income:

Net appreciation in fair value of investments	\$ 2,171,612
Interest and dividends	<u>48,472</u>
Total investment income	2,220,084

Interest income on notes receivable from participants	<u>1,589</u>
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Total additions	2,221,673
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Deductions

Benefits paid to participants	1,306,538
Administrative expenses	<u>2,399</u>
Total deductions	<u>1,308,937</u>

Net increase in fiduciary net position	912,736
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Fiduciary net position restricted for benefits

Beginning of year	<u>17,380,251</u>
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End of year	<u>\$ 18,292,987</u>
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See accompanying notes to financial statements.

NOTE 1 – PLAN DESCRIPTION

The following description of Florida State University Foundation, Inc. 403(b) Defined Contribution Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan, which was established by Florida State University Foundation, Inc. on July 1, 1989, is a defined contribution plan that was designed to cover substantially all employees of Florida State University Foundation, Inc. (the Organization or Plan Sponsor) except for those employees who are nonresident aliens or employees covered by a collective bargaining agreement. The Audit Committee of the Plan Sponsor is responsible for the oversight of the Plan. The Audit Committee of the Plan Sponsor determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan Sponsor’s Board of Directors. Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) and The Variable Annuity Life Insurance Company (VALIC) serve as the issuers of the Plan investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Sponsor adopted State Bill 4: Higher Education, Chapter 2018-4 effective on December 13, 2018, which effectively transferred all employees of the Plan Sponsor to another Organization. As such, there were no participant deferrals or matching employer contributions for the year ended December 31, 2024. The employees are now participants in a different Plan of the Organization.

Participants: The Plan’s participants consisted of the following at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Current participants in the Plan	227	238

Contributions: Participants may contribute amounts representing distributions from other qualified retirement plans (rollovers).

Investment Options: Participants are invested in a variety of investment options offered by the Plan and may change their investment options daily.

Participant Accounts: Each participant’s account is credited with the participant’s rollover contributions, allocations of Plan earnings/losses, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting: Participants are fully vested in previous employee and employer match contributions plus actual earnings thereon.

Payment of Benefits: The Plan permits withdrawals when a participant terminates employment, reaches retirement age, or becomes disabled or deceased. In-service withdrawals are also permitted for certain financial hardships, as defined, or when a participant reaches age 59½. Benefits are payable in lump-sum, annuity or installment payments, with certain exceptions allowed.

(Continued)

NOTE 1 – PLAN DESCRIPTION (Continued)

Plan Loans: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their account balance or \$50,000. If the loan is funded from a TIAA-CREF Annuity, the maximum loan amount is further limited to: (1) 45% of the combined TIAA-CREF accumulation attributable to participation under this Plan; or (2) 90% of the TIAA-CREF Real Estate accumulation attributable to participation under this Plan for Retirement Loan loans; or (3) 90% of the TIAA-CREF Annuity accumulation attributable to participation under this Plan for a Group Supplemental Retirement Annuity loan. The loans are made directly by TIAA and CREF and secured by the balance in the participant's account. The loans bear interest at rates that range from 4.00% to 5.72% on loans outstanding at December 31, 2024, which are commensurate with local prevailing rates as determined periodically by TIAA and CREF, and mature through December 2029. Principal and interest is paid ratably by the participant to TIAA and CREF. Participants may also borrow against their fund accounts and obtain a loan from VALIC, limited to the portion of the participant's account attributable to employee elective deferrals, vested employer basic contributions and vested employer matching contributions. The loans bear interest at rates that range from 2.50% to 5.25% on loans outstanding at December 31, 2024, and mature through August 2030. These loans are not Plan assets. They are merely secured by Plan assets. It is the opinion of the Plan Administrator that such arrangements are exempt transactions.

The balance of participant Plan loans with TIAA and CREF as of December 31, 2024 and 2023, are \$46,129 and \$57,346, respectively. The balance of participant Plan loans with VALIC as of December 31, 2024 and 2023, are \$63,149 and \$77,037, respectively.

In the event of default, such loans are reportable to Plan participants as taxable income but remain outstanding and continue to accrue interest until repaid by the Plan participant or the participant becomes eligible to receive a distribution under the terms of the Plan. During the current year, \$877 of loans went into default. As of December 31, 2024 and 2023, loans in default amounts to \$17,834 and \$16,957, respectively. Such amount included the principal and accumulated interest.

Notes Receivable from Participants: Participants may borrow from their fund accounts up to the lesser of \$50,000 or 50% of their account balance. Loans may be withdrawn from only employee and rollover contributions. A participant may only have one loan outstanding at a time. Loan terms usually range from one to five years but could be longer if the loan is for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate range of 4.25% to 9.50%, which is commensurate with local prevailing rates as determined quarterly by the Plan Administrator and mature through October 2028. Principal and interest are paid ratably through monthly payroll deductions

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan conform with accounting principles generally accepted in the United States of America (U.S. GAAP) applicable to government units. The Governmental Accounting Standards Board (GASB) is the standard-setting body for governmental accounting and financial reporting. GASB statements and interpretations constitute U.S. GAAP for governments and government units. The financial statements of the Plan are prepared on an accrual basis of accounting in accordance with the standards of GASB and U.S. GAAP.

Use of Estimates: The preparation of financial statements in conformity with GASB and U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is the market-based measurement, not an entity-specific measurement. For some assets and liabilities, observable market transactions or market information might be available; for others, it might not be available. However, the objective of a fair value measurement in both cases is the same - that is, to determine the price at which an orderly transaction to sell the asset or to transfer the liability would take place between the market and participants at the measurement date under current market conditions. Fair value is an exit price at the measurement date from the perspective of a market participant that controls the asset or is obligated for the liability. The Plan Sponsor's Audit Committee determines the Plan's valuation policies utilizing information provided by the investment issuers/advisors. See Note 4 for discussion of fair value measurements.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for the portion of the fiduciary net position attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and such changes could materially affect participant account balances and the amounts reported in the 2024 statement of fiduciary net position.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make the scheduled repayments and the Plan Administrator deems the participant to be in default, the participant's note receivable is reduced and a benefit payment is recorded based on the terms of the Plan. No allowance for credit losses have been recorded as of December 31, 2024 and 2023.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, line 4i—schedule of assets (held at end of year).

Payments of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Administrative expenses include fees related to the administration of loans that are charged directly to the participant's account and certain record-keeping fees paid by the Plan. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events: The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2024) through October 14, 2025, the date the financial statements were available to be issued.

During 2025, the Plan Administrator amended the Plan to facilitate its termination. The termination is expected to be completed in 2026.

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2024 and 2023

NOTE 3 – INFORMATION CERTIFIED BY TIAA AND CREF AND VALIC

The following is a summary of the Plan’s asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan’s financial statements and ERISA-required supplemental schedule obtained by management and agreed to or derived from information certified by TIAA and CREF and VALIC, the issuers of the Plan investments, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the issuers that information provided to the Plan Administrator by the issuers related to the following assets and asset activity is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets:

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Variable annuity contracts	\$ 14,529,303	\$ 13,638,512
Fixed annuity contracts	2,418,474	2,319,780
Pooled separate account	640,317	688,548
Guaranteed investment contracts	<u>341,986</u>	<u>387,654</u>
	<u>\$ 17,930,080</u>	<u>\$ 17,034,494</u>
Investments at contract value:		
Fixed annuity contracts	<u>\$ 315,368</u>	<u>\$ 313,880</u>
Notes receivable from participants	<u>\$ 47,539</u>	<u>\$ 31,877</u>

TIAA and CREF also certified to the completeness and accuracy of \$1,820,790 of net appreciation in fair value of investments, \$36,963 of interest and dividends related to the aforementioned investments, and \$1,589 of interest income on notes receivable from participants for the year ended December 31, 2024.

VALIC also certified to the completeness and accuracy of \$350,822 of net appreciation in fair value of investments and \$11,509 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2024.

NOTE 4 – FAIR VALUE MEASUREMENTS

Certain of the Plan’s investments are recorded at fair value as of December 31, 2024 and 2023. GASB Statement No. 72 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources. In contrast, unobservable inputs reflect the entity’s assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available.

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other meansIf the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Variable annuity contracts: All of the CREF variable annuities are valued at the daily unit value published on NASDAQ. These funds are not traded on this exchange. The value of the unit holder's investment rises and falls with the return on the underlying assets in the fund. The TIAA Access and VALIC annuities are measured at net asset value (NAV) as a practical expedient. Assets measured at NAV as a practical expedient are not assigned a level in the fair value hierarchy, as defined by GASB Statement No. 72.

Pooled separate account: The TIAA Real Estate Account is a pooled separate account for which daily unit values are published on NASDAQ. The fund is not traded on this exchange. The value of the unit holder's investment rises and falls with the return on the underlying assets in the account.

Fixed annuity contracts: The fixed annuity contract that is not fully benefit-responsive is reported at fair value. The determination is based on TIAA's credit rating and yield being comparable to similar alternative investments and the interest rate, which resets annually, being comparable to a 10-year treasury bond.

Guaranteed investment contracts: Guaranteed investments contracts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Total	(Level 1)	(Level 2)	(Level 3)
Variable annuity contracts, CREF	\$ 8,894,858	\$ -	\$ 8,894,858	\$ -
Pooled separate account	640,317	-	640,317	-
Fixed annuity contracts*	2,418,474	-	-	2,418,474
Guaranteed investment contracts, VALIC*	341,986	-	-	341,986
Total	12,295,635	\$ -	\$ 9,535,175	\$ 2,760,460
Investments measured at NAV (a)	5,634,445			
Investments at fair value	\$ 17,930,080			

	Assets at Fair Value as of December 31, 2023			
	Total	(Level 1)	(Level 2)	(Level 3)
Variable annuity contracts, CREF	\$ 8,142,390	\$ -	\$ 8,142,390	\$ -
Pooled separate account	688,548	-	688,548	-
Fixed annuity contracts*	2,336,737	-	-	2,336,737
Guaranteed investment contracts, VALIC*	387,654	-	-	387,654
Total	11,555,329	\$ -	\$ 8,830,938	\$ 2,724,391
Investments measured at NAV (a)	5,479,165			
Investments at fair value	\$ 17,034,494			

*Nonbenefit-responsive.

(a) In accordance with the Fair Value Measurement topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of fiduciary net positions.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total fiduciary net position. For the year ended December 31, 2024, there were \$60,956 of transfers in and \$14,562 of transfers out of Level 3.

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023:

Investment	Fair Value at December 31		Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
	2024	2023				
Variable annuity contracts, TIAA Access:						
Growth funds (a)	\$ 1,615,370	\$ 1,579,937	None	None	None	None
Large cap funds (b)	1,698,716	1,503,492	None	None	None	None
Small cap funds (c)	457,148	459,625	None	None	None	None
Fixed-income funds (d)	372,154	368,970	None	None	None	None
Mid cap funds (e)	493,799	534,427	None	None	None	None
Global and international equity funds (f)	274,730	295,898	None	None	None	None
Blend funds (g)	326,489	385,872	None	None	None	None
Specialty funds (h)	171,401	146,581	None	None	None	None
Hybrid funds (i)	157,080	149,339	None	None	None	None
Value funds (j)	67,558	55,024	None	None	None	None
	<u>\$ 5,634,445</u>	<u>\$ 5,479,165</u>				

- (a) The investment objective of the TIAA funds in this category seeks high total return over time through a combination of capital appreciation and income with a target retirement date in mind.
- (b) The investment objective of the VALIC and TIAA funds in this category is to maximize total return through income and capital appreciation. Selected funds within this category tend to favor investing in companies with strong and accelerating business momentum, increasing market acceptance and attractive valuations.
- (c) The investment objective of the VALIC and TIAA funds in this category is to primarily invest in companies at the smaller end of the market-capitalization range and tend to own an array of value and growth stocks.
- (d) The investment objective of the VALIC and TIAA funds in this category primarily invest in a broad range of fixed-income securities issued by domestic governments, foreign governments and corporate companies. Securities tend to include junk bonds, investment grade bonds and currencies.
- (e) The investment objective of the VALIC and TIAA funds in this category primarily invest in growth- oriented equity securities of domestic and foreign mid cap companies that provide long-term capital appreciation.
- (f) The investment objective of the VALIC funds in this category primarily invest in equity securities, both domestic and foreign, of emerging market companies. Investments can range from small cap companies to large cap companies to fixed-income securities.
- (g) The investment objective of the TIAA funds in this category seeks a favorable long-term total return, mainly through capital appreciation, by investing primarily in a portfolio of foreign equity investments based on a market index.
- (h) The investment objective of the VALIC funds in this category seek total return, including capital appreciation and current income. Selected funds within this category range from real estate companies to common stocks of companies that are expected to benefit from development, advancement and use of science and/or technology.
- (i) The investment objective of the VALIC funds in this category primarily invest in a mix of investments that can range from stocks, bonds and money market securities to quality large cap companies with long-term growth potential.
- (j) The investment objective of the TIAA funds in this category seeks a favorable long-term total return, mainly through capital appreciation, by investing primarily in a portfolio of equity securities selected to track the overall U.S. equity markets based on a market index.

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table presents changes in assets classified in Level 3 of the fair value hierarchy during the year ended December 31, 2024, attributed to the following:

<u>Level 3 Investments</u>	<u>Fixed Account Plus</u>	<u>Short-Term Fixed Account</u>	<u>TIAA Traditional Nonbenefit-Responsive Fund</u>	<u>Total</u>
Purchases	\$ 7,909	\$ 1,178	\$ 104,502	\$ 113,589
Issues	(21,312)	(39,128)	(46,289)	(106,729)
Transfers into Level 3	1,531	4,381	55,044	60,956
Transfers out of Level 3	-	-	(14,562)	(14,562)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2024 and 2023.

<u>Investment</u>	<u>Fair Value</u>		<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Values</u>	
	<u>2024</u>	<u>2023</u>			<u>2024</u>	<u>2023</u>
TIAA traditional annuity contracts	\$ 2,418,474	\$ 2,319,780	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00% to 6.75%	3.25% to 7.00%
VALIC guaranteed investment contracts	\$ 341,986	\$ 387,654	Market value formula	Risk-adjusted discount rate applied	1.00% to 4.50%	1.00% to 4.50%

NOTE 5 – INVESTMENT POLICY AND RISKS

Investment Policy: The objective of the Plan's investment policy is to offer participants investment choices from various asset classes in an attempt to provide a sufficient level of overall diversification, determine guidelines used to select appropriate investment managers, determine guidelines used to monitor investment managers within the Plan, control and account for all costs of managing investments, and appropriately educate Plan participants about the various investment choices available to them in the Plan. It is the Plan's policy that the portfolio should be well-diversified in an attempt to reduce the overall risk of the portfolio.

Interest Rate Risk: The Plan does not have a formal policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changes in interest rates; however, the Plan mitigates interest rate risk by providing adequate liquidity for short-term cash needs, and by making longer-term investments only with funds that are not needed for current cash flow purposes. The Plan invests in the various options as described in these financial statements; investment and annuity contracts have variable maturity dates that assist the Plan in addressing this risk.

Credit Risk: Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The Plan does not have a policy for credit risk but does monitor the creditworthiness of the issuers on a regular basis. The Plan does not currently have any concerns about any issuer of assets owned by the Plan.

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2024 and 2023

NOTE 5 – INVESTMENT POLICY AND RISKS (Continued)

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty, the Plan will not be able to recover the value of its investments and other assets that are in possession of an outside third party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, a plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Plan does not have a policy for custodial credit risk. All of the Plan’s investments are fixed and variable annuity contracts, pooled separate accounts and a guaranteed investment contract, which are not subject to custodial credit risk categorization.

Concentration Risk: The following table represents Plan investments as of December 31, 2024 and 2023, that represent 5% or more of the Plan’s fiduciary net position:

	<u>2024</u>	<u>2023</u>
Variable annuity contracts:		
TIAA-CREF TIAA Traditional (Non-Benefit-Responsive Fund)	\$ 2,436,308	\$ 2,336,737
TIAA-CREF CREF Stock Fund	2,225,648	2,230,833
TIAA-CREF CREF Money Market Fund	1,242,998	1,106,519
TIAA-CREF CREF Growth Fund	2,681,043	2,221,667
TIAA-CREF CREF Global Equities Fund	1,199,777	1,089,511

NOTE 6 – INVESTMENT CONTRACT WITH TIAA

The Plan has funds invested in the TIAA Traditional Annuity Account, a fixed-annuity investment. Under this contract are subcontracts, some of which are fully benefit-responsive and some of which are non-benefit-responsive, due to liquidity restrictions. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Each premium allocated to the fixed-annuity investment contract buys a guaranteed minimum amount of lifetime income based on the rate schedule in effect at the time the premium is credited.

For investment contracts that are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the fiduciary net position available for benefits, attributable to the guaranteed investment contract. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. For the fully benefit-responsive portion of the fixed annuity contract, amounts are reported at contract value as of December 31, 2024 and 2023.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3.00%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events, which would limit the Plan’s ability to transact at contract value with participants, are probable of occurring.

(Continued)

NOTE 6 – INVESTMENT CONTRACT WITH TIAA (Continued)

Investment contracts that are nonbenefit-responsive are included in the financial statements at fair value. TIAA and CREF indicates that fair value of the nonbenefit-responsive contracts approximates contract value for this investment at December 31, 2024 and 2023.

The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE 7 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Organization are considered party-in-interest transactions. TIAA and CREF and VALIC are the issuers, as defined by the Plan; therefore, transactions with them qualify as party-in-interest transactions. Fees paid by the Plan to the issuers totaled \$2,399 for the year ended December 31, 2024. The Plan Sponsor also paid certain administrative expenses of the Plan.

NOTE 8 – TAX STATUS

The Plan terms have been drafted to comply with Section 403(b) of the Internal Revenue Code of 1986, as amended (the Code). The Plan has adopted a preapproved plan sponsored by VALIC, effective March 31, 2020. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable provisions of the Code and, accordingly, was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2024 and 2023, that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 9 – PLAN TERMINATION

The Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The Plan Sponsor has discontinued its contributions at this time.

(Continued)

NOTE 10 – EXCLUDED CONTRACTS

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of ERISA. Prior to the amended regulations, the Plan (established in 1989) was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Plan sponsor.

Accordingly, various records related to the Plan's 403(b) annuity contracts and custodial accounts issued to certain current and former employees were not sufficiently maintained by the Plan. Consequently, the financial statements have been prepared based on available records analyzed by Plan management. As certain records were not available from the inception of the Plan, the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined.

The Plan has decided to exclude from investments certain annuity and custodial accounts that may have been issued to current and former employees without the Plan Administrator's knowledge prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the statement of changes in fiduciary net position.

U.S. GAAP requires that these accounts and the related income and distributions be included in the accompanying financial statements. The Plan Administrator is not able to determine the amount of these excluded annuity and custodial accounts and the related income and distributions, because records relating to these are not available or do not exist.

SUPPLEMENTAL SCHEDULE

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor:	Florida State University Foundation, Inc.
Employer Identification Number:	59-6152180
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Current Value
		Variable annuity contracts	
*	CREF	CREF Stock R1	\$ 2,225,648
*	CREF	CREF Growth R1	2,681,043
*	CREF	CREF Global Equities R1	1,199,777
*	CREF	CREF Money Market R1	1,242,998
*	TIAA	TIAA Access Lifecycle 2035 T4	148,184
*	VALIC	STOCK INDEX FUND	723,861
*	TIAA	TIAA Access Lifecycle 2040 T4	409,331
*	CREF	CREF Inflation-Linked Bond R1	296,643
*	CREF	CREF Equity Index R1	550,915
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*	CREF	CREF Bond Market R1	268,541
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*	VALIC	MID CAP INDEX FUND	199,849
*	VALIC	SMALL CAP INDEX FUND	169,281
*	VALIC	CORE BOND FUND	192,273
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*	VALIC	SCIENCE & TECHNOLOGY FUND	156,993
*	TIAA	TIAA Access Lg-Cap Gr T4	270,712
*	CREF	CREF Social Choice R1	411,460
*	TIAA	TIAA Access Lifecycle 2045 T4	126,442
*	TIAA	TIAA Access Sm-Cap Bl Idx T4	98,882
*	TIAA	TIAA Access Lg-Cap Val T4	190,040
*	TIAA	TIAA Access Real Est Secs T4	104,968
*	TIAA	TIAA Access Growth & Income T4	219,828
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*	VALIC	LOAN COLLATERAL FUND	68,740
*	VALIC	VANGUARD WINDSOR II	144,734
*	TIAA	TIAA Access Lifecycle 2060 T4	118,150
*	VALIC	GROWTH FUND	139,231
*	TIAA	Plan Loan Default Fund	17,834
*	TIAA	TIAA Access Social Ch Eq T4	51,253
*	VALIC	NASDAQ-100(R) INDEX FUND	42,300
*	VALIC	SMALL CAP GROWTH FUND	26,394
*	VALIC	VANGUARD LIFESTRATEGY MODERA	89,848
*	VALIC	MID CAP VALUE FUND	60,743
*	TIAA	TIAA Access Lifecycle 2025 T4	20,117
*	VALIC	INTL SOCIALLY RESPONSIBLE FUND	70,639
*	TIAA	TIAA Access Mid-Cap Grw T4	63,270
*	TIAA	TIAA Access Quant Sml Cp Eq T4	151,932
*	TIAA	TIAA Access Core Bond Plus T4	43,600
*	VALIC	INTERNATIONAL VALUE FUND	45,408
*	VALIC	VANGUARD LONG-TERM TREASURY	18,181
*	TIAA	TIAA Access Equity Index T4	326,489
*	TIAA	TIAA Access Lifecycle 2020 T4	2,247
*	VALIC	US SOCIALLY RESPONSIBLE FUND	33,487
*	TIAA	TIAA Access Lifecycle 2055 T4	51,006

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor:	Florida State University Foundation, Inc.
Employer Identification Number:	59-6152180
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Current Value
		Variable annuity contracts (continued):	
*	VALIC	VANGUARD WELLINGTON FUND INC	\$ 34,282
*	VALIC	DIVIDEND VALUE	29,475
*	VALIC	INTL OPPORTUNITIES	13,476
*	VALIC	EMERGING ECONOMIES	30,228
*	VALIC	SYSTEMATIC CORE FUND	32,448
*	VALIC	SYSTEMATIC GROWTH FUND	17,257
*	VALIC	GLOBAL STRATEGY	8,652
*	VALIC	SMALL CAP VALUE FUND	10,656
*	VALIC	GS VIT GOV MONEY MKT FD INST	20,407
*	VALIC	INFLATION PROTECTED FUND	17,472
*	VALIC	INTERNATIONAL GROWTH FUND	14,332
*	VALIC	ASSET ALLOCATION FUND	17,974
*	VALIC	GLOBAL REAL ESTATE FUND	14,408
*	VALIC	HIGH YIELD BOND FUND	4,281
*	VALIC	LARGE CAPITAL GROWTH	9,039
*	VALIC	VANGUARD LT INV-GRADE FUND	1,722
*	VALIC	INTERNATIONAL GOVERNMENT BOND	1,041
*	VALIC	LOAN ESCROW FUND	341
*	VALIC	MID CAP STRATEGIC GWTH	14,863
*	VALIC	VC I CAPITAL APPRECIATION	14,879
*	VALIC	VC I CONSERV GROWTH LIFESTYLE	14,976
*	VALIC	GOVERNMENT SECURITIES FUND	4,096
			<u>14,529,303</u>
		Fixed annuity contracts:	
*	TIAA	TIAA Traditional (Non-Benefit-Responsive Fund)	2,418,474
*	TIAA	TIAA Traditional (Benefit-Responsive Fund)	315,368
			<u>2,733,842</u>
		Guaranteed investment contracts:	
*	VALIC	Fixed Account Plus	302,885
*	VALIC	Short-Term Fixed Account	39,101
			<u>341,986</u>
		Insurance company pooled separate account:	
*	TIAA	TIAA Real Estate Fund	640,317
			<u>640,317</u>
*	Participants	Notes receivable (interest rate at 4.25% to 9.50% and maturity through 2028)	47,539
			<u>47,539</u>
			<u>\$ 18,292,987</u>

* Designates party in interest.

The above information has been certified by Teachers Insurance and Annuity Association (TIAA) and College Retirement Equity Fund (CREF) and the Variable Annuity Life Insurance Company (VALIC), the issuers, to be complete and accurate.

See Independent Auditor's Report

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="font-size: small;">This Form Is Open to Public Inspection</p>
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>	

Part II Basic Plan Information—enter all requested information		
<p>1a Name of plan FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403 (B) DEFINED CONTRIBUTION PLAN</p>		<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FLORIDA STATE UNIVERSITY FOUNDATION, INC.</p> <p style="margin-left: 20px;">325 W. College Ave.</p> <p style="margin-left: 20px;">TALLAHASSEE FL 32301</p>		<p>1c Effective date of plan <u>07/01/1989</u></p> <p>2b Employer Identification Number (EIN) <u>59-6152180</u></p> <p>2c Plan Sponsor's telephone number <u>850-644-6000</u></p> <p>2d Business code (see instructions) <u>424100</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>10/15/25</u> Date	Mary Kiltz Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">5</td> <td style="text-align: right;">233</td> </tr> </table>	5	233																				
5	233																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="text-align: right;">233</td> </tr> <tr> <td style="width:5%; text-align: center;">6a(1)</td> <td style="text-align: right;">162</td> </tr> <tr> <td style="width:5%; text-align: center;">6a(2)</td> <td style="text-align: right;">154</td> </tr> <tr> <td style="width:5%; text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="width:5%; text-align: center;">6c</td> <td style="text-align: right;">73</td> </tr> <tr> <td style="width:5%; text-align: center;">6d</td> <td style="text-align: right;">227</td> </tr> <tr> <td style="width:5%; text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="width:5%; text-align: center;">6f</td> <td style="text-align: right;">227</td> </tr> <tr> <td style="width:5%; text-align: center;">6g(1)</td> <td style="text-align: right;">227</td> </tr> <tr> <td style="width:5%; text-align: center;">6g(2)</td> <td style="text-align: right;">222</td> </tr> <tr> <td style="width:5%; text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>		233	6a(1)	162	6a(2)	154	6b	0	6c	73	6d	227	6e	0	6f	227	6g(1)	227	6g(2)	222	6h	0
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6a(1)	162																						
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6b	0																						
6c	73																						
6d	227																						
6e	0																						
6f	227																						
6g(1)	227																						
6g(2)	222																						
6h	0																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">7</td> <td style="text-align: right;"></td> </tr> </table>	7																					
7																							

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2L 2G 2F 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor:	Florida State University Foundation, Inc.
Employer Identification Number:	59-6152180
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Current Value
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*	VALIC	NASDAQ-100(R) INDEX FUND	42,300
*	VALIC	SMALL CAP GROWTH FUND	26,394
*	VALIC	VANGUARD LIFESTRATEGY MODERA	89,848
*	VALIC	MID CAP VALUE FUND	60,743
*	TIAA	TIAA Access Lifecycle 2025 T4	20,117
*	VALIC	INTL SOCIALLY RESPONSIBLE FUND	70,639
*	TIAA	TIAA Access Mid-Cap Grw T4	63,270
*	TIAA	TIAA Access Quant Sml Cp Eq T4	151,932
*	TIAA	TIAA Access Core Bond Plus T4	43,600
*	VALIC	INTERNATIONAL VALUE FUND	45,408
*	VALIC	VANGUARD LONG-TERM TREASURY	18,181
*	TIAA	TIAA Access Equity Index T4	326,489
*	TIAA	TIAA Access Lifecycle 2020 T4	2,247
*	VALIC	US SOCIALLY RESPONSIBLE FUND	33,487
*	TIAA	TIAA Access Lifecycle 2055 T4	51,006

(Continued)

FLORIDA STATE UNIVERSITY FOUNDATION, INC. 403(b) DEFINED CONTRIBUTION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor:	Florida State University Foundation, Inc.
Employer Identification Number:	59-6152180
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Current Value
		Variable annuity contracts (continued):	
*	VALIC	VANGUARD WELLINGTON FUND INC	\$ 34,282
*	VALIC	DIVIDEND VALUE	29,475
*	VALIC	INTL OPPORTUNITIES	13,476
*	VALIC	EMERGING ECONOMIES	30,228
*	VALIC	SYSTEMATIC CORE FUND	32,448
*	VALIC	SYSTEMATIC GROWTH FUND	17,257
*	VALIC	GLOBAL STRATEGY	8,652
*	VALIC	SMALL CAP VALUE FUND	10,656
*	VALIC	GS VIT GOV MONEY MKT FD INST	20,407
*	VALIC	INFLATION PROTECTED FUND	17,472
*	VALIC	INTERNATIONAL GROWTH FUND	14,332
*	VALIC	ASSET ALLOCATION FUND	17,974
*	VALIC	GLOBAL REAL ESTATE FUND	14,408
*	VALIC	HIGH YIELD BOND FUND	4,281
*	VALIC	LARGE CAPITAL GROWTH	9,039
*	VALIC	VANGUARD LT INV-GRADE FUND	1,722
*	VALIC	INTERNATIONAL GOVERNMENT BOND	1,041
*	VALIC	LOAN ESCROW FUND	341
*	VALIC	MID CAP STRATEGIC GWTH	14,863
*	VALIC	VC I CAPITAL APPRECIATION	14,879
*	VALIC	VC I CONSERV GROWTH LIFESTYLE	14,976
*	VALIC	GOVERNMENT SECURITIES FUND	4,096
			<u>14,529,303</u>
		Fixed annuity contracts:	
*	TIAA	TIAA Traditional (Non-Benefit-Responsive Fund)	2,418,474
*	TIAA	TIAA Traditional (Benefit-Responsive Fund)	315,368
			<u>2,733,842</u>
		Guaranteed investment contracts:	
*	VALIC	Fixed Account Plus	302,885
*	VALIC	Short-Term Fixed Account	39,101
			<u>341,986</u>
		Insurance company pooled separate account:	
*	TIAA	TIAA Real Estate Fund	640,317
			<u>640,317</u>
*	Participants	Notes receivable (interest rate at 4.25% to 9.50% and maturity through 2028)	47,539
			<u>47,539</u>
			<u>\$ 18,292,987</u>

* Designates party in interest.

The above information has been certified by Teachers Insurance and Annuity Association (TIAA) and College Retirement Equity Fund (CREF) and the Variable Annuity Life Insurance Company (VALIC), the issuers, to be complete and accurate.

See Independent Auditor's Report