THE TOWER FOUNDATION OF SAN JOSE  

STATE UNIVERSITY  

Name of Organization  

List all DBAs and names the organization uses or has used  

ONE WASHINGTON SQUARE  

Address (Number and Street)  

SAN JOSE, CA  95192-0183  

City or Town, State, and ZIP Code  

408-924-1765  

Telephone Number  

E-mail Address  

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<table>
<thead>
<tr>
<th>Gross Annual Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>0</td>
</tr>
<tr>
<td>Between $25,000 and $100,000</td>
<td>$25</td>
</tr>
<tr>
<td>Between $100,001 and $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>Between $250,001 and $1 million</td>
<td>$75</td>
</tr>
<tr>
<td>Between $1,000,001 and $10 million</td>
<td>$150</td>
</tr>
<tr>
<td>Between $10,000,001 and $50 million</td>
<td>$225</td>
</tr>
<tr>
<td>Greater than $50 million</td>
<td>$300</td>
</tr>
</tbody>
</table>

PART A - ACTIVITIES  

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:

- Gross Annual Revenue $ 27,044,574
- Noncash Contributions $ 653,336
- Total Assets $ 211,640,861
- Program Expenses $ 23,360,704
- Total Expenses $ 26,049,500

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?  
   Yes  
   No  
   X

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization’s charitable property or funds?  
   Yes  
   No  
   X

3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  
   Yes  
   No  
   X

4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?  
   Yes  
   No  
   X

5. During this reporting period, did the organization receive any governmental funding?  
   Yes  
   No  
   X

6. During this reporting period, did the organization hold a raffle for charitable purposes?  
   Yes  
   No  
   SEE STATEMENT 17 X

7. Does the organization conduct a vehicle donation program?  
   Yes  
   No  
   X

8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?  
   Yes  
   No  
   X

9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?  
   Yes  
   No  
   X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Evelyn Johnsen  
INTERIM COO  
4/7/2020

Signature of Authorized Agent  
Printed Name  
Title  
Date
ORGANIZATION HELD FIVE RAFFLES:
I-HOUSE BREAKFAST  10/21/2018
MEN'S BASEBALL       10/26/2018
MLML QUILT RAFFLE   12/14/2018
SPARTANS SUPPORTING SPARTANS  04/26/2019
MLML OPEN HOUSE  04/28/2019