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Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR  
**2018**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name <b>THE TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY</b>	Identifying number <b>83-0403915</b>
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**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>102,217,180</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>27,324,949</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>26,329,875</b>

**Part II Settle Your Account Electronically for Taxable Year 2018**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here** DocuSigned by: Evelyn Johnson 4/7/2020 **INTERIM COO**  
Signature of officer Date Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00745224</b>
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>RSM US LLP</b> <b>1145 BROADWAY PLAZA, SUITE 900</b> <b>TACOMA, WA</b>			FEIN <b>42-0714325</b> ZIP code <b>98402-3529</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address			FEIN ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

# California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name <b>THE TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY</b>		California corporation number <b>2669443</b>
Additional information. See instructions.		FEIN <b>83-0403915</b>
Street address (suite or room) <b>ONE WASHINGTON SQUARE</b>		PMB no.
City <b>SAN JOSE</b>	State <b>CA</b>	ZIP code <b>95192-0183</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	84,991,124	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	17,226,056	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	102,217,180	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	74,892,231	00
	7 Total costs. Add line 5 and line 6	7	74,892,231	00
	8 Total gross income. Subtract line 7 from line 4	8	27,324,949	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	26,329,875	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	995,074	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		10
	16 Penalties and Interest. See General Information J	16		00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		10

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

<b>Sign Here</b>	Signature of officer	Title <b>INTERIM COO</b>	Date	<input type="checkbox"/> Telephone <b>408-924-1765</b> <input type="checkbox"/> PTIN <b>P00745224</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>Christy Engelmann</b>	Digitally signed by Christy Engelmann Date: 2020.03.26 10:11:03 -07'00'		<input type="checkbox"/> Firm's FEIN <b>42-0714325</b> <input type="checkbox"/> Telephone <b>253-572-7111</b>
	Firm's name (or yours, if self-employed) and address <b>RSM US LLP 1145 BROADWAY PLAZA, SUITE 900 TACOMA, WA 98402-3529</b>			

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	384,701	00	
	2	Interest	•	2	322,327	00	
	3	Dividends	•	3	3,252,657	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	76,973,545	00	
	7	Other income SEE STATEMENT 4	•	7	4,057,894	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	84,991,124	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	5,670,395	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	5,055	00	
	12	Other salaries and wages	•	12	4,307,398	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	425,102	00
		15	Rents	•	15	96,315	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	15,825,610	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	26,329,875	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		22,673,702	•	21,830,201
2 Net accounts receivable			•	178,282
3 Net notes receivable STMT 7		2,178,409	•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments STMT 8		155,401,884	•	163,782,186
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )		
11 Land			•	
12 Other assets STMT 9		28,356,532	•	25,850,192
13 <b>Total assets</b>		208,610,527		211,640,861
<b>Liabilities and net worth</b>				
14 Accounts payable		1,276,148	•	1,599,585
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 10		283,252		1,774,788
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		207,051,127	•	208,266,488
22 <b>Total liabilities and net worth</b>		208,610,527		211,640,861

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	995,074
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		995,074
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		995,074

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	74,892,231.	0.	0.	76,973,545.
TOTAL TO FORM 199, PAGE 2, LN 6	74,892,231.	0.	0.	76,973,545.

CA 199 OTHER INCOME STATEMENT 4

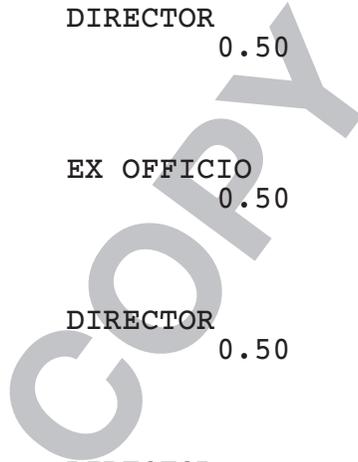
DESCRIPTION	AMOUNT
OTHER ADMINISTRATION FEE	1,019,266. 3,038,628.
TOTAL TO FORM 199, PART II, LINE 7	4,057,894.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALLISON BRICENO ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
CHARLES W. DAVIDSON ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
COLLEEN B. WILCOX ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
CONSTANCE B. MOORE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	CHAIRMAN OF THE BOARD 0.50	0.

DANA C. DITMORE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
DAVID NEIGHBORS ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	EX OFFICIO 0.50	0.
DAVID WENG ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
EDWARD OATES ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
ERIC KELLY ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
GARY D. RADINE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
GARY J. SBONA ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
HARRIETT ARNOLD ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	EX OFFICIO 0.50	0.
JEFF RICCI ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
JOE PINTO ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
JOHN W. BAIRD ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
LESLIE C. FRANCIS ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.

MARY PAPAZIAN ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	EX OFFICIO, PRESIDENT 0.50	0.
PAUL LANNING (UNTIL APRIL '19) ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	CEO 40.00	0.
PETER N. SMITS ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	INTERIM CEO 40.00	0.
PETER V. UEBERROTH ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
PHILLIP R. BOYCE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
RAVISHA MATHUR ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	EX OFFICIO 0.50	0.
RICHARD CONNIFF ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
SERGIO LANDAVERDE ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 20.00	5,055.
STEFAN FRAZIER ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	EX OFFICIO 0.50	0.
STEPHEN H. CAPLAN ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
WANDA HENDRIX ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.
WILLIAM E. BARTON ONE WASHINGTON SQUARE SAN JOSE, CA 95192-0183	DIRECTOR 0.50	0.



LESLIE ROHN  
 ONE WASHINGTON SQUARE  
 SAN JOSE, CA 95192-0183

SECRETARY & COO  
 40.00

0.

TOTAL TO FORM 199, PART II, LINE 11

5,055.

CA 199 OTHER EXPENSES STATEMENT 6

DESCRIPTION	AMOUNT
ADMINISTRATION FEE	3,038,628.
STUDENT SUPPORT & INCEN	110,127.
DUES & SUBSCRIPTIONS	106,539.
TAXES & LICENSES	13,706.
DIRECT EXPENSES OF FUNDRAISING EVENTS	280,375.
PAYMENTS TO AFFILIATES	1,692,643.
PENSION PLAN CONTRIBUTIONS	96,486.
OTHER EMPLOYEE BENEFITS	1,966,286.
LEGAL FEES	28,145.
ACCOUNTING FEES	377,031.
INVESTMENT MANAGEMENT FEES	610,003.
OTHER PROFESSIONAL FEES	1,491,883.
ADVERTISING AND PROMOTION	11,983.
OFFICE EXPENSES	4,754,830.
TRAVEL	474,313.
CONFERENCES AND CONVENTIONS	752,602.
INSURANCE	20,030.
TOTAL TO FORM 199, PART II, LINE 17	15,825,610.

CA 199 NET NOTES RECEIVABLE STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	2,178,409.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	2,178,409.	0.

CA 199	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER INVESTMENTS	4,789,925.	7,985,549.
INVESTMENTS	92,200,053.	97,025,605.
IVA INTERNATIONAL FUND-I	12,502,008.	12,266,764.
VAUGHAN NELSON	11,529,630.	11,538,484.
DODGE & COX	12,319,218.	12,281,598.
FPA CRESCENT FUND	22,061,050.	22,684,186.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	155,401,884.	163,782,186.

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	27,178,565.	24,694,797.
PREPAID EXPENSES AND DEFERRED CHARGES	235,203.	17,263.
CHARITABLE GIFT ANNUITY RECEIVABLE	942,764.	1,138,132.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	28,356,532.	25,850,192.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FUNDS HELD IN TRUST LIABILITY - CURRENT	42,040.	124,680.
FUNDS HELD IN TRUST LIABILITY - NONCURRENT	241,212.	1,650,108.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	283,252.	1,774,788.

CA 199	FUND BALANCES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	6,094,977.	4,724,000.
TEMPORARILY RESTRICTED ASSETS	89,033,257.	88,568,047.
PERMANENTLY RESTRICTED ASSETS	111,922,893.	114,974,441.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	207,051,127.	208,266,488.