State Charity Registration Number: CT 129911

THE TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY

Name of Organization

ONE WASHINGTON SQUARE

Address (Number and Street)

SAN JOSE, CA 95192-0183

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 2669443

Federal Employer I.D. No. 83-0403915

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue Fee

Less than $25,000 $0

Between $25,000 and $100,000 $25

Between $100,001 and $250,000 $50

Between $250,001 and $1 million $75

Between $1,000,001 and $10 million $150

Between $10,000,001 and $50 million $225

Greater than $50 million $300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2015 ending 06/30/2016) list:

Gross annual revenue $50,116,549. Total assets $191,290,140.

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

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet 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, did non-program expenditures exceed 50% of gross revenues?  Yes  No  X

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  Yes  No  X

5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.  Yes  No  X

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.  Yes  No  X

7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  Yes  No  X

8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  Yes  No  X

9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  Yes  No  X

Organization's area code and telephone number 408-924-1765

Organization's e-mail address

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

Signature of authorized officer

Printed Name  LESLIE ROHN

Title  COO

Date  2/20/17

RRF-1 (3-05)