

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2018** calendar year, or tax year beginning and ending

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>SAN JOSE LIGHT TOWER CORPORATION</b>                              |   | <b>D</b> Employer identification number<br><b>82-1108949</b> |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>(408) 380-7218</b>           |
|  | Number and street (or P.O. box if mail is not delivered to street address)                            | Room/suite  |  |
|  | <b>160 WEST SANTA CLARA STREET</b>  |   | <b>G</b> Gross receipts \$ <b>925,070.</b>                   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>SAN JOSE, CA 95113</b> |   |  |
| <b>F</b> Name and address of principal officer: <b>STEVE BORKENHAGEN</b><br><b>160 WEST SANTA CLARA STREET, SUITE 900, SAN</b>   |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |  |

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

**J** Website: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **PUBLI** **L** Year of formation: **2017** **M** State of legal domicile: **CA**

| <b>Part I Summary</b>   |  | Prior Year   | Current Year                          |
|---|--|--|---------------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO BUILD AN ICONIC LANDMARK FOR SAN JOSE AND SILICON VALLEY.</b> |  |                                       |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.         |  |                                       |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>0</b>                              |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>0</b>                              |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>   | <b>0</b>                              |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>0</b>                              |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>121.</b>                           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38             | <b>7b</b>  | <b>0.</b>  |                                       |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>156,440.</b>                                    | <b>924,949.</b>                       |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>0.</b>  | <b>0.</b>                             |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>0.</b>  | <b>121.</b>                           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>10.</b>   | <b>0.</b>                             |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>156,450.</b>                                    | <b>925,070.</b>                       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0.</b>  | <b>0.</b>                             |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>  | <b>0.</b>                             |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0.</b>  | <b>0.</b>                             |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>0.</b>                             |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>37,114.</b>  |  |                                       |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>60,598.</b>                                     | <b>372,228.</b>                       |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>60,598.</b>   | <b>372,228.</b>                                    |                                       |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>95,852.</b>   | <b>552,842.</b>                                    |                                       |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>95,995.</b> | <b>End of Year</b><br><b>649,223.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>143.</b>  | <b>529.</b>                           |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>95,852.</b>                                     | <b>648,694.</b>                       |

**Part II Signature Block**

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

|   |  |  |                                 |   |                          |
|---|--|--|---------------------------------|---|--------------------------|
| <b>Sign Here</b>  | Signature of officer   | Date   |                                 |   |                          |
|   | <b>STEVE BORKENHAGEN, DIRECTOR</b><br>Type or print name and title |  |                                 |   |                          |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br><b>DAVID NEIGHBORS</b>               | Preparer's signature<br><b>DAVID NEIGHBORS</b> | Date<br><b>11/14/19</b>         | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00011733</b> |
|   | Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>                        | Firm's EIN ▶ <b>41-0746749</b>                 | Phone no. <b>(408) 294-1025</b> |   |                          |
| Firm's address ▶ <b>60 SOUTH MARKET STREET, SUITE 1550<br/>SAN JOSE, CA 95113</b> |  |  |                                 |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE SAN JOSE LIGHT TOWER CORPORATION IS TO BUILD AN ICONIC LANDMARK FOR SAN JOSE AND SILICON VALLEY THAT IS RESPECTED BY PEOPLE AROUND THE WORLD AND IS THE MUST-SEE PLACE TO VISIT IN SILICON VALLEY BY BOTH LOCALS AND VISITORS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 129,726. including grants of \$ ) (Revenue \$ 25,149. ) DOCUMENTARY FILM PRODUCED TO EXPLORE THE RELATIONSHIP BETWEEN THE SAN JOSE ELECTRIC LIGHT TOWER (1881 TO 1915) AND THE EIFFEL TOWER (1889).

4b (Code: ) (Expenses \$ 30,412. including grants of \$ ) (Revenue \$ 633,950. ) INTERNATIONAL IDEAS COMPETITION BEGINNING IN JULY 2019 AND ENDING IN APRIL 2020 TO IDENTIFY A DESIGN FOR AN ICONIC LANDMARK TO BE INSTALLED IN ARENA GREEN IN SAN JOSE, CA.

4c (Code: ) (Expenses \$ 80,407. including grants of \$ ) (Revenue \$ 0. ) A SITE STUDY PERFORMED BY STEINBERG HART TO SELECT THE BEST SITE IN DOWNTOWN SAN JOSE FOR AN ICONIC LANDMARK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 54,599. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 295,144.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
STEVE BORKENHAGEN - 408-813-5984
160 WEST SANTA CLARA STREET, SUITE 900, SAN JOSE, CA 95113





**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|--|--|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |   |   |  |  |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |   |   |  |  |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  |                      |   |   |  |  |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |                      |   |   |  |  |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>  |                      |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b> 924,949.   |                      |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |                      |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  | 924,949.             |   |   |  |  |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> _____   | <b>Business Code</b>   |                      |   |   |  |  |
|  | <b>b</b> _____   |  |                      |   |   |  |  |
|  | <b>c</b> _____   |  |                      |   |   |  |  |
|  | <b>d</b> _____   |  |                      |   |   |  |  |
|  | <b>e</b> _____   |  |                      |   |   |  |  |
|  | <b>f</b> All other program service revenue .....   |  |                      |   |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....  |  |                      |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 121.                 |   | 121.                                    |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |   |   |  |  |
|  | <b>5</b> Royalties .....   |  |                      |   |   |  |  |
|  | <b>6 a</b> Gross rents .....   | (i) Real   | (ii) Personal        |   |   |  |  |
|  |  | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |  |
|  |  | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |  |
|  |  | <b>d</b> Net rental income or (loss) .....                     |                      |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | (ii) Other           |   |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      |   |   |  |  |
|  |  | <b>c</b> Gain or (loss) .....                                  |                      |   |   |  |  |
|  |  | <b>d</b> Net gain or (loss) .....                              |                      |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |                      |   |   |  |  |
|  |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |   |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....    |                      |   |   |  |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>a</b>   |                      |   |   |  |  |
| <b>b</b> Less: direct expenses .....                                       |  | <b>b</b>   |                      |   |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>   |  |                      |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |  |                      |   |   |  |  |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a</b> _____  |  |  |                      |   |   |  |  |
|  | <b>b</b> _____   |  |                      |   |   |  |  |
|  | <b>c</b> _____   |  |                      |   |   |  |  |
|  | <b>d</b> All other revenue .....   |  |                      |   |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....  |  |                      |   |   |  |  |
| <b>12 Total revenue.</b> See instructions .....                            |  |  | 925,070.             | 0.  | 121.                                    | 0.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits .....   |                       |                                 |  |                             |
| 10 Payroll taxes .....  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  | 5,233.                |                                 | 5,233.                                 |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 188,190.              | 135,374.                        | 25,000.                                | 27,816.                     |
| 12 Advertising and promotion .....  | 167,447.              | 158,589.                        |  | 8,858.                      |
| 13 Office expenses .....  | 4,008.                | 223.                            | 3,345.                                 | 440.                        |
| 14 Information technology .....   |                       |                                 |  |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 276.                  | 276.                            |  |                             |
| 17 Travel .....   | 682.                  | 682.                            |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   |                       |                                 |  |                             |
| 20 Interest .....   | 1,679.                |                                 | 1,679.                                 |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 4,628.                |                                 | 4,628.                                 |                             |
| 23 Insurance .....  |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>TAXES</b>  | 85.                   |                                 | 85.                                    |                             |
| b _____   |                       |                                 |  |                             |
| c _____   |                       |                                 |  |                             |
| d _____   |                       |                                 |  |                             |
| e All other expenses _____  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>372,228.</b>       | <b>295,144.</b>                 | <b>39,970.</b>                         | <b>37,114.</b>              |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |               | (B)<br>End of year |
|---|--|--------------------------|---------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 95,995.                  | <b>1</b>      | 970.               |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>      | 412,503.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>      |                    |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>      | 228,000.           |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>      |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>      |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>      |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>      |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>      |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 4,628.        |               |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 4,628.        | <b>10c</b> 0. | 0.                 |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>     |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>     |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>     |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>     |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 0.                       | <b>15</b>     | 7,750.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 95,995.  | <b>16</b>                | 649,223.      |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 143.                     | <b>17</b>     | 529.               |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>     |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>     |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>     |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>     |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>     |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>     |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>     |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>     |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 143.                     | <b>26</b>     | 529.               |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |               |                    |
|   | <b>27</b> Unrestricted net assets .....  |                          | <b>27</b>     |                    |
|   | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b>     |                    |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>     |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>   |                          |               |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   | 0.                       | <b>30</b>     | 0.                 |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   | 0.                       | <b>31</b>     | 0.                 |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   | 95,852.                  | <b>32</b>     | 648,694.           |
| <b>33</b> Total net assets or fund balances .....                         | 95,852.  | <b>33</b>                | 648,694.      |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 95,995.  | <b>34</b>                | 649,223.      |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 925,070. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 372,228. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 552,842. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 95,852.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |          |
| <b>7</b>  | Investment expenses  | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 648,694. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form 990 (2018)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          | 156,440. | 924,949. | 1081389.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          | 156,440. | 924,949. | 1081389.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 1081389.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          | 156,440. | 924,949. | 1081389.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          | 10.      | 121.     | 131.      |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          | 10.      | 121.     | 131.      |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          | 156,450. | 925,070. | 1081520.  |

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

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

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 99.99 % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | 99.99 % |

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

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | .01 % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | .01 % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3  | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d  | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2018

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013   |                                     |   |  |
| <b>b</b> From 2014   |                                     |   |  |
| <b>c</b> From 2015   |                                     |   |  |
| <b>d</b> From 2016   |                                     |   |  |
| <b>e</b> From 2017   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014  |                                     |   |  |
| <b>b</b> Excess from 2015  |                                     |   |  |
| <b>c</b> Excess from 2016  |                                     |   |  |
| <b>d</b> Excess from 2017  |                                     |   |  |
| <b>e</b> Excess from 2018  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2018



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**SAN JOSE LIGHT TOWER CORPORATION**

Employer identification number

**82-1108949**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |   |
|---|---|
| Name of organization<br><b>SAN JOSE LIGHT TOWER CORPORATION</b> | Employer identification number<br><b>82-1108949</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | LINDA LESTER<br>2425 RIC DRIVE<br>GILROY, CA 95020   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | JON W AND PAULA K. BALL FAMILY TRUST<br>115 JOHNSON HOLLOW<br>LOS GATOS, CA 95030                | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | THE ROBERT S. KIEVE FOUNDATION<br>15425 LOS GATOS BLVD. SUITE 150<br>LOS GATOS, CA 95032         | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | JOHN S. AND JAMES L. KNIGHT FOUNDATION<br>200 S. BISCAYNE BLVD., SUITE 300<br>MIAMI, FL 33131    | \$ 77,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | THE HUGH STUART CENTER CHARITABLE TRUST<br>96 NORTH THIRD STREET SUITE 500<br>SAN JOSE, CA 95112 | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | CHRIS AND STEVE GOMO TRUST<br>18955 OJAI DRIVE<br>LOS GATOS, CA 95030                            | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SAN JOSE LIGHT TOWER CORPORATION</b> | Employer identification number<br><br><b>82-1108949</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | <u>MARIANNE AND CARL SALAS</u><br><br><u>270 S. 13TH STREET</u><br><br><u>SAN JOSE, CA 95112</u>   | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <u>THERESA AND BRIAN BUMB</u><br><br><u>15815 MIRADERO AVENUE</u><br><br><u>SAN JOSE, CA 95127</u> | \$ <u>20,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>SAN JOSE LIGHT TOWER CORPORATION</b> | Employer identification number<br><br><b>82-1108949</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>SAN JOSE LIGHT TOWER CORPORATION</b> | Employer identification number<br><br><b>82-1108949</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization SAN JOSE LIGHT TOWER CORPORATION Employer identification number 82-1108949

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8. Section 170(h)(4)(B) requirements. 9. Reporting requirements.

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

Form with sections 1a and 1b regarding reporting of art and historical treasures, and section 2 regarding financial gain reporting. Includes dollar amount fields.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      | 4,628.                          | 4,628.                       | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 0.             |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SAN JOSE LIGHT TOWER CORPORATION

Employer identification number

82-1108949

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

PUBLIC EXEMPT FOUNDATION

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISCELLANEOUS SMALL EXPENSES FOR OTHER PROGRAM SERVICES.

EXPENSES \$ 54,599. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S GOVERNING BODY CONSISTS OF MEMBERS AND OFFICERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON  
BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS AND THE PRESIDENT REVIEWS THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE  
CONFLICT OF INTEREST POLICY BY AVOIDING SUCH TRANSACTIONS THAT MAY VIOLATE  
SAID POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)





Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**SAN JOSE LIGHT TOWER CORPORATION**

**FORM 990 PAGE 10**

**82-1108949**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 1,000,000.       |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,500,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|    |  |    |        |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | 4,628. |
| 15 | Property subject to section 168(f)(1) election   | 15 |        |
| 16 | Other depreciation (including ACRS)  | 16 |        |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018  | 17 |                          |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

|     | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property                |                                      |  |                     |                |            |                            |
| b   | 5-year property                |                                      |  |                     |                |            |                            |
| c   | 7-year property                |                                      |  |                     |                |            |                            |
| d   | 10-year property               |                                      |  |                     |                |            |                            |
| e   | 15-year property               |                                      |  |                     |                |            |                            |
| f   | 20-year property               |                                      |  |                     |                |            |                            |
| g   | 25-year property               |                                      |  | 25 yrs.             |                | S/L        |                            |
| h   | Residential rental property    | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|     |                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i   | Nonresidential real property   | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|     |                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

|     |            |   |  |         |    |     |  |
|-----|------------|---|--|---------|----|-----|--|
| 20a | Class life |   |  |         |    | S/L |  |
| b   | 12-year    |   |  | 12 yrs. |    | S/L |  |
| c   | 30-year    | / |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 4,628. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

# California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name  
**SAN JOSE LIGHT TOWER CORPORATION**

California corporation number  
**4007801**

Additional information. See instructions.  
FEIN  
**82-1108949**

Street address (suite or room)  
**160 WEST SANTA CLARA STREET, NO. 900**

City  
**SAN JOSE**

State  
**CA**

ZIP code  
**95113**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**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  | 121     | 00 |
|                              | 2  | Gross dues and assessments from members and affiliates   | 2  |         | 00 |
|                              | 3  | Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 3  | 924,949 | 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  | 925,070 | 00 |
|                              | 5  | Cost of goods sold   | 5  |         | 00 |
|                              | 6  | Cost or other basis, and sales expenses of assets sold   | 6  |         | 00 |
|                              | 7  | Total costs. Add line 5 and line 6   | 7  |         | 00 |
|                              | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 925,070 | 00 |
| <b>Expenses</b>              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 368,140 | 00 |
|                              | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 556,930 | 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      | 00 |
|                              | 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      | 00 |

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.

**Sign Here**

Signature of officer **DAVID NEIGHBORS** Title **DIRECTOR** Date \_\_\_\_\_ Telephone \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature **DAVID NEIGHBORS** Date **11/14/19** Check if self-employed  PTIN **P00011733**

Firm's name (or yours, if self-employed) and address **CLIFTONLARSONALLEN LLP** Telephone **41-0746749**  
**60 SOUTH MARKET STREET, SUITE 1550**  
**SAN JOSE, CA 95113** Telephone **(408) 294-1025**

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.

828951 12-12-18

|                                    |                                   |  |   |    |                 |                 |            |
|------------------------------------|-----------------------------------|--|---|----|-----------------|-----------------|------------|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions   | •   | 1  |                 | 00              |            |
|                                    | 2                                 | Interest   | •   | 2  | 121             | 00              |            |
|                                    | 3                                 | Dividends  | •   | 3  |                 | 00              |            |
|                                    | 4                                 | Gross rents  | •   | 4  |                 | 00              |            |
|                                    | 5                                 | Gross royalties  | •   | 5  |                 | 00              |            |
|                                    | 6                                 | Gross amount received from sale of assets (See Instructions)   | •   | 6  |                 | 00              |            |
|                                    | 7                                 | Other income   | •   | 7  |                 | 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  | 121             | 00              |            |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid   | •   | 9  |                 | 00              |            |
|                                    | 10                                | Disbursements to or for members  | •   | 10 |                 | 00              |            |
|                                    | 11                                | Compensation of officers, directors, and trustees  | •   | 11 | SEE STATEMENT 2 | 0 00            |            |
|                                    | 12                                | Other salaries and wages   | •   | 12 |                 | 00              |            |
|                                    | <b>Expenses and Disbursements</b> | 13   | Interest  | •  | 13              | 1,679           | 00         |
|                                    |                                   | 14   | Taxes   | •  | 14              |                 | 00         |
|                                    |                                   | 15   | Rents   | •  | 15              | 276             | 00         |
|                                    |                                   | 16   | Depreciation and depletion (See instructions)   | •  | 16              | 540             | 00         |
|                                    |                                   | 17   | Other Expenses and Disbursements  | •  | 17              | SEE STATEMENT 3 | 365,645 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              | 368,140         | 00         |

| Schedule L Balance Sheet                             | Beginning of taxable year |        | End of taxable year |         |
|--|---------------------------|--------|---------------------|---------|
|  | (a)                       | (b)    | (c)                 | (d)     |
| <b>Assets</b>  |                           |        |                     |         |
| 1 Cash   |                           | 95,995 | •                   | 413,473 |
| 2 Net accounts receivable                            |                           |        | •                   | 228,000 |
| 3 Net notes receivable                               |                           |        | •                   |         |
| 4 Inventories  |                           |        | •                   |         |
| 5 Federal and state government obligations           |                           |        | •                   |         |
| 6 Investments in other bonds                         |                           |        | •                   |         |
| 7 Investments in stock                               |                           |        | •                   |         |
| 8 Mortgage loans                                     |                           |        | •                   |         |
| 9 Other investments                                  |                           |        | •                   |         |
| 10 a Depreciable assets <b>STMT 5</b>                |                           |        | 4,628               |         |
| b Less accumulated depreciation                      | ( )                       |        | ( 540 )             | 4,088   |
| 11 Land  |                           |        | •                   |         |
| 12 Other assets <b>STMT 4</b>                        |                           |        | •                   | 7,750   |
| 13 <b>Total assets</b>                               |                           | 95,995 |                     | 653,311 |
| <b>Liabilities and net worth</b>                     |                           |        |                     |         |
| 14 Accounts payable                                  |                           | 143    | •                   | 529     |
| 15 Contributions, gifts, or grants payable           |                           |        | •                   |         |
| 16 Bonds and notes payable                           |                           |        | •                   |         |
| 17 Mortgages payable                                 |                           |        | •                   |         |
| 18 Other liabilities                                 |                           |        |                     |         |
| 19 Capital stock or principal fund                   |                           |        | •                   |         |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |        | •                   |         |
| 21 Retained earnings or income fund                  |                           | 95,852 | •                   | 652,782 |
| 22 <b>Total liabilities and net worth</b>            |                           | 95,995 |                     | 653,311 |

**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   | • | 556,930 | 7 Income recorded on books this year not included in this return      | • |         |
| 2 Federal income tax   | • |         | 8 Deductions in this return not charged against book income this year | • |         |
| 3 Excess of capital losses over capital gains                      | • |         | 9 Total. Add line 7 and line 8  |   |         |
| 4 Income not recorded on books this year                           | • |         | 10 Net income per return.   |   |         |
| 5 Expenses recorded on books this year not deducted in this return | • |         | Subtract line 9 from line 6   |   | 556,930 |
| 6 Total. Add line 1 through line 5                                 |   | 556,930 |   |   |         |

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME                         | CONTRIBUTOR'S ADDRESS                                  | DATE OF GIFT | AMOUNT   |
|--|--|--------------|----------|
| LINDA LESTER                               | 2425 RIC DRIVE GILROY, CA<br>95020                     | 11/08/18     | 100,000. |
| JON W AND PAULA K. BALL<br>FAMILY TRUST    | 115 JOHNSON HOLLOW LOS GATOS,<br>CA 95030              | 12/11/18     | 25,000.  |
| THE ROBERT S. KIEVE<br>FOUNDATION          | 15425 LOS GATOS BLVD. SUITE<br>150 LOS GATOS, CA 95032 | 03/16/18     | 100,000. |
| JOHN S. AND JAMES L.<br>KNIGHT FOUNDATION  | 200 S. BISCAYNE BLVD., SUITE<br>300 MIAMI, FL 33131    | 10/31/18     | 77,000.  |
| THE HUGH STUART CENTER<br>CHARITABLE TRUST | 96 NORTH THIRD STREET SUITE<br>500 SAN JOSE, CA 95112  | 05/17/18     | 35,000.  |
| CHRIS AND STEVE GOMO<br>TRUST              | 18955 OJAI DRIVE LOS GATOS, CA<br>95030                | 12/27/18     | 25,000.  |
| MARIANNE AND CARL SALAS                    | 270 S. 13TH STREET SAN JOSE,<br>CA 95112               | 12/06/18     | 25,000.  |
| THERESA AND BRIAN BUMB                     | 15815 MIRADERO AVENUE SAN<br>JOSE, CA 95127            | 12/06/18     | 20,000.  |
| TOTAL INCLUDED ON LINE 3                   |  |              | 407,000. |

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| STEVE BORKENHAGEN<br>160 WEST SANTA CLARA STREET, NO. 900<br>SAN JOSE, CA 95113 | EXECUTIVE DIRECTOR, CFO<br>40.00   | 0.           |
| JON BALL<br>160 WEST SANTA CLARA STREET, NO. 900<br>SAN JOSE, CA 95113          | CEO<br>20.00                       | 0.           |
| CHRISTINE DAVIS<br>160 WEST SANTA CLARA STREET, NO. 900<br>SAN JOSE, CA 95113   | SECRETARY<br>20.00                 | 0.           |
| TOTAL TO FORM 199, PART II, LINE 11   |                                    | 0.           |

CA 199 OTHER EXPENSES STATEMENT 3

| DESCRIPTION                         | AMOUNT   |
|-------------------------------------|----------|
| TAXES                               | 85.      |
| ACCOUNTING FEES                     | 5,233.   |
| OTHER PROFESSIONAL FEES             | 188,190. |
| ADVERTISING AND PROMOTION           | 167,447. |
| OFFICE EXPENSES                     | 4,008.   |
| TRAVEL                              | 682.     |
| TOTAL TO FORM 199, PART II, LINE 17 | 365,645. |

CA 199 OTHER ASSETS STATEMENT 4

| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| UNDEPOSITED FUNDS                      | 0.           | 7,750.      |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 0.           | 7,750.      |

CA SCHEDULE L

DEPRECIABLE ASSETS

STATEMENT 5

| DESCRIPTION                       | COST OR<br>OTHER BASIS | ACCUMULATED<br>DEPRECIATION | END OF YEAR<br>BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|---------------------------|
| FURNITURE & EQUIPMENT             | 4,628.                 | 540.                        | 4,088.                    |
| TOTAL TO FORM 199, SCH L, LINE 10 | 4,628.                 | 540.                        | 4,088.                    |

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 82-1108949**

Corporation name

California corporation number

**SAN JOSE LIGHT TOWER CORPORATION**

**4007801**

**Part I Election To Expense Certain Property Under IRC Section 179**

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum deduction under IRC Section 179 for California .....  | 1                            | \$25,000         |
| 2  | Total cost of IRC Section 179 property placed in service .....  | 2                            |                  |
| 3  | Threshold cost of IRC Section 179 property before reduction in limitation .....                       | 3                            | \$200,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....                | 4                            |                  |
| 5  | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....     | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property (elected IRC Section 179 cost) .....  | 7                            |                  |
| 8  | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....                               | 9                            |                  |
| 10 | Carryover of disallowed deduction from prior taxable years .....                                      | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 ..... | 11                           |                  |
| 12 | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 .....                 | 13                           |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| (a)<br>Description property  | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or<br>other basis | (d)<br>Depreciation allowed or<br>allowable in earlier years | (e)<br>Depreciation<br>Method | (f)<br>Life or<br>rate | (g)<br>Depreciation<br>for this year | (h)<br>Additional<br>first year<br>depreciation |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 <b>1 FURNITURE &amp; EQUIPMENT</b>  | 06/01/18                             | 4,628                         |  | SL                            | 5.00                   | 540                                  |   |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) ..... |                                      |                               |  |                               |                        | 15                                   | 540   |

**Part III Summary**

|  |    |        |
|--|----|--------|
| 16 Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or<br>Depreciation (if no election is made), enter the amount from line 15, column (g) .....  | 16 | 540    |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....   | 17 | 4,628  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation<br>amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ..... | 18 | -4,088 |

**Part IV Amortization**

| (a)<br>Description of property  | (b)<br>Date acquired<br>(mm/dd/yyyy) | (c)<br>Cost or<br>other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>R&TC<br>section<br>(see instructions) | (f)<br>Period or<br>percentage | (g)<br>Amortization<br>for this year |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19  |                                      |                               |  |  |                                |                                      |
| 20 Total. Add the amounts in column (g) .....   |                                      |                               |  |  |                                | 20                                   |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....  |                                      |                               |  |  |                                | 21                                   |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,<br>Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 ..... |                                      |                               |  |  |                                | 22                                   |