

059

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2020

8453-EO

Exempt Organization name

Identifying number

CITY OF SANTA CLARA PUBLIC FACILITIES

31-1611044

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	2,500,647.
2	Total gross income (Form 199, line 8)	2	2,500,647.
3	Total expenses and disbursements (Form 199, line 9)	3	2,502,457.

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here


Signature of officer

1/14/2022
Date

DIR. OF FINANCE
Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature	TIMOTHY J KRISCH, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Firm's name (or yours if self-employed) and address	MAZE & ASSOCIATES 3478 BUSKIRK AVE STE 215 PLEASANT HILL CA				Firm's FEIN 94-2590179 ZIP code 94523

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

Paid Preparer Must Sign

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

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021.

Corporation/Organization name **CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION** California corporation number **2011023**

Additional information. See instructions. FEIN **31-1611044**

Street address (suite or room) **1500 WARBURTON AVENUE** PMB no.

City **SANTA CLARA** State **CA** Zip code **95050-3713**

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

E Check accounting method: Cash Accrual Other

F Federal return filed? 990T 990-PF Sch H (990) Other 990 series

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

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

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 **N/A**

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

L Is the organization a limited liability company? Yes No

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

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

O 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	2,500,647.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	
	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	2,500,647.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	2,500,647.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	2,502,457.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-1,810.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and Interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.

Sign Here 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.

Signature of officer **DIR. OF FINANCE** Title Date Telephone **(408) 615-2368**

Paid Preparer's Use Only Preparer's signature **TIMOTHY J KRISCH, CPA** Date Check if self-employed PTIN **P00283083**

Firm's name (or yours, if self-employed) and address **MAZE & ASSOCIATES** Firm's FEIN **94-2590179**
3478 BUSKIRK AVE STE 215 Telephone **925-930-0902**
PLEASANT HILL, CA 94523

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

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	303.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	2,500,344.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	8	2,500,647.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	572,457.
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	17	1,930,000.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	18	2,502,457.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		724,893.		723,083.
2	Net accounts receivable				
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. Attach schedule				
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule. STM 4		15,637,987.		13,653,691.
13	Total assets		16,362,880.		14,376,774.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. ST 5		13,542,987.		12,588,691.
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 6		2,095,000.		1,065,000.
19	Capital stock or principal fund		724,893.		723,083.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		16,362,880.		14,376,774.

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	-1,810.	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5	-1,810.		-1,810.

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$ 2,500,344.
TOTAL	\$ <u>2,500,344.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHLEEN WATANABE 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	\$ 0.	\$ 0.	\$ 0.
KEVIN PARK 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
RAJ CHAHAL 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	VICE PRESIDENT 0.50	0.	0.	0.
KAREN HARDY 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
ANTHONY J. BECKER 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
SUDHANSHU JAIN 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
LISA M. GILLMOR 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	PRESIDENT 0.50	0.	0.	0.
DEANNA J. SANTANA 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	EXECUTIVE DIR. 0.10	0.	0.	0.
KENN LEE 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	DIR. OF FINANCE 0.10	0.	0.	0.
NORA PIMENTAL 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	SECRETARY 0.10	0.	0.	0.
TOTAL		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

PRINCIPAL DEBT PAYMENTS..... \$ 1,930,000.
 TOTAL \$ 1,930,000.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

NET INVESTMENT IN LEASE..... 13,653,691.
 TOTAL \$ 13,653,691.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

<u>TAX-EXEMPT BONDS</u>		<u>BALANCE DUE</u>
PURPOSE OF ISSUE:	CENTRAL PARK LIBRARY REFUNDING	
ISSUE DATE:	3/28/2013	
ORIGINAL ISSUE AMOUNT:	19,571,640.	
TYPE OF FORM FILED:	FORM 8038-G	
FORM 8038 FILING DATE:	3/28/2013	
OUTSTANDING ISSUE AMT:		12,588,691.
	TOTAL TAX-EXEMPT BONDS	\$ <u>12,588,691.</u>
	TOTAL NOTES AND BONDS PAYABLE	\$ <u>12,588,691.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

LEASE AGREEMENT WITH CITY OF SANTA CLARA..... 1,065,000.
 TOTAL \$ 1,065,000.