Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

Open to Public Inspection

A	For the 2	2017 calen	dar year, or tax year begin	nning 7/01	, 2017 , a	nd endin	g 6/3			2018	
	Check if ap		С							ation number	
		ss change	CITY OF SANTA CI	ARA PUBLIC FA	CILITIES				61104		
	Name	change	FINANCING CORPOR	RATION				E Telephor	ne number		
	\vdash	return	1500 WARBURTON A	AVENUE				(408	615	5-2368	
	\vdash	turn/terminated	SANTA CLARA, CA	95050-3713							
		ded return						G Gross re		2,512,9	
		ation pending	F Name and address of princip	al officer: DEANNA S	ΔΝΤΔΝΔ		H(a) Is this	a group return	for subor	dinates? Yes	X No
	Пуррыс	ation penang	SAME AS C ABOVE	DEANIM D	7111 1711171		H(b) Are all	subordinates attach a list.	included?	ctions) Yes	No
1	Tay-eve	mpt status	501(c)(3) X 501(c) (Λ) ◄ (insert no.)	4947(a)(1) or	527	11 140,	attacii a iist.	(300 113112	oliono,	
<u>'</u> J		ite: N/		4 / (H(c) Group	exemption nu	mber >		
K		organization:	15-51	Association Other	LYe	ear of format				al domicile: CA	
		Summar		71000000000							
Г	1 D	infly docor	the the organization's mis-	sion or most significa	nt activities:TO	RENDER	FINAN	CIAL AS	SSIST	ANCE TO T	HE
	Ē	TTV OF	SANTA CLARA BY F	TNANCING REF	INANCING, I	EASING	AND (CONSTRU	CTING	VARIOUS	
Se	듣	ACTI.TTI	ES FOR THE BENEF	TT OF THE CIT	Y'S RESIDEN	VTS.					
Lar	Ξ.										
Governance	2 CI	neck this b	ox ► if the organizati	on discontinued its or	perations or dispo	sed of mo	ore than 2	25% of its	net asse	ets.	
9	3 N	imher of v	oting members of the government	erning body (Part VI.	line la)				5		9
50	4 N	umber of ir	ndependent voting member	rs of the governing be	ody (Part VI, line	1b)		******	5		0
ţ.	5 To	otal numbe	r of individuals employed	in calendar year 2017	(Part V, line 2a)			******	6		0
Activities &	6 To	otal numbe	r of volunteers (estimate i	f necessary)	Line 12				7a		0.
AC	7a To	otal unrelat	ted business revenue from	- fram Farm 000 T li), little 12	*******	********		7b		0.
	b N	et unrelate	d business taxable income	3 from Form 990-1, iii	16 34			Prior Year	12	Current Ye	
			1t- (Dank \ (III - Iin	a 1h\				Hor rear			
ø	8 C	ontribution	s and grants (Part VIII, lin vice revenue (Part VIII, lir	e m			-	2,504,0	30	2,504,	721.
딞	9 P	rogram ser	income (Part VIII, column	(A) lines 3 4 and 70	4)				59.		179.
Revenue	10 ln	ther revers	ue (Part VIII, column (A),	lines 5 6d 8c 9c. 10	c. and 11e).						
ш	11 O	otal raveni	ue — add lines 8 through 1	1 (must equal Part V	III, column (A), lir	ne 12)	, -	2,506,5	89.	2,512,	900.
	13 G	rants and	similar amounts paid (Par	t IX. column (A), lines	s 1-3)						
	14 B	enefite nai	d to or for members (Part	IX. column (A), line	4)						
	15 S	alariae ath	ner compensation, employ	ee benefits (Part IX.	column (A), lines	5-10)					
0	15 5	alailes, ou	I fundraising fees (Part IX	column (A) line 11e)		9				
Fynancas	16a P									LY TO SAND	-F-LIFE
2	b T	otal fundra	ising expenses (Part IX, o	olumn (D), line 25)			-	0 500 5	126	2,504,	012
ш	11/ 0	ther exper	nses (Part IX, column (A),	lines 11a-11d, 111-24	e)		9	2,500,7	$\overline{}$	2,504,	
	18 T	otal expen	ses. Add lines 13-17 (mus	it equal Part IX, colun	nn (A), line 25)		-	2,500,	_		988.
		tevenue les	ss expenses. Subtract line	18 from line 12					353.	End of Ye	
ঠ	9							ing of Curre		20,879,	
Assets or	를 20 T	otal assets	(Part X, line 16)					2,657, 1,177,		19,391,	
t As	21 T		ies (Part X, line 26)								
Net	분 22 N	let assets o	or fund balances. Subtract	line 21 from line 20.		CEALD DIES		1,479,8	339.]	1,487,	821.
F	art II	Signatu	re Block								
Ur	nder penaltie	s of perjury, I	declare that I have examined this other than officer) is based	murn, including accompanyi	ng schedules and state	ments, and t	o the best of	my knowledg	e and belie	et, it is true, correct	, and
co	mplete. Dec	laration of pre	parer (other than bincer) is based	1 A A A A A A A A A A A A A A A A A A A	() P / (2/	2//	19-	
		1	11/10/10/11/10	200CA				Date	1		
S	ign	Part of	vure of officer	IL SA			DIDE	ECTOR O	E ETN	ANCE	
Н	ere		GELA KRAETSCH				DIKE	CIUK U	F FIN	ANCE	
_			or print name and title	Description of the state of the		Date		Check	if F	PTIN	
			e preparer's name	Preparer's signature	DIGGII	The second second	0.19	self-employ	」" [200283083	
	aid		THY J KRISCH	TIMOTHY J K	KT2CH	3.3	-11	aen-emplo	, ou []	. 00203003	
Pi	reparer	parer Firm's name MAZE & ASSOCIATES						Firm's EIN	► Q1-	2590179	
U	se Only	Firm's ad		K AVE STE 215							12
			PLEASANT HI				No incompany	Phone no.	(925	X Yes	No
11	lau tha ID	C discuss	this return with the prepar	er shown above? (se	e instructions)	* * * * * * * * * *	********	********		123 103	

orm 990 (2017)	CITY OF SANTA CLARA	PUBLIC FACILITIES	31-161104	4 Page 2
Part III State	ment of Program Service	e Accomplishments		
Check		onse or note to any line in this Part I	III	X
1 Briefly describ	be the organization's mission:			
SEE_SCHEI	DULE O			
		i I II	ware not listed on the prior	Mean.
2 Did the organia	zation undertake any significant p	program services during the year which	were not listed on the prior	Yes X No
				Λ
If 'Yes,' desc	ribe these new services on Sch	nedule 0. nake significant changes in how it co	inducts any program services?	Yes X No
3 Did the organ	ribe these changes on Schedul	A O		<u> </u>
If Yes, desc	ribe these changes on schedul	occomplishments for each of its thr	ree largest program services, as measure	d by expenses.
4 Describe the Section 501 (and revenue,	organization's program service c)(3) and 501(c)(4) organization, if any, for each program servi	raccomplishments for each of its thin are required to report the amount ce reported.	ee largest program services, as measure of grants and allocations to others, the t	otal expenses,
4a (Code:) (Expenses \$ 2,5	504,912. including grants of \$) (Revenue \$)
DEDU CEE	CXTCE EVDENDITHIDES R	FIATED TO POLICE ADMIN	ISTRATION BUILDING, LIBRAR	Y BUILDING
DERI SEL	CTION, AND LEASE OBL	TGATTONS		
CONSTROC	TION, WID THE OFF	11011110110.		
4 b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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4 c (Code:) (Expenses \$	including grants of Ş) (Revenue \$	
		tut- O		
	ram services (Describe in Sche	aule U.)) (Revenue \$)
(Expenses		ncluding grants of \$, (
4 e Total progra	am service expenses 🕨	2,504,912.		F 000 (2017)

Page 2

31-1611044

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... X 3 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If* 'Yes,' complete Schedule C, Part II..... 4 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? If 'Yes,' complete Schedule C, Part III Χ 5 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? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*.......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X complete Schedule D, Part III 8 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? If 'Yes,' complete Schedule D, Part IV. Χ 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. Χ 11 a **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? *If 'Yes,' complete Schedule D, Part VII*...... Χ 11 b Х 11 c 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 X 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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)? If 'Yes,' complete Schedule D, Part X... Χ 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a Schedule D, Parts XI and XII...... b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional...... X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.... 14a **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? If 'Yes,' complete Schedule F, Parts I and IV..... Χ 14b 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? If 'Yes,' complete Schedule F, Parts II and IV..... 15 Χ 15 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? If 'Yes,' complete Schedule F, Parts III and IV..... 16 Χ 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? If 'Yes,' complete Schedule G, Part I (see instructions)...... 17 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.

19

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

complete Schedule G, Part III.....

Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Χ 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... X 24a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease Χ 24c any tax-exempt bonds?.... X d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Χ 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If* 'Yes,' complete X 25b Schedule L, Part I.... Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II..... Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... Χ 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L. Part IV.... **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*..... Χ 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 contributions? If 'Yes,' complete Schedule M.... X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Schedule N, Part II.... Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*..... Χ 33 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 and Part V, line 1.... 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2....* 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 Form 990 (2017)

Form 990 (2017)

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..... Yes No 0 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners?..... 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0..... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... 4 a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5hc If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282?.... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?.... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?.... 9 a 9 b 10 Section 501(c)(7) organizations. Enter: **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?.... 13 a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand..... X 14a Did the organization receive any payments for indoor tanning services during the tax year?..... **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q..... 14 h

Form 990 (2017) CITY OF SANTA CLARA PUBLIC FACILITIES 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 Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed?..... X 5 X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х Яa a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8 h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 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?..... 10 h X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 h to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this was done..... X 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official..... 15 a **b** Other officers or key employees of the organization..... X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 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 16 b organization's exempt status with respect to such arrangements?.... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Other (explain in Schedule O) Another's website |X| Upon request 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.

SEE SCHEDULE O

State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours	is	both a	do no box, u an of ctor/t	fficer truste	eck mor s perso and a ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KATHY WATANABE BOARD MEMBER	_0.5_	Х						0.	0.	0.
(2) DEBI DAVIS VICE PRESIDENT	0.5	Х						0.	0.	0.
(3) PATRICK KOLSTAD BOARD MEMBER	0.5	Х						0.	0.	0.
(4) PATRICIA MAHAN BOARD MEMBER	_0.5_ 0	X						0.	0.	0.
(5) TERESA O'NEILL BOARD MEMBER	0.5_ 0	X						0.	0.	0.
(6) LISA M. GILLMOR PRESIDENT	0.5_ 0	X						0.	0.	0.
(7) DEANNA SANTANA EXECUTIVE DIR.	$\begin{bmatrix} -0.1\\ 0 \end{bmatrix}$			Х				0.	0.	0.
(8) ANGELA KRAETSCH DIR. OF FINANCE	$-\frac{0.1}{0}$			X				0.	0.	0.
(9) NORA PIMENTEL SECRETARY	0.1			Х				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)		-								5 000 (0017)

(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	(do box,	unles er an	neck ss pe d a c	ition more rson lirect	than dis both Highest compensated employee	n an l	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										A STATE OF THE STA
(24)										
(25)										
1 b Sub-total			<u> </u>	<u>L</u>	<u> </u>	<u> </u>		0.	0	
c Total from continuation sheets to Part VII, Sec	tion A							0.	0	
d Total (add lines 1b and 1c)	ed to those	listec	l abo	ve)	who	rece	ivec			
from the organization 0										Yes No
 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for set the organization and related organizations great such individual	of reporta ater than \$	ble co 150,0	omp 000?	ens If	atio 'Yes	n and	d ot mpl	her compensatior ete Schedule J fo	from r	3 X 4 X
Section P. Indopendent Contractors										<u> </u>
Complete this table for your five highest components of the organization. Report components of the organization.	ensated in ensation fo	depe r the	nder caler	nt co	ontr yea	actor ar enc	s th	at received more with or within the o	than \$100,000 of organization's tax ye	ear.
(A) Name and business ac								(E	of services	(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization).	g but not lin	mited	to th	nose	list	ed ab	ove) who received mor	e than	Form 990 (201

		Check if Schedule O			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512-514
ts s	1 a	Federated campaigns	1a					
ran Oun	b	Membership dues	1 b					
S, G		Fundraising events						
ar ar		Related organizations						
in,	е	Government grants (contribution	ons) <u>1 e</u>		-			
ibution other S		All other contributions, gifts, g similar amounts not included a						
펄		Noncash contributions included			-			
	n	Total. Add lines 1a-1f		Business Code				
ervice Revenue	2a b c d	LEASE REVENUE			2,504,721.	2,504,721.		
E	е							
gra		All other program service						
P.		Total. Add lines 2a-2f			2,504,721.			
Other Revenue Program Service Revenue and Other Similar Amount Sim	3	3 Investment income (including dividends, interest other similar amounts)			8,179.	8,179.		
		other similar amounts). Income from investmen	t of toy over	t hand proceeds		0,113.		
	-	Royalties			-			
	3	Royanies	(i) Real	(ii) Personal				
	6 8	Gross rents			1			
		Less: rental expenses			7			
	1	: Rental income or (loss)						
	d	Net rental income or (lo	oss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
	1	Net gain or (loss)						
enne	8 a	Gross income from fun (not including. \$ of contributions reporte						
Zev		See Part IV, line 18		į				
<u></u>	1	b Less: direct expenses.			7			
돛		c Net income or (loss) fr	om fundraising	events	>			
•	1	a Gross income from gai See Part IV, line 19	mina activities	,				
		b Less: direct expenses.c Net income or (loss) fr			F			
		a Gross sales of invento and allowances		. а				
		b Less: cost of goods so			<u> </u>			
	<u>_</u>	c Net income or (loss) fr	om sales of in	Business Code	-			
	11							
	111	a b						
	'	d All other revenue						
	'	a Total Add lines 11a-1		·	>			

2,512,900.

Part IX Statement of Functional Expenses

Sectio	n E01(a)(2) and E01(a)(A) organizations must com	onlete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		
Do no 6b, 7k	ot include amounts reported on lines o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
(Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic ndividuals. See Part IV, line 22				
(Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
Ū	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
u	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	767,178.	767,178.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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.)				
á	PRINCIPAL DEBT PAYMENTS	1,731,000			
	BOND ISSUANCE COSTS	6,734	6,734		
	C	į i			
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,504,912	. 2,504,912	. 0	0.
26	Joint costs. 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)				
	00. 00 = 0.00 000 , == 7				Form 990 (2017)

Form 990 (2017)

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Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year 1 Cash — non-interest-bearing..... 2 1,487,827. 1,480,881 3 Pledges and grants receivable, net ર 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 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 instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 c 10b **b** Less: accumulated depreciation..... 11 Investments – publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11..... 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets 14 15 19,391,581. Other assets. See Part IV, line 11..... 21,176,878 15 20,879,408 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 22,657,759 16 17 Accounts payable and accrued expenses..... 1,042. 17 Grants payable..... 18 18 19 Deferred revenue..... 19 20 15,346,581. 16,210,878 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 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. 4,966,000 25 4,045,000. 21,177,920 26 19,391,581 Total liabilities, Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. Fund Balances 27 Unrestricted net assets..... 27 28 28 29 Permanently restricted net assets..... Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 6 30 1,487,827. Capital stock or trust principal, or current funds..... 1,479,839. 31 Paid-in or capital surplus, or land, building, or equipment fund..... 32 Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances..... 33 1,487,827. 1,479,839 33 20,879,408. 34 22,657,759 34

TEEA0111L 08/08/17

orm	1 990 (2017) CITY OF SANTA CLARA PUBLIC FACILITIES 31-1	1611044	Pa	ge 12
ar	t XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI			··
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,512,9	<u> 900.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,504,9	
3	Revenue less expenses. Subtract line 2 from line 1	3	7,9	988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,479,8	<u>339.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1,487,8	227
VS-S-	column (B)).	10	1,407,0	021.
Pa	rt XII Financial Statements and Reporting			\Box
	Check if Schedule O contains a response or note to any line in this Part XII			No
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	*		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?	,	2 b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ate		
	Toparate sales 11			
	c 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?		2 c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a 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?		3 a	X
	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	dit 	3 b	
			Form 990	(2017)

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SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CITY OF SANTA CLARA PUBLIC FACILITIES

Employer identification number

	FINANCING CORPORATION	31-1611044
Pari	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
ાલા	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	5.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in dor are the organization's property, subject to the organization's exclusive legal control?	nor advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other properties impermissible private benefit?	s can be used only ourpose conferring
Par	t II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	of a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
2	a Total number of conservation easements.	2a
F	o Total acreage restricted by conservation easements	. 2b
,	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histori	ic
·	structure listed in the National Register	24
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by th tax year ►	e organization during the
4	Number of states where property subject to conservation easement is located ▶	_
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	dling of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserve ▶\$	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of secand section 170(h)(4)(B)(ii)?	les
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensinclude, if applicable, the text of the footnote to the organization's financial statements that describes the control of the control of the control of the organization of the control of the	se statement, and balance sheet, and escribes the organization's accounting for
Pai	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line	Other Similar Assets. 8.
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rever art, historical treasures, or other similar assets held for public exhibition, education, or research in fu in Part XIII, the text of the footnote to its financial statements that describes these items.	nue statement and balance sheet works of
1	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	rance of public service, provide and
	(i) Revenue included on Form 990, Part VIII, line 1	\> \$
	(ii) Assets included in Form 990, Part X	×\$
2	If the organization received or held works of art, historical treasures, or other similar assets for finance amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	cial gain, provide the following
	a Revenue included on Form 990. Part VIII, line 1	
	b Assets included in Form 990, Part X	▶\$

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Schedule **D** (Form 990) 2017

Part III Organizations Maintainir	ig Collections	oi Art, mistori	icai ireasures, or	Other Sillinar Assi	cis (contint	icu)
Using the organization's acquisition, accitems (check all that apply):	cession, and other i	records, check any	of the following that ar	e a significant use of its o	collection	
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e Other				
c Preservation for future generatio	ns					
Provide a description of the organization Part XIII.	n's collections and	explain how they f	urther the organization's	s exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	to be maintained	as part of the orc	janization's collection		Yes	No
Part IV Escrow and Custodial And line 9, or reported an am	rrangements. (ount on Form	Complete if th 990, Part X, li	e organization an ne 21.	swered 'Yes' on Fo	rm 990, Pa 	ırt IV,
1 a Is the organization an agent, trustee on Form 990, Part X?	, custodian or oth	er intermediary fo	or contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in F	Part XIII and comp	olete the following	g table:			
					Amount	
c Beginning balance				1 с		
d Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an amo	unt on Form 990,	Part X, line 21, for	or escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in I	Part XIII. Check h	ere if the explana	ition has been provide	ed on Part XIII		
Part V Endowment Funds. Com	plete if the org	ganization ans	wered 'Yes' on Fo	orm 990, Part IV, Iii	<u>ne 10.</u>	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships	ALL THE STATE OF T					
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance		l. b. alasa a . /lima	1 = solumn (a)) hold	261		
2 Provide the estimated percentage of		end balance (line	e rg, column (a)) nelu	as.		
a Board designated or quasi-endowment						
b Permanent endowment ▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0				
c Temporarily restricted endowment		<u></u> %				
The percentages on lines 2a, 2b, and 2	c should equal 100)%.				
3 a Are there endowment funds not in the	oossession of the o	rganization that ar	e held and administere	d for the	Yes	No
organization by:						INO
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					3a(ii)	_
b If 'Yes' on line 3a(ii), are the related	l organizations lis	ted as required of	n Schedule R?		. 3b	
4 Describe in Part XIII the intended us		ation's endowmer	nt funas.			
Part VI Land, Buildings, and Eq	uipment.		000 D 111/11-	. 11 - C Farma Of	On Dort V	lina 10
Complete if the organiza	tion answered	'Yes' on Form	1 990, Part IV, IIn			
Description of property	(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						
c Leasehold improvements						313777
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column ('d) must equal Fo	rm 990, Part X, c	olumn (B), line 10c.).	. , , ,		0.
Total , lad lilled to thiodgir for (continue)	, ,	The second second				001 0017

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Part VII Investments – Other Securities.	d Wast on Farm Oor	N/A D. Bart IV. Jina 11b. Saa Form 990. Pa	art X lina 12
Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of-year mar	
(a) Description of security or category (including name of security)		(C) Welliou of Valuation, cost of end-of-year mar	NOT VALUE
(1) Financial derivatives(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA	
(I)	-		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •		N/A	100 mm (100 mm
Part VIII Investments — Program Related. Complete if the organization answere	d 'Yes' on Form 990	ວ, Part IV, line 11c. See Form 990, Pa	art 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)	- Wants		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
D IN Other Assets	d 'Voc' on Form 00	0, Part IV, line 11d. See Form 990, Pa	art X line 15
Complete if the organization answere	escription	(b)	Book value
(1) NET INVESTMENT IN LEASE		1:	9,391,581.
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)	Western Control of the Control of th		
(1)			
(9)			
(10)			0 001 501
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		9,391,581.
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 990 Part IV line 1	Le or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value	9	
(1) Federal income taxes			
(2) LEASE AGREEMENT WITH CITY OF SAN'S	ΓA 4,045,0	00.	
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
(11)			
	► 4,045,0	00.	for upportein

Part XI Reconciliation of Revenue per Audited Financial Statements With Rev	venue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	12a.
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Ex	xpenses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	e 12a.
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
To a second of Doubly lines	a 1h and 9h: Part V

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.

Schedule D (Form 990) 2017

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CITY OF SANTA CLARA PUBLIC FACILITIES ETNANCING CORPORATION

Employer identification number

31-1611044

FINANC	ING CORPORATION							31.	-1011	. 044	±			
Part I Bond Issues									1			_		
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pr	rice	(f) De	scription of p	urpose	(g) Defeased		(h) beha issi	If of	(i) Po finar	oole
									Yes	No	Yes	No	Yes	No
A CITY OF SANTA CLARA	94-6000426	801400EK4	3/28/2013	19,57	1.640.	CENTRAL PA	RK LIBRARY	REFUNDING		X		X		
B	J4 0000420	0021002111	0,00,000											
C														
D														
Part II Proceeds											····			
				Į.			В	C)	
1 Amount of bonds retired.				. 1,7	85,29	7.								
2 Amount of bonds legally of	defeased													
3 Total proceeds of issue				19,5	71,64	0.								
4 Gross proceeds in reserve					03,63	7.								
5 Capitalized interest from p														
6 Proceeds in refunding esc					37,27	0.								
	eeds				30,73	3.						,		
8 Credit enhancement from														
9 Working capital expenditu														
	proceeds													
12 Other unspent proceeds .														
13 Year of substantial compl							,							
				Yes	No	Yes	No	Yes	No)	Ye	s		lo
14 Were the bonds issued as	s part of a current refunding	j issue?		X										
15 Were the bonds issued as	s part of an advance refund	ing issue?			X									
16 Has the final allocation of	f proceeds been made?			X										
17 Does the organization ma	aintain adequate books and	records to suppo	rt the final allocation	X										
Part III Private Busine														
					Α		В		<u> </u>)	
				Yes	No	Yes	No	Yes	No	<u> </u>	Ye	es	1	lo
Was the organization a p property financed by tax-	partner in a partnership, or a exempt bonds?	member of an L	LC, which owned											
2 Are there any lease arrar		private business	use of											
BAA For Panerwork Reduction										Scher	dule K	(Form	990)	2017

Jenedale II (i onii 330) 2017		OI	DEMILITA	CHAMAI	TODETC	111011
Part III Private Busine:	ss Use ((Cont	inued)			

	Α		В		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3 a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		96		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		0\0		96		0/0	,	%
6 Total of lines 4 and 5		%		%		용	<u></u>	%
7 Does the bond issue meet the private security or payment test?								
8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		ક		%
c If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								
Part IV Arbitrage								

Part IV Arbitrage

A		В		C)
Yes	No	Yes	No	Yes	No	Yes	No
	Х						
X							
	X						
	X						
	X						
	Х						
	X	X X X X X X	Yes No Yes X X X X X X X X X X X X X	Yes No Yes No X X X X X X X X X X X X X X X	Yes No Yes No Yes X X X X X X X X X X X X X	Yes No Yes No X X X X X X X X X X X X X X X X X X	Yes No Yes No Yes X X X X X X X X X X X X X X X X X X X X

Part IV Arbitrage (Continued) D В C No Yes No Yes No Yes Yes No Χ 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?..... **b** Name of provider..... c Term of GIC..... d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?.... Х 7 Has the organization established written procedures to monitor the requirements of Χ section 148?.... Procedures To Undertake Corrective Action D C В Has the organization established written procedures to ensure that violations of federal tax No No Yes No Yes Yes No Yes requirements are timely identified and corrected through the voluntary closing agreement program Χ if self-remediation isn't available under applicable regulations?.....

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE O (Form 990 or 990-EZ)

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

Employer identification number 31-1611044

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO RENDER FINANCIAL ASSISTANCE TO THE CITY OF SANTA CLARA BY FINANCING, REFINANCING, ACQUIRING, CONSTRUCTING, IMPROVING, LEASING AND SELLING OF BUILDINGS, BUILDING IMPROVEMENTS, EQUIPMENT, AND OTHER PUBLIC IMPROVEMENTS, LANDS, AND ANY OTHER REAL OR PERSONAL PROPERTY FOR THE BENEFIT OF RESIDENTS OF THE CITY OF SANTA CLARA CALIFORNIA.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE TAX PREPARER BASED ON INFORMATION PROVIDED BY THE CITY. THE FOLLOWING PROCESS OCCURS PRIOR TO THE FORM 990 FILING:

WHEN THE FORM 990 IS PREPARED, IT IS REVIEWED BY MANAGEMENT AND IS PRESENTED TO MEMBERS OF THE GOVERNING BODY PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH AT LEAST 3 DAYS TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS TO MANAGEMENT. THE FORM 990 IS THEN PRESENTED FOR ACCEPTANCE AT A SPECIAL CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION BOARD MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL FORMAL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.

2017

FEDERAL FILING INSTRUCTIONS CITY OF SANTA CLARA PUBLIC FACILITIES

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

31-1611044

ELECTRONICALLY FILED:

FORM 990 - 2017 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

