2018

FEDERAL FILING INSTRUCTIONS

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

31-1611044

ELECTRONICALLY FILED:

FORM 990 - 2018 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.



Form 990

Return of Organization Exempt From Income Tax

ax 2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

For the 2018 calendar year, or tax year beginning 7/01 , 2018, and ending , 2019 D Employer identification number Check if applicable: Address change CITY OF SANTA CLARA PUBLIC FACILITIES 31-1611044 FINANCING CORPORATION E Telephone number Name change 1500 WARBURTON AVENUE Initial return (408) 615-2368 SANTA CLARA, CA 95050-3713 Final return/terminated Amended return G Gross receipts \$ 2,516,799. F Name and address of principal officer: DEANNA SANTANA H(a) Is this a group return for subordinates? Application pending Yes H(b) Are all subordinates included?
If "No," attach a list. (see instructions) SAME AS C ABOVE Yes Tax-exempt status: 501(c)(3) 4947(a)(1) or 527 X 501(c) (4) ◀ (insert no.) Website: ► H(c) Group exemption number X Corporation Form of organization: Trust Other > L Year of formation: 1997 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO RENDER FINANCIAL ASSISTANCE TO THE CITY OF SANTA CLARA BY FINANCING, REFINANCING, LEASING AND CONSTRUCTING VARIOUS Governance FACILITIES FOR THE BENEFIT OF THE CITY'S RESIDENTS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 10 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 38..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g)..... 2,504,721 2,501,494. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 8,179. 15,305. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 2,512,900 2,516,799 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,504,912 2,498,141. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2,504,912. 2,498,141. Revenue less expenses. Subtract line 18 from line 12..... 7,988. 18,658. End of Year **Beginning of Current Year** Total assets (Part X. line 16)..... 20,879,408. 19,057,769. 21 Total liabilities (Part X, line 26)..... 17,551,284. 19,391,581. Net assets or fund balances. Subtract line 21 from line 20..... 22 1,487,827 1,506,485 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. Signature of officer Sign Here KENN LEE DIRECTOR OF FINANCE Type or print name and title Print/Type preparer's name PTIN Check 2.6.2020 TIMOTHY J KRISCH self-employed P00283083 Paid Preparer ► MAZE & ASSOCÍATES Firm's name Use Only ► 3478 BUSKIRK AVE STE 215 Firm's EIN ► 94-2590179 Firm's address PLEASANT HILL, CA 94523-4346 (925) 930-0902 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes

		LARA PUBLIC FACILITIES	31-1611044	Page 2
		rvice Accomplishments		
		response or note to any line in this Part III.		X
SEE SCHE	ibe the organization's miss	sion;		
2FF 2CUF	.DOTE			
2 Did the organ	ization undertake any signific	cant program services during the year which we	re not listed on the prior	
Form 990 or	990-EZ?		Yes	X No
	cribe these new services on S			
	nization cease conducting, cribe these changes on Scheo	or make significant changes in how it condu dule O.	ucts, any program services? Yes	s X No
Section 501	organization's program se (c)(3) and 501(c)(4) organiz , if any, for each program	ervice accomplishments for each of its three zations are required to report the amount of service reported.	largest program services, as measured by grants and allocations to others, the total	/ expenses. expenses,
4a (Code:) (Expenses \$	2,498,141. including grants of \$) (Revenue \$)
	RVICE EXPENDITURE CTION, AND LEASE	S RELATED TO POLICE ADMINIST	TRATION BUILDING, LIBRARY I	BUILDING_
lb (Code:) (Expenses \$	including grants of \$) (Revenue \$)
 Ic (Code:) (Expenses \$	including grants of \$) (Revenue \$	
	/ (ps//doc /		, (, , , , , , , , , , , , , , , , , ,	
		the dute ON		
d Other progra (Expenses	im services (Describe in Sc \$	including grants of \$) (Revenue \$)
	m service expenses ►	2,498,141.	, , , , , , , , , , , , , , , , , , , ,	
J. w. prograi				

-	1- Her consciention described in control F01(\(\text{V}(2) \) = 4047(\(\text{V}(1) \) (Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	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	3		Х
4	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		
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? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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> .	11 a		Х
	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	11 b		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? If 'Yes,' complete Schedule D, Part VIII.	11 c		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? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15		15		Х
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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	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	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If 'Yes,' complete Schedule I, Parts I and II	21		X
3 4 4		E 0 400	000	(0010)

	n 990 (2018) CITY OF SANTA CLARA PUBLIC FACILITIES rt IV Checklist of Required Schedules (continued)	31-1611044	F	Page 4
	oneomist of required schedules (commuted)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	on Part IX,	103	Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>			Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 at the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24c complete Schedule K. If 'No, 'go to line 25a.	as of	X	
١	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			X
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defany tax-exempt bonds?	fease 24c		Х
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?			X
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess beneficially benefit ansaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	efit 25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' comp Schedule L, Part I	lete		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified pers	ons?		Х
27	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 mem of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	nber		Х
28	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	28a	-	X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	an 280		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	129		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? <i>If 'Yes,' complete Schedule M</i>	conservation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule I	V, Part I 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sect 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ions		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, and Part V, line 1.	III, or IV,		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a coentity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ntrolled 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable rel organization? If 'Yes,' complete Schedule R, Part V, line 2	ated 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	that is		Х
38	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	Х	
Pai	rt 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			

Check it Schedule of Contains a response of note to any line in this i art v				·
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable g	aming		
(gambling) winnings to prize winners?		1 1	:	-

Form 990 (2018) CITY OF SANTA CLARA PUBLIC FACILITIES

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

			Yes	No
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			
ı	of 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)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
ı	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
١	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).			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Χ
ı	bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ļ	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	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		
	alf '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 Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
(e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	S2443.774767	
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
I	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	THE SECTION OF	
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	1 1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	1		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	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.			
	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			
	Enter the amount of reserves on hand			v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.			2010

Form **990** (2018)

Form 990 (2018) CITY OF SANTA CLARA PUBLIC FACILITIES 31-1611044 Page 6 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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 10 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 officer, director, trustee, or key employee?..... 2 Χ 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?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 X 7 a 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?..... 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8a **b** Each committee with authority to act on behalf of the governing body?..... 8 h X 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..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? X 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 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...... 12 c 13 Did the organization have a written whistleblower policy?..... \bar{X} 13 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? a The organization's CEO, Executive Director, or top management official..... X 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). 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?..... 16 a X **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?..... 16 b 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 (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. Another's website X Upon request Other (explain in Schedule O) 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

SANTA CLARA CA 95050-3713 (408) 615-2345

ANGELA KRAETSCH 1500 WARBURTON AVENUE

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 per	thar	one l both dire	box, an or ector/	unles fficer truste	eck mo s perso and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KATHY WATANABE BOARD MEMBER	0.5	X						0.	0.	0.
(2) DEBI DAVIS	0.5									
VICE PRESIDENT	0	X		1				0.	0.	0.
(3) RAJ CHAHAL	0.5									
BOARD MEMBER	0	Х						0.	0.	0.
(4) KAREN HARDY	0.5									
BOARD MEMBER	0	X						0.	0.	0.
(5) PATRICIA MAHAN	0.5			ĺ						
BOARD MEMBER	0	X					\bot	0.	0.	0.
(6) TERESA O'NEILL	0.5									
BOARD MEMBER	0	X					\perp	0.	0.	0.
_(7)_LISA_MGILLMOR	0.5							_	_	_
PRESIDENT	0	X			_		_	0.	0.	0.
_(8) DEANNA SANTANA	0.1							_	_	
EXECUTIVE DIR.	0		-	X			_	0.	0.	0.
(9)_ ANGELA_KRAETSCH	0.1			,,						0
DIR. OF FINANCE	0			Х			\dashv	0.	0.	0.
(10) MICHELA KING SECRETARY	$-\frac{0.1}{0}$			Х			- [0	0.
(11)	- 0		-	^				0.	0.	<u> </u>
(12)										
(13)										44.00
(14)									. g	

Part VII Section A. Officers, Directors, T	rustees,	ney	Em	ipic		es,	and	a Hignest Con	ipensated Em	ipioyees	(continued)
(A) Name and title	Average hours per week (list any	offi	Position (do not check more than or box, unless person is both officer and a director/truste			is bot or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MISC)	Est amour s comp	(F) timated nt of other pensation
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the inization related nizations
(15)											
(16)		-				-					
(17)		_			_						· · · · · · · · · · · · · · · · · · ·
(18)		-									
(19)											
(20)					-			1990,			
(21)											
(22)		-									
(23)									W. 1		
(24)		-									
(25)											
1 b Sub-total			Ш.		<u> </u>		>	0.	C		0.
c Total from continuation sheets to Part VII, Sed d Total (add lines 1b and 1c)							▶	0.	0		0. 0.
2 Total number of individuals (including but not limit							ved				
from the organization • 0						···				- T	Yes No
3 Did the organization list any former officer, dir on line 1a? If 'Yes,' complete Schedule J for s	ector, or tru	istee,	key	/ em	plog	yee,	or h	nighest compensa	ted employee	3	X
For any individual listed on line 1a, is the sum the organization and related organizations great such individual.	of reportab ater than \$1	le co 50,0	mpe 00?	nsa If '}	ition ⁄es,	and com	oth ple	er compensation te Schedule J for		4	X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If 'Y	rue comper	satio	n fr	om .	anv	unre	late	d organization or	individual		X
Section B. Independent Contractors											1
Complete this table for your five highest components components from the organization. Report components from the organization.	ensation for	the c	dent	dar y	ntrac	endi	tha ng w	vith or within the or	ganization's tax ye	***************************************	
Name and business ac	ddress						٠٠	Description (B)	of services	(C Comper) nsation
2 Total number of independent contractors (including	-	ited to	o tho	se li	istec	labo	ve) v	who received more	than		
\$100,000 of compensation from the organization	on ► 0										00 (0010)

		Check if Schedule O	contains a i	response or note to ar	ny line in this Part \	/111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns	L	1 a				
iza our	b	Membership dues	<u> </u>	1 b				
s, C	С	Fundraising events	Ĺ	1 c				
ar ar	d	Related organizations		1 d				
s, (е	Government grants (contribution	ons)	1 e				
P S	f	All other contributions, gifts, g	rants and					
the Et	•	All other contributions, gifts, g similar amounts not included a	above	1 f				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	in lines 1a-1f:	\$				
	h	Total. Add lines 1a-1f			-		Water and the second	
Program Service Revenue		,		Business Code				
હ	2 a	<u>LEASE_REVENUE</u> _			2,501,494.	2,501,494.		
a,	b							
Ğ.	С				10			
Š	d							
Щ	e							
ᅙ		All other program service						
<u> </u>	-	Total. Add lines 2a-2f			2,501,494.			
	3	Investment income (included other similar amounts).	luding divide	ends, interest and	15,305.	15,305.		
	4	Income from investment			13,303.	13,303.		
	5	Royalties		•				1900-
		[(i) Real					
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (lo	ss)		-			
	7 a	Gross amount from sales of	(i) Securitie	es (ii) Other				
	٠ ـ	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	ı	Gain or (loss)						
	d	Net gain or (loss)						
ब	8 a	Gross income from fund	draising eve	nts		in the second		
Ĕ		(not including \$	J - 1 - 1 - 1 - 1					
é		of contributions reported						
Other Reven	L.	See Part IV, line 18 Less: direct expenses			-			
ŧ,		Net income or (loss) fro						
O		, ,						
	9 a	Gross income from gam See Part IV, line 19	ling activitie	S.				
		Less: direct expenses						
		Net income or (loss) fro		<u> </u>				
	ľ	, ,						
	iva	Gross sales of inventory and allowances		a				
	b	Less: cost of goods sold	1	b				
	С	Net income or (loss) fro		nventory				
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instr	uctions		2,516,799.	2,516,799.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations	must complete all	columns. A	All other or	ganizations	must complete	column (A).
Check if Schedule O con	tains a response	or note to	any line	in this Part	IX	

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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			And the second s	
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	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	<u></u>			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	The Tour Man Harry Street			
11	Fees for services (non-employees):				
	Management				
b	Legal				
С	Accounting				- Philips - Page
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses	- And Traces - Section - S			
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	712,141.	712,141.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
а	PRINCIPAL DEBT PAYMENTS	1,786,000.	1,786,000.		
b c d	All other expenses.				
	Total functional expenses. Add lines 1 through 24e	2,498,141.	2,498,141.	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).		·		000 (0010)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	X		
***************************************			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
)	2	Savings and temporary cash investments	1,487,827.	2	1,506,485.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (see instructions). Complete Part II of Schedule L	der s'	6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
- 1		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	17,551,284.
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	19,057,769.
	17	Accounts payable and accrued expenses		17	15,051,105.
	18	Grants payable	1	18	
	19	Deferred revenue		19	
l	20	Tax-exempt bond liabilities	15,346,581.	20	14,462,284.
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	1,
l	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third part and other liabilities not included on lines 17-24). Complete Part X of Sched	ies, ule D. 4,045,000.	25	3,089,000.
	26	Total liabilities. Add lines 17 through 25	19,391,581.	26	17,551,284.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► and complines 27 through 29, and lines 33 and 34.			
ë	27	Unrestricted net assets		27	
32	28	Temporarily restricted net assets		28	
핕	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	1,487,827.	30	1,506,485.
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,487,827.	33	1,506,485.
Z	34	Total liabilities and net assets/fund balances		34	19,057,769.
		TEF 401111 00/02/10			

Par	rt 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	2,5	16,7	199.
2	Total expenses (must equal Part IX, column (A), line 25)	2		98,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		18,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		87,8	
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1 5	06,4	185
Pai	rt XII Financial Statements and Reporting		1,5	00,5	100.
					П
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	Accounting method used to prepare the Form 990:		-		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	d on a			
ŀ	b Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	е			
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.				100000000
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	6246 600 1192	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	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?		. 3a		Х
ŀ	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		. 3b		
BAA	TEEA0112L 08/03/18		Form	990 ((2018)

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

2018

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CITY OF SANTA CLARA PUBLIC FACILITIES

	FINANCING CORPORATION			31-16	11044	
Par	Organizations Maintaining Donor A Complete if the organization answer	Idvised Funds or Oth red 'Yes' on Form 990	er Similar Func , Part IV, line 6	s or Accounts.		
		(a) Donor advised t	funds	(b) Funds and	other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)	······································				
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the org				Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor.	, or for any other p	ourpose conferring _	່່⊤Yes	□No
Par						
aı	Complete if the organization answer	red 'Yes' on Form 990). Part IV. line 7	7.		
1	Purpose(s) of conservation easements held by the		·			
•	Preservation of land for public use (e.g., recre	,		a historically import	ant land ar	ea
	Protection of natural habitat			a certified historic s		
	Preservation of open space	L	l			
2	Complete lines 2a through 2d if the organization held last day of the tax year.	a qualified conservation conf	tribution in the form	of a conservation eas	ement on th	ne
				Held at the	e End of th	e Tax Year
а	Total number of conservation easements			. 2a		
b	Total acreage restricted by conservation easemer	ıts		. 2b		
c	Number of conservation easements on a certified	historic structure included	in (a)	. 2c		
d	Number of conservation easements included in (c structure listed in the National Register			. 2 d		
3	Number of conservation easements modified, transfer tax year ${}^{\blacktriangleright}$	red, released, extinguished,	or terminated by the	organization during t	he	
4	Number of states where property subject to conservat	ion easement is located >				
5	Does the organization have a written policy regard and enforcement of the conservation easements is	ding the periodic monitoring it holds?	g, inspection, hand	Iling of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, insp $\mbox{\Large \blacksquare}$	ecting, handling of violations,	, and enforcing cons	ervation easements d	Juring the ye	ear
7	Amount of expenses incurred in monitoring, inspectin ►\$	g, handling of violations, and	l enforcing conserva	tion easements during	the year	
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?				Yes	No No
9	In Part XIII, describe how the organization reports corinclude, if applicable, the text of the footnote to the conservation easements.	nservation easements in its rene organization's financial s	evenue and expense statements that de	e statement, and balar scribes the organiza	nce sheet, a tion's acco	and unting for
ar	Organizations Maintaining Collection Complete if the organization answer	ons of Art, Historical red 'Yes' on Form 990	Treasures, or C , Part IV, line 8	Other Similar As 3.	sets.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets held fr in Part XIII, the text of the footnote to its financial	or public exhibition, education	n, or research in furt	ue statement and ba herance of public serv	lance shee vice, provide	et works of e,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for purfollowing amounts relating to these items:	AS 116 (ASC 958), to reposible exhibition, education, or	ort in its revenue st research in furthera	tatement and baland ance of public service,	e sheet wo provide the	orks of art, e
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X			▶\$	3	
	If the organization received or held works of art, histo amounts required to be reported under SFAS 116	(ASC 958) relating to thes	e items:			
	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				3	

Part III Organizations Mainta	ining Colle	ections o	of Art, Histor	ical Treasures, d	or Other	Similar Ass	ets (c	ontinu	ıed)	
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other re	ecords, check any	of the following that	are a sign	ificant use of its	collectio	n		
a Public exhibition			d Loan or	exchange programs	5					
b Scholarly research	b Scholarly research e Other									
c Preservation for future gene	rations									
4 Provide a description of the organic Part XIII.	zation's collecti	ions and e	xplain how they f	urther the organization	n's exemp	t purpose in				
5 During the year, did the organizato be sold to raise funds rather t	han to be mai	intained a	s part of the org	janization's collectio	n?		Yes	L	No	
Part IV Escrow and Custodia line 9, or reported an	al Arrangen amount on	1ents. C Form 9	omplete if th 90, Part X, li	e organization a ne 21.	nswered	d 'Yes' on Fo	rm 99	0, Par	t IV,	
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodia	n or othe	intermediary fo	or contributions or ot	her asset	s not included	Yes	Г	No	
b If 'Yes,' explain the arrangemen								L		
· · ·		·				T	Amoun	t		
c Beginning balance					10	=		****		
d Additions during the year					10	4				
e Distributions during the year						9				
f Ending balance					L					
2 a Did the organization include an a						٠ ا			No	
b If 'Yes,' explain the arrangemen	t in Part XIII. (Check her	e if the explana	tion has been provid	ded on Pa	rt XIII		[
			·	1 1 2 1 1 2		~ 				
Part V Endowment Funds. C										
1 a Beginning of year balance	(a) Current	year	(b) Prior year	(c) Two years ba	ck (d)	Three years back	(e)	Four year	s back	
b Contributions	ļ									
b Contributions							-			
c Net investment earnings, gains, and losses										
d Grants or scholarships							 			
e Other expenditures for facilities and programs							ļ			
f Administrative expenses							 			
g End of year balance	<u> </u>	24.42.27.27	ad balanca (line	1 a a a ly year (a)\ h a ly	<u> </u>		<u> </u>	·		
 2 Provide the estimated percentag a Board designated or quasi-endown 		ni year er	o balance (line	rg, column (a)) nei	a as:					
b Permanent endowment			o							
c Temporarily restricted endowmer			%							
The percentages on lines 2a, 2b, a		aual 100%	=							
3a Are there endowment funds not in to organization by:	the possession	of the org	anization that are	held and administere	ed for the		I	Yes	No	
(i) unrelated organizations							3a(i)			
(ii) related organizations										
b If 'Yes' on line 3a(ii), are the rela										
4 Describe in Part XIII the intended	_		•				L1		l	
Part VI Land, Buildings, and										
Complete if the organ			es' on Form	990, Part IV, Iin	e 11a. S	See Form 99	0, Par	t X, li	ne 10.	
Description of property		(a) Cost c	r other basis	(b) Cost or other basis (other)	(c) A	ccumulated preciation	(d)	Book va	alue	
1 a Land		,								
b Buildings										
c Leasehold improvements										
d Equipment										
e Other	<u> </u>									
Total. Add lines 1a through 1e. (Colum	nn (d) must ed	qual Form	990, Part X, co.	lumn (B), line 10c.)					0.	
BAA						Schedu	le D (F	orm 990) 2018	

Part VII Investments — Other Securities. Complete if the organization answered	Ves' on Form 990	N/A N Part IV line 11	h Soo Form 90	In Dart V line 10
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-	
(1) Financial derivatives.	(B) Book Value	(C) Method of V	aluation. Cost of Cha-or-	real illainet value
(2) Closely-held equity interests				
(3) Other		······································		
(A)				
(B)				
			- 1171, 42 - 42 - 43 - 43	
(C)				
(D)				A
(E)				w
(F)				
(G)				······································
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments - Program Related.	Vas' on Earm 000	N/A	a Caa Farm 00	O Dout V line 10
Complete if the organization answered ' (a) Description of investment	(b) Book value			U, Part A, lifte 13 f-year market value
	(b) book value	(c) Metriod of Valua	ation: Cost or eng-o	1-year market value
(1)				~
(2)				
(3)				
(4)		A Section Control Control		
(5)				
(6)				
(7)				and the same of th
(8)				···
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶				
Part IX Other Assets. Complete if the organization answered '	Vost on Form 990	Part IV line 11	d Soo Form 90	N Part V line 15
(a) Desc		, rartiv, mie ri	u. See i oiiii 99	(b) Book value
(1) NET INVESTMENT IN LEASE	прион		·	17,551,284.
(2)		***************************************		11,001,204.
(3)				
(4)		~		
(5)				
(6)				
(7)		444		
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15.)		>	17,551,284.
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on For		e or 11t. See Form 99	90, Part X, line 25.	
(a) Description of liability	(b) Book value			
(1) Federal income taxes	2 202 20	_		
(2) LEASE AGREEMENT WITH CITY OF SANTA	3,089,00	<u>U.</u>		
(3)				
(4)				
(5) (6)				
(7)		_		
(8)		_		
(9)				
(10)	 	-		
(11)		\dashv		
	3,089,000			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			orte the organization's lis	hility for uncertain
Liability for uncertain tax positions. In Part XIII, provide the text of the footn tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has				
Tay bostumes and a true to (wor tan). Others tiere if the fext of the nonthose has	boen provided in Fart Alli.			

STATES OF STATES OF STATES OF STATES	31 1011044 Tage 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1	2a.
1 Total revenue, gains, and other support per audited financial statements	
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 Expenses	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1	2a
1 Total expenses and losses per audited financial statements	
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	
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	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule D (Form 990) 2018

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization Employer identification number CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION 31-1611044 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (h) On (i) Pooled **(g)** Defeased behalf of financing issuer Yes No Yes No Yes No CITY OF SANTA CLARA Χ X 94-6000426 801400EK4 3/28/2013 19,571,640. CENTRAL PARK LIBRARY REFUNDING В C D **Proceeds** В C ח Α 1 Amount of bonds retired 1,840,297. 2 Amount of bonds legally defeased..... 3 Total proceeds of issue..... 19,571,640. 4 Gross proceeds in reserve funds. 703,637. 5 Capitalized interest from proceeds..... **6** Proceeds in refunding escrows..... 18,437,270. 430,733. 7 Issuance costs from proceeds..... Credit enhancement from proceeds..... Working capital expenditures from proceeds. Capital expenditures from proceeds. Other spent proceeds..... Other unspent proceeds Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?..... Χ 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?..... Χ 16 Has the final allocation of proceeds been made?..... Does the organization maintain adequate books and records to support the final allocation

Χ

of proceeds?....

A B C D Yes No Y	Part III Private Business Use								
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of bond-financed property? 3a Are there any management or service contracts that may result in private business use of bond-financed property? bit 1'Yes to line 3a, does the organization routinely engage bond coursel or other outside coursel 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? dill'Yes to line 3d, does the organization routinely engage bond coursel or other outside coursel to review any research agreements training to the financed property? de Tenter the percentage of financed property used in private business use of bond-financed property? de Tenter 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. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Α			В	(D
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6 Total of lines 4 and 5	than a section 501(c)(3) organization or a state or local government		0/0		%		0/0		%
6 Total of lines 4 and 5	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.		06		o o		0/0		%
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b If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of	7 Does the bond issue meet the private security or payment test?								
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 A B C D Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?. 2 If 'No' to line 1, did the following apply? a Rebate not due yet?. b Exception to rebate?. X If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.	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?								
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 A B C D Yes No Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? 2 If 'No' to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? C No rebate due? X If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.			0/0		%		96		8
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A B C D Yes No Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? 2 If 'No' to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? C No rebate due? If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.	the issue are remediated in accordance with the requirements under Regulations sections								
Yes No Ye	Part IV Arbitrage								
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?									-
2 If 'No' to line 1, did the following apply? a Rebate not due yet?	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty	Yes		Yes	No	Yes	No	Yes	No
a Rebate not due yet?	in Lieu of Arbitrage Rebate?		X		<u> </u>				<u> </u>
b Exception to rebate?					1		1		1
c No rebate due?		X						-	
If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.									
	c No rebate due?		X						
3 Is the bond issue a variable rate issue?	If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.								
	3 Is the bond issue a variable rate issue?		X						

Part IV | Arbitrage (Continued)

	Α			В		C	I)
	Yes	No	Yes	No	Yes	No	Yes	No
4 a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC.	,							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148 ?	Х							

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax	Α		В		С		D	
requirements are timely identified and corrected through the voluntary closing agreement program	Yes	No	Yes	No	Yes	No	Yes	No
if self-remediation isn't available under applicable regulations?	X							

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 Name of the organization

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.