2018

CALIFORNIA FILING INSTRUCTIONS

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

31-1611044

ELECTRONICALLY FILED:

FORM 199 - 2018 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM 8453-E0.

PAYMENT:

THERE IS A BALANCE DUE OF \$10.

FORM TO FILE:

FORM 3586 - PAYMENT VOUCHER FOR E-FILED RETURNS

WHERE TO FILE:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

WHEN TO FILE:

AS SOON AS POSSIBLE.



Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

_ _ DETACH HERE _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ____ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2018

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

2011023

CITY 31-1611044 00000000000

18

FORM 3

TYB 07-01-18 TYE

06-30-19

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

ANGELA KRAETSCH

1500 WARBURTON AVENUE

SANTA CLARA

95050-3713 CA

(408) 615-2368

AMOUNT OF PAYMENT

10.

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

FORM

199

Conjunction contributions of the present of the property of th		ear 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018 , and ending (mm/dd/yyyy) 6/30/		
Size access (outlie or norm)	Corporation/O	CITY OF SANTA CLARA PUBLIC FACILITIES	C	alifornia corporation number
State and less (outs or recorg)	Additional info			
Salves develop rover) Special process (unled or rover) Share State St	raditional inte	matter, see instructions.	1	
SANTA CLARA CA 95550-3713 Foreign country same	Street address	(suite or room)		
A First Return				
A First Return	•		1	•
B Amended Return. Yes X No No C Rick Section (4976-XK)) trust. Yes X No Yes Xes		······································		
B Amended Return. Yes X No No C Rick Section (4976-XK)) trust. Yes X No Yes Xes				
B Amended Return. Yes No Yes No No No No No No No N	A First Ret	organization appeared in neithing and in the control of the contro	3	
C fletc section (49/(x)(Y) Inst	B Amended	Return • Yes X No See instructions		■ □Ves □No
No minor to the companied of the property of		on 494/(a)(1) trust		
If Yes, elect the gross receipts from mormshord sources. S		[] If the expeniencian expense under DOTO Continu	n 22701	
E Check accounting method: 1	\Box	If 'Yes' enter the gross receipts from		
Total costs 2 Accrual 3 Other		counting method:		
F Federal return filled? 1	,	L ii organization is a public charity exempt under	r	
G is this a group filling? See instructions.	F Federal r			• □
H is this organization in a group exemption.	L		y?	···· • Yes X No
H is this organization in a group exemption. If 'Yes, 'what is the parent's name? I bid the organization have any changes to its guidelines not reported to the FTBS' See instructions. Part I Complete Part I unless not required to file this form. See General Information B and C. Part I Complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8. I Gross sales and assessments from members and affiliates. I Gross sales and assessments from members and affiliates. I Gross sales or receipts from other sources. From Side 2, Part II, line 8. I Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. I Total costs. Add line 5 and line 6. I Total costs. Add line 5 and line 6. I Total costs. Add line 5 and line 6. I Total costs. Add line 5 and line 6. I Total costs. Add line 5 and line 6. I Total payments. I Supprents.	G Is this a	- I Pla the organization me form too or form too	to repo	ort — —
If Yes, what is the parent's name? Audited in a prior year? Yes No	H le this or			
Did the organization have any changes to its guidelines not reported to the FTB? See instructions.			as the i	KS Yes XNo
Ditate proparties to the FTB? See instructions. Yes No Date filled with IRS				
Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	I Did the o	rganization have any changes to its guidelines Date filed with IRS		[165 [160
Receipts and Revenues Receipts and Revenues Receipts and Revenues 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		ted to the FTB? See instructions Yes X No		
Receipts and Revenues 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. 4 2 2,516,799. 5 Cost of goods sold. 5 Cost or other basis, and sales expenses of assets sold. 6 Cost or other basis, and sales expenses of assets sold. 7 Total costs. Add line 5 and line 6 7 Total costs. Add line 5 and line 6 7 Total gross income. Subtract line 7 from line 4. 8 Total gross income. Subtract line 7 from line 4. 9 2 2, 498, 141. 10 Excess of receipts over expenses and disbursements. From Side 2, Part II, line 18. 9 2 2, 498, 141. 11 Total payments. 11 Total payments. 11 Total payments. 11 Total payments. 11 Use tax. See General Information K. 12 Use tax. See General Information K. 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. 13 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. 15 Filling fee \$10 or \$\$25\$. See General Information F. 16 Penalties and Interest. See General Information J. 16 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. 17 Total costs and complete. Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge and belief, it is true. 18 Part of officer 19 Part of officer 19 Preparer's Use Only 2	Part I			
Revenues and Revenues 3 Gross contributions, gifts, grants, and similar amounts received				2,516,799.
Revenues 4 Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. 5 Cost of goods sold. 6 Cost or other basis, and sales expenses of assets sold. 7 Total costs. Add line 5 and line 6. 8 Total gross income. Subtract line 7 from line 4. 9 Total expenses and disbursements. From Side 2, Part II, line 18. 9 Total expenses and disbursements. From Side 2, Part II, line 18. 9 Total expenses and disbursements. Subtract line 9 from line 8. 11 Total payments. 11 Total payments. 12 Use tax. See General Information K. 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. 14 Use tax balance. If line 11 is more than line 12, subtract line 12 from line 12. 15 Filling fee \$10 or \$25. See General Information F. 16 Penalties and Interest. See General Information J. 16 Penalties and Interest. See General Information J. 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. 17 Interest of perjuy. 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, ordered, and complete. Declaration of preparer (other than taxoayer) is based on all information of which preparer has my knowledge. 18 Total pross receipts for filing preparer has any knowledge. 19 Total costs. Add line 2 from line 3. 10	Pacainte	/		
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Here Signature of officer DIRECTOR OF FINANCE		Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.
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Preparer's Use Only Preparer's Use Only Preparer's Signature Firm's name (or yours, if self-employed) and address Preparer's Date 2.4.2020 Proparer's Signature Preparer's Signature Prim's name (or yours, if self-employed) and address Preparer's Signature Preparer's Signature Prim's name (or yours, if self-employed) and address PLEASANT HILL, CA 94523-4346 PTIN PO0283083 PTIMETOR Check if self-employed Prim's FEIN 94-2590179 Telephone (925) 930-0902		ITitle Date		
Paid Preparer's signature Firm's name (or yours, if self-employed and address PLEASANT HILL, CA 94523-4346 Preparer's signature Prepa		DIRECTOR OF THATREE	<u>_</u>	
Preparer's Use Only Or yours, if self-employed, and address Office Offic	n	Propagatio Calif	7 1	
Use Only Firm's name (or yours, if self-employed) and address 94-2590179 14 15 15 15 16 16 17 17 18 18 18 18 18 18	Preparer's	MARTIS ASSOCIATES	, E	
PLEASANT HILL, CA 94523-4346 PLEASANT HILL, CA 94523-4346 (925) 930-0902	Use Only	(or yours, if		4-2590179
(925) 930-0902		Scil-elliployed)	1	
May the FTB discuss this return with the preparer shown above? See instructions				
		May the FTB discuss this return with the preparer shown above? See instructions	• • •	X Yes No

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CITY OF SANTA CLARA PUBLIC FACILITIES

Part || Organizations with gross receipts of more than \$50,000 and private foundations

		1	Gross sales or receipts from al	I business activities. See	instructions		1		
		2	Interest				h	15,305.	
		3	Dividends				3		
Recei	ots	-					4		
from Other		4	Gross rents				 		
Sourc	es	5	Gross royalties				5		
		6	Gross amount received from sa				6		
		7	Other income. Attach schedule					2,501,494.	
		8	Total gross sales or receipts from othe	r sources. Add line 1 through lir	e 7. Enter here and on Side 1	, Part I, line 1	8	2,516,799.	
		9	Contributions, gifts, grants, and similar	amounts paid. Attach schedule		•	9		
		10	Disbursements to or for members				10		
	1	11	Compensation of officers, direct	ctors, and trustees. Attac	h scheduleS	EE STMT 2 •	11	0.	
		12	Other salaries and wages				12		
Expen	ses	13	Interest				13	712,141.	
and Disbu	,		Taxes				14	112,141.	
nents	. 1		Rents						
							15		
			Depreciation and depletion (Se				16		
		17	Other Expenses and Disburser				17	1,786,000.	
			Total expenses and disbursements. Add	d line 9 through line 17. Enter h	ere and on Side 1, Part I, line	9	18	2,498,141.	
Sche	dule	L	Balance Sheet	Beginning of	f taxable year	End	End of taxable year		
Assets	5			(a)	(b)	(c)		(d)	
1 (Cash				1,487,827.		•	1,506,485.	
2 1	let acco	unts r	receivable				•		
3 1	let note:	s rece	eivable				•		
4 1	nventori	ies					•		
5 F	ederal a	and st	tate government obligations				•		
			n other bonds				•		
			1 stock				•		
			8				•		
			ents. Attach schedule	PROFESSOR SERVICE SERV			•		
-									
			ssets						
			ated depreciation						
							_		
12 (Other as:	sets. /	Attach schedule	4	19,391,581.		•	17,551,284.	
13	otal as	sets.			20,879,408.			19,057,769.	
.iabili	ties ar	nd ne	et worth						
14 /	ccounts	paya	able				•		
15 (ontribut	tions,	gifts, or grants payable				•		
			tes payable		15,346,581.		•	14,462,284.	
			/able				•		
			s. Attach schedule STM		4,045,000.			3,089,000.	
			or principal fund		1,487,827.			1,506,485.	
			ital surplus. Attach reconciliation		1,401,021.			1,000,400.	
			ings or income fund				- 6		
			es and net worth		20,879,408.		-1-	19,057,769.	
								13,037,703.	
ocne	dule	1VI- I	Do not complete this schedule			s less than \$50 000			
			er books	18,658		books this year not incl	100,000,000		
			ne tax						
	Excess of capital losses over capital gains								
			corded on books this year.						
Δ			le	_					
			rded on books this year not deducted		9 Total. Add line 7 ar				
5 E			·		10 Not !		355555		
5 E	n this re	turn.	Attach schedule	• 18,658	10 Net income per	return. from line 6		18,658.	

3652184 Side 2 Form 199 2018 059 CACA1112L 12/13/18 2018

CALIFORNIA STATEMENTS

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

PAGE 1

31-1611044

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

PROGRAM SERVICE REVENUE. \$ 2,501,494.

TOTAL \$ 2,501,494.

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

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHY WATANABE 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	\$ 0.	\$ 0.	\$ 0.
DEBI DAVIS 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	VICE PRESIDENT 0.50	0.	0.	0.
RAJ CHAHAL 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
KAREN HARDY 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
PATRICIA MAHAN 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
TERESA O'NEILL 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
LISA M. GILLMOR 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	PRESIDENT 0.50	0.	0.	0.
DEANNA SANTANA 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	EXECUTIVE DIR. 0.10	0.	0.	0.
ANGELA KRAETSCH 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	DIR. OF FINANCE 0.10	0.	0.	0.
MICHELA KING 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	SECRETARY 0.10	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2018

CALIFORNIA STATEMENTS

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

PAGE 2

31-1611044

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

PRINCIPAL DEBT PAYMENTS.....

TOTAL \$ 1,786,000.

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

NET INVESTMENT IN LEASE.....

TOTAL \$ 17,551,284.

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

TAX-EXEMPT BONDS

BALANCE DUE

PURPOSE OF ISSUE:

CENTRAL PARK LIBRARY REFUNDING

ISSUE DATE: ORIGINAL ISSUE AMOUNT: 3/28/2013 19,571,640. FORM 8038-G

TYPE OF FORM FILED: FORM 8038 FILING DATE:

3/28/2013

OUTSTANDING ISSUE AMT:

14,462,284.

TOTAL TAX-EXEMPT BONDS \$ 14,462,284.

TOTAL NOTES AND BONDS PAYABLE \$ 14,462,284.

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

LEASE AGREEMENT WITH CITY OF SANTA CLARA.....

3,089,000. TOTAL \$ 3,089,000.