2019

FEDERAL FILING INSTRUCTIONS

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

31-1611044

ELECTRONICALLY FILED:

FORM 990 - 2019 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.

(Rev. January 2020)

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.

OMB No. 1545-0047

Open to Public

Inspection For the 2019 calendar year, or tax year beginning 7/01 , 2019, and ending , 2020 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 \$ F Name and address of principal officer: DEANNA J. 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 501(c)(3) X 501(c) (4 Tax-exempt status:) ◀ (insert no.) 4947(a)(1) or Website: ▶ N/A H(c) Group exemption number ▶ X Corporation Form of organization: L Year of formation: 1997 Association 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 Activities & Governance FACILITIES FOR THE BENEFIT OF THE CITY'S RESIDENTS. Check this box | 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)..... Number of independent voting members of the governing body (Part VI, line 1b)..... Total number of individuals employed in calendar year 2019 (Part V, line 2a)..... 0 Total number of volunteers (estimate if necessary)..... 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... b Net unrelated business taxable income from Form 990-T, line 39..... **Current Year** Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g)..... 2,501,494. 1,710,474. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 15,305. 10,673. 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)..... 2,516,799 1,721,147. 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) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,498,141. 2,502,739. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2,498,141. 2,502,739. Revenue less expenses. Subtract line 18 from line 12..... 18,658. -781,592. Beginning of Current Year End of Year Total assets (Part X, line 16)..... 19,057,769. 16,362,880. Total liabilities (Part X, line 26)..... 21 17,551,284 15,637,987. 22 Net assets or fund balances. Subtract line 21 from line 20..... 724,893. 1,506,485 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. Sign Here KENN LEE DIR. OF FINANCE Type or print name P00283083 J KRISCH, CPA self-employed Paid Preparer MAZE & ASSOCIATES Firm's name Use Only 3478 BUSKIRK AVE STE Firm's EIN ► 94-2590179 Firm's address PLEASANT HILL, CA 94523 925-930-0902

May the IRS discuss this return with the preparer shown above? (see instructions).....

	Total program service exp		,502,739.	7 (10101100 7		
	Other program services (D (Expenses \$		0.) g grants of \$) (Revenue \$)
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4 c	(Code:) (Expe	enses \$	including grants of \$) (Revenue	ې)
	(Codo)	anaa ¢	including agants of C	\ /D	Ċ	
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4 b	(Code:) (Expe	enses \$	including grants of \$) (Revenue	\$)
	CONSTRUCTION, AN	D LEASE OBLIGA	TIONS.	עעדוחש החדדהדאף, די	TDVAVI B	กรากราหล
	(Code:) (Expe	enses \$ 2,502,	739. including grants of \$) (Revenue		IIII DINC
	Section 501(c)(3) and 501 and revenue, if any, for ea	(c)(4) organizations are	e required to report the amount of o	grants and allocations to other	s, the total e	xpenses,
4	Describe the organization	s program service acco	omplishments for each of its three I	argest program services, as n	neasured by	expenses.
	Did the organization cease If "Yes," describe these char	= '	significant changes in how it condu	cts, any program services?	. Yes	X No
	If "Yes," describe these new					
1	Form 990 or 990-EZ?				. Yes	X No
2	Did the organization underta	ike any significant progra	am services during the year which were	e not listed on the prior		
•						
9	SEE SCHEDULE O					
1	Briefly describe the organ					

Form 990 (2019) CITY OF SANTA CLARA PUBLIC FACILITIES

31-1611044

Page 2

_			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 donor-restricted endowments or in 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.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
k	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		Х
C	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	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
ł	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	12 b	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	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	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		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		Х
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
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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		Х

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	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.	22		X
23	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 Schedule J.	23		Х
24 8	a 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	24a	Х	
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
25 a	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	25a		X
ŀ	s 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
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):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
C	: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, 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		X
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
ŀ	olf '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		
36	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		·
37	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	37		Х
	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	TV 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
1 -	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0		162	INU
	Enter the number reported in Box 3 of Form Fost. Enter 40 in not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a			
ļ	ments, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	30000000	335555
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0		134544
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	H41 444 44	X
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-7 (financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	olf '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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: 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 solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
i	olf '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		
	old If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		
,	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	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	10.000		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ł	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1000000	75 TE 25 TE 25
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
č	Note: See the instructions for additional information the organization must report on Schedule O.	134	SENSE	
ı	· · · · · · · · · · · · · · · · · · ·			
	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	14a	apater self	X
	I bild the organization receive any payments for indoor tanning services during the tax year:	14a		
		170		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
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 (2019) 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 on 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 1 a Enter the number of voting members of the governing body at the end of the tax year..... 6 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 on Schedule O. **b** Enter the number of voting members included on 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, trustees, or key employees to a management company or other person?..... Χ 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? . . . . . . . . . 5 Χ Did the organization have members or stockholders? Χ 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?..... Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 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: Χ a The governing body?..... 8 a **b** Each committee with authority to act on behalf of the governing body?..... 8 b Χ 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 on Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this was done...... X 13 13 Did the organization have a written whistleblower policy?..... 14 Did the organization have a written document retention and destruction policy?..... X 14 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 Χ **b** Other officers or key employees of the organization. 15b 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 X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. Section C. Disclosure 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 X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

KENN LEE 1500 WARBURTON AVENUE SANTA CLARA CA 95050-3713 (408)

20

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

Form 990 (2019)	CTTY	OF	SANTA	CLARA	PHRLTC	FACTI	TTTES

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2age **7** 

# 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.

See instructions for the order in which to list the persons above.

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	thar is	n one s both	box, an o	unles fficer trus te		on	(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	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)	compensation from the organization and related organizations
(1) KATHLEEN WATANABE BOARD MEMBER	$-\frac{0.5}{0}$	Х						0.	0.	0.
(2) DEBI DAVIS BOARD MEMBER	_0.5_	Х						0.	0.	0.
(3) RAJ CHAHAL BOARD MEMBER	_0.5_	Х						0.	0.	0.
(4) KAREN HARDY VICE PRESIDENT	0.5	Х		Х				0.	0.	0.
(5) TERESA O'NEILL BOARD MEMBER	0.5	Х						0.	0.	0.
(6) LISA M. GILLMOR PRESIDENT	0.5	Х		Х				0.	0.	0.
(7) DEANNA J. SANTANA EXECUTIVE DIR.	0.10			Х				0.	0.	0.
(8) KENN LEE DIR. OF FINANCE	0.10			Х				0.	0.	0.
(9) NORA PIMENTAL SECRETARY	0.1			Х				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

	(B)	T		((				i inghiost con		
(A) Name and title	Average hours per week	box.	, unle	Pos heck	sition more	than is bot or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limited							ved			
3 Did the organization list any former officer, direct										Yes No
<ul> <li>on line 1a? If 'Yes,' complete Schedule J for suc</li> <li>For any individual listed on line 1a, is the sum of the organization and related organizations greate</li> </ul>	f reportab	le coi	mpe	ensa	ition	and	oth	er compensation		3 X
<ul><li>such individual</li><li>Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes</li></ul>							·			CONTRACTOR CONTRACTOR CONTRACTOR
Section B. Independent Contractors										5 X
Complete this table for your five highest compen compensation from the organization. Report compen	sated indesation for	epend the ca	dent alen	t coi dar y	ntrad year	ctors endi	tha ng v	it received more to vith or within the or	nan \$100,000 of ganization's tax year	•
(A) Name and business add	ress							Description of	of services	(C) Compensation
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ted to	tho	se l	isted	labo	ve) '	 who received more	than	
BAA		TEEA0	1081	07/3	31/19				E 0,14	Form <b>990</b> (2019)

		Check if Schedu	le O	contains	a respo	onse or note to ar	ny line in this Part V	W		
							(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	(	Federated campaig			1 a					
Contributions, Gifts, Grants and Other Similar Amounts	l	Membership dues.			1 b		1			
ts, ( Am	1	Fundraising events			1 c					
G.	ı	Related organization			1 d		-			
Sim.		Government grants (con All other contributions,			1 e		-			
iğ je		similar amounts not incl	luded	above	1f					
물물	g	Noncash contributions in lines 1a-1f			1 g					
Son	h	Total. Add lines 1a					- Annual Musel State of a state Stat			
<u>9</u>						Business Code				
ĕ	2 a	LEASE REVENU	UE_				1,710,474.	1,710,474.		
Program Service Revenue	b								The same of the sa	
Ğ.	C									
Š	d		. — —							
Tam	e	All other program s				***************************************				
ğ	, ,	Total. Add lines 2a				>	1,710,474.			
	3	Investment income (					1,710,474.			
		other similar amou	ints) .				10,013.	10,673.		
	4	Income from inves					•			
	5	Royalties								
	6.0	Gross rents	6a	(i) R	eai	(ii) Personal				
		Less: rental expenses	6b							
	ľ	Rental income or (loss)					1			
	Į.	Net rental income		ss)		·	•			The Control of the Co
	1	Gross amount from	Ė	(i) Secu		(ii) Other				
	' "	sales of assets	7a				1			
	b	other than inventory Less: cost or other basis					-			
		and sales expenses	7b				_			
	1	Gain or (loss)	7с							
	1	Net gain or (loss).				1				
₹	8 a	Gross income from fund (not including \$	Iraisin	g events						
Ϋ́		of contributions reported	d on li	ne 1c).	-					
Other Revenu		See Part IV, line 18			8 a					
je je	1	Less: direct expens			8 b					
₹	С	Net income or (loss	s) fro	om fundra	ising e	vents	•			
	9 a	Gross income from gam	ing ac	tivities.						
		See Part IV, line 19 Less: direct expens			9 a		1			
		Net income or (los			L					
	i	•			g activi	103				
	iua	Gross sales of inventory returns and allowances	, 1655.		10 a	1				
	b	Less: cost of goods	s sol	d	101	)				
	С	Net income or (los	s) fro	m sales	of inve		-			
<u>S</u>	1.1					Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	a									
Re Sc	4	All other revenue.								
Σ		Total. Add lines 11			<u>_</u>					
	12	Total revenue. See					1,721,147.	1,721,147.	0.	0.

*1.5,1,6,111	ion 501(c)(3) and 501(c)(4) organizations must com		har arganizations must a	amplata calumn (A)	
3600	Check if Schedule O contains a r				
Do r 6b, 1	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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 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			The state of the s	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				- Providence
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
	+			Taken and Taken	
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	643,739.	643,739.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	PRINCIPAL DEBT PAYMENTS	1,859,000.	1,859,000.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,502,739.	2,502,739.	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)				

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 1 2 Savings and temporary cash investments ..... 1,506,485 2 724,893. 3 Pledges and grants receivable, net ..... Accounts receivable, net ...... 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... Notes and loans receivable, net ..... 7 7 Inventories for sale or use..... R 9 Prepaid expenses and deferred charges..... 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a **b** Less: accumulated depreciation..... 10 b 10 c Investments — publicly traded securities ..... 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 13 Investments - program-related, See Part IV, line 11..... Intangible assets ..... 14 14 15 15,637,987. 15 Other assets. See Part IV, line 11..... 17,551,284. 16 19,057,769. 16,362,880. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 17 Accounts payable and accrued expenses..... 17 18 18 19 Deferred revenue..... 19 20 20 Tax-exempt bond liabilities..... 14,462,284 13,542,987. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 22 Secured mortgages and notes payable to unrelated third parties..... 23 23 Unsecured notes and loans 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. 25 3,089,000 2,095,000. Total liabilities. Add lines 17 through 25..... 26 15,637,987. 26 17,551,284 Organizations that follow FASB ASC 958, check here **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions..... 27 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Ö Capital stock or trust principal, or current funds..... 1,506,485 29 724,893.

TEEA0111L 07/31/19

Paid-in or capital surplus, or land, building, or equipment fund.....

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

Total liabilities and net assets/fund balances ......

16,362,880.

724,893.

30

31

32

33

1,506,485

19,057,769

Assets

Ret

31

33

Forr	n 990 (2019) CITY OF SANTA CLARA PUBLIC FACILITIES	31-1611044		Pa	ge <b>12</b>
Pa	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	1,7	21,1	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		81,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		06,4	
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)).	10		24,8	<u> 193.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:    Separate basis	viewed on a			
			2 b	х	
	b Were the organization's financial statements audited by an independent accountant?		20	Λ	Sacargas
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a subasis, consolidated basis, or both:	eparate			
	Separate basis X Consolidated basis Both consolidated and separate basis				

2 c

3 a

Form 990 (2019)

Χ

Χ

on Schedule O.

BAA

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?.....

If the organization changed either its oversight process or selection process during the tax year, explain

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?....

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 on Schedule O and describe any steps taken to undergo such audits.....

TEEA0112L 01/21/20

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION 31-1611044 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year) . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... No Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a c Number of conservation easements on a certified historic structure included in (a)...... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2 d structure listed in the National Register...... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV. line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.....

▶\$

Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisition, accession, a items (check all that apply):	und other records, check ar	ny of the following that r	make significant use of its	collection	1	
a Public exhibition	<b>d</b> Loan o	or exchange program				
<b>b</b> Scholarly research	e Other					
c Preservation for future generations	hapaned.					
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization	's exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the or	rganization's collectior	า?	Yes		No
Part IV Escrow and Custodial Arranger	nents. Complete if the	he organization ar	nswered 'Yes' on Fo	rm 990	, Par	t IV,
line 9, or reported an amount or	ı Form 990, Part X,	line 21.				
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?			ner assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:	T	A		
- Davisaina Labora			<u> </u>	Amount		
c Beginning balance					m-,.	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an amount on Fo			· .	Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provid	ed on Part XIII		[	
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on F	orm 990, Part IV, lir	ne 10.		
(a) Curren	t year (b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Fo	our years	back
1 a Beginning of year balance						
<b>b</b> Contributions				1		
				1		
c Net investment earnings, gains, and losses						
d Grants or scholarships				<del> </del>		
e Other expenditures for facilities and programs						
f Administrative expenses				+		
g End of year balance				+		
2 Provide the estimated percentage of the curre	nt year and halance (line	o la column (o)) hold				
	ent year end balance (iiik	e rg, column (a)) nelu	as.			
a Board designated or quasi-endowment ▶						
b Permanent endowment ► %						
c Term endowment ► %						
The percentages on lines 2a, 2b, and 2c should e	equal 100%.					
3 a Are there endowment funds not in the possession	of the organization that a	re held and administere	d for the	-		
organization by:					Yes	No
(i) Unrelated organizations				. 3a(i)		
(ii) Related organizations				. 3a(ii)		
b If 'Yes' on line 3a(ii), are the related organiza	tions listed as required o	n Schedule R?		. 3b		
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.				
Part VI Land, Buildings, and Equipmen	t.					
Complete if the organization ans		n 990. Part IV. lin	e 11a. See Form 99	0. Part	X. lir	ne 10.
Description of property						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) D	ook va	iue
1 a Land						
<b>b</b> Buildings			A company of the comp			
c Leasehold improvements						
d Equipment						
e Other		-1				
<b>Fotal.</b> Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part X, c	oiumn (B), line 10c.)				0.

(b) Book value	(c) Method of valuation: Cost or end-of-year r	market value
	N/A	
L'Yes' on Form 99	90. Part IV. line 11c. See Form 990. F	Part X. line 1
	10000	
	Alexander Control Cont	
	00, Part IV, line 11d. See Form 990, F	
l 'Yes' on Form 99 scription	(t	) Book value
	(t	
	(t	) Book value
scription		o) Book value 15,637,987
scription		) Book value
Scription  B) line 15.)	(t	o) Book value 15,637,987
B) line 15.)	(t)	b) Book value 15, 637, 987 15, 637, 987
Scription  B) line 15.)	(t)	o) Book value 15,637,987
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	b) Book value 15, 637, 987 15, 637, 987
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.)	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
B) line 15.) orm 990, Part IV, line iption of liability  A CLARA	(t)	2) Book value 15, 637, 987 15, 637, 987 2) Book value
		Yes' on Form 990, Part IV, line 11c. See Form 990, I

Schedule D (Form 990) 2019	CTTY	OF	SANTA	CLARA	PIIRI.TC	FACILITIES

31-1611044

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art 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	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	2000 000 2000 000 2000 000
e Add lines 2a through 2d		2 e
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	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
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 Statemer	its With Expenses per	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P		Return. N/A
	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	VI
1 Total expenses and losses per audited financial statements	art IV, line 12a.	VI
Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	art IV, line 12a.	VI
Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	art IV, line 12a.  2a 2b	VI
Complete if the organization answered 'Yes' on Form 990, P  1 Total expenses and losses per audited financial statements	2a 2b 2c	VI
Complete if the organization answered 'Yes' on Form 990, P  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	2a 2b 2c 2d	VI
Complete if the organization answered 'Yes' on Form 990, P  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.).	2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990, P  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.	2a 2b 2c 2d	1 2e
Complete if the organization answered 'Yes' on Form 990, P  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.  3 Subtract line 2e from line 1.	2a 2b 2c 2d	1 2e
Complete if the organization answered 'Yes' on Form 990, P  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  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, P  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.  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.	2a	2e 3
Complete if the organization answered 'Yes' on Form 990, P  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.  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.).	2a	2e 3

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) 2019

## **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 FINANCING CORPORATION

Employer identification number 31-1611044

		NG CORPORATION							31	-101	1044	Ł			
Par	rt I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	e (f) Description of purpose		urpose	<b>(g)</b> Defeased				(i) Pool	
										issuer					
	armi ar armi armi						CENTRAL PARK LIBRARY REFUNDIN					Yes	No	Yes	No
В	CITY OF SANTA CLARA	94-6000426	801400EK4	3/28/2013	19,5	/1,640. C	ENTRAL PAR	K LIBRARY	REFUNDING	i	X	<b></b>	X		_
C												<del>   </del>			<del> </del>
D								<del></del>		-					
Pai	rt II Proceeds						<del></del>					·			
						A		 3	C		T		D		
1	Amount of bonds retired				1.9	913,297	_								*
2	Amount of bonds legally def														_
3	Total proceeds of issue				19.5	571,640	_					<del></del>			
4	Gross proceeds in reserve for	unds				703,637		· · · · · · · · · · · · · · · · · · ·							
5	Capitalized interest from pro	oceeds													
6	Proceeds in refunding escro	WS			18.4	137,270		,							
7		ds				130,733									
8	Credit enhancement from pr	oceeds				<b>,</b>									
9	Working capital expenditures	s from proceeds													
10	Capital expenditures from pr	roceeds													
11															
12	Other unspent proceeds														
13	Year of substantial completi	on													
					Yes	No	Yes	No	Yes	No	,	Ye	s	N	0
14	Were the bonds issued as part prior to 2018, a current refu	t of a refunding issue of tax nding issue)?	-exempt bonds (or,	if issued	X										
15	Were the bonds issued as part prior to 2018, an advance re	t of a refunding issue of tax	able bonds (or, if is	ssued		Х									
16	Has the final allocation of pr														
17	Does the organization maint of proceeds?	ain adequate books and i	ecords to suppor	t the final allocation	Х										

		A	1	3		C		D
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
<b>b</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		0/0		0/0		00		%
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		olo		olo		90		%
6 Total of lines 4 and 5		%		%		8		%
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>b</b> If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of		8		%		8		%
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		···						
		Α		3		C		D
1 11 11 11 11 11 11 11 11 11 11 11 11 1	Yes	No	Yes	No	Yes	No	Yes	No
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If 'No' to line 1, did the following apply?								
a Rebate not due yet?	X							
<b>b</b> Exception to rebate?		X						
c No rebate due?		Х						
If 'Yes' to line 2c, provide in Part VI the date the rebate computation was performed.		-		and 0000 0				
3 Is the bond issue a variable rate issue?		X				T		1

	A		E	В		C		)
	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>b</b> Name of provider		<u></u>						
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</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?		Х						
7 Has the organization established written procedures to monitor the requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action							l '''	
as 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		No	Yes	No	Yes	No	Yes	No
self-remediation isn't available under applicable regulations?	X							

## 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

Department of the Treasury Internal Revenue Service Name of the organization

CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION

Employer identification number 31-1611044

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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.