



CITY OF SANTA CLARA

www.santaclaraca.gov



PUBLIC FACILITIES FINANCING CORPORATION

AGENDA

A complete agenda packet with back-up reports is available at either City Library beginning Saturday before the Tuesday meeting or at the City Clerk's Office on weekdays. A complete agenda packet is also available at the City Council meeting and on the City's website.

January 20, 2015

REGULAR MEETING

7:00 PM in the City Hall Council Chambers

APPEAL OF HEARING DECISIONS OF THE CORPORATION MUST BE MADE TO THE SUPERIOR COURT WITHIN 90 CALENDAR DAYS OF FINAL ACTION. BECAUSE OF THE AGENDA PROVISION FOR RECONSIDERATION, FINAL ACTION IS DEEMED TO OCCUR AT THE END OF THE NEXT REGULAR MEETING PURSUANT TO CITY COUNCIL POLICY (P&P 042). (CODE OF CIVIL PROCEDURE SECTION 1094.6)

- 1. ROLL CALL:**
- 2. APPROVAL OF MINUTES:**
 - A. March 12, 2013.
 - B. January 28, 2014.
- 3. CONTINUANCE/EXCEPTIONS:**
- 4. UNFINISHED BUSINESS:**
 - A. Possible Reconsideration of Actions Taken at Immediately Preceding Meeting. (See Summary of Actions for potential reconsideration, which is attached to the posted Agenda and is in the Agenda Packet Binder in the Council Chambers.)
- 5. NEW BUSINESS**
 - A. Acceptance of the 2013 Internal Revenue Service Form 990 (Return of Organization Exempt from Income Tax) to comply with Internal Revenue Code 501(c).

6. PUBLIC PRESENTATIONS:

This item is reserved for persons to address the Corporation on any matter not on the agenda that is within the subject matter jurisdiction of the City. The law does not permit Corporation action on, or extended discussion of, any item not on the agenda except under special circumstances. The Corporation, or staff, may briefly respond to statements made or questions posed, and the Corporation may request staff to report back at a subsequent meeting. Although not required, please submit to the Corporation Secretary your name and subject matter on forms available by the door in the Council Chambers.

7. REPORTS OF DIRECTORS AND SPECIAL COMMITTEES:

A. Reports regarding conference attendance, if any.

8. CLOSED SESSION MATTERS:

9. ADJOURNMENT:

A. To a date and time (as needed) in the City Hall Council Chambers.

1/20/15

2A
PFFC

**MINUTES OF THE BOARD OF DIRECTORS
OF THE CITY OF SANTA CLARA
PUBLIC FACILITIES FINANCING CORPORATION
FOR THE MEETING HELD ON TUESDAY EVENING, MARCH 12, 2013**

The Board of Directors of the Public Facilities Financing Corporation (PFFC) of the City of Santa Clara met at 8:26 pm, on the above-mentioned date, for the regular scheduled meeting in the City Hall Council Chambers.

Present: Directors Debi Davis, Lisa M. Gillmor, Patricia M. Mahan, Jerry Marsalli and Teresa O'Neill and President Jamie L. Matthews. Absent: Director Patrick Kolstad.

MOTION was made by Gillmor, seconded and unanimously carried (Kolstad absent), that the Corporation **excuse** Director Patrick Kolstad from attendance at this evening's meeting.

5A. **MOTION** was made by Gillmor, seconded and unanimously carried (Kolstad absent), that, per the Director of Finance for Public Facilities Financing Corporation's memo (03/05/13), the Corporation **accept** the 2011 Internal Revenue Service Form 990 (Return of Organization Exempt from Income Tax) to comply with Internal Revenue Code 501(c).

9A. **MOTION** was made by Mahan, seconded and unanimously carried (Kolstad absent), that, there being no further business, the meeting was adjourned at 8:27 pm to a date to be determined (as needed) in the City Hall Council Chambers.

ATTEST: _____
Secretary

APPROVE: _____
President

1/20/14

JB
PFFC

**MINUTES OF THE BOARD OF DIRECTORS
OF THE CITY OF SANTA CLARA
PUBLIC FACILITIES FINANCING CORPORATION
FOR THE MEETING HELD ON TUESDAY EVENING, JANUARY 28, 2014**

The Board of Directors of the Public Facilities Financing Corporation (PFFC) of the City of Santa Clara met at 7:49 pm, on the above-mentioned date, for the regular scheduled meeting in the City Hall Council Chambers.

Present: Directors Debi Davis, Lisa M. Gillmor, Patrick Kolstad, Patricia M. Mahan, and Teresa O'Neill and President Jamie L. Matthews. Absent: Director Jerry Marsalli (excused).

MOTION was made by Kolstad, seconded and unanimously carried (Marsalli absent), that the Corporation **excuse** Director Marsalli from attendance at this evening's meeting.

2A. **MOTION** was made by Gillmor, seconded and unanimously carried (Marsalli absent), that the **Minutes** for the meeting of **February 26, 2013** be adopted as written.

5A. **MOTION** was made by Mahan, seconded and unanimously carried (Marsalli absent), that, per the Director of Finance for Public Facilities Financing Corporation's memo (01/28/14), the Corporation **accept** the **2012 Internal Revenue Service (IRS) Form 990 (Return of Organization Exempt from Income Tax)** to comply with Internal Revenue Code 501(c).

9A. **MOTION** was made by Mahan, seconded and unanimously carried (Marsalli absent), that, there being no further business, the meeting was adjourned at 7:50 pm to a date to be determined (as needed) in the City Hall Council Chambers.

ATTEST: _____
Secretary

APPROVE: _____
President

Meeting Date: 1/20/15

AGENDA REPORT

City of Santa Clara, California

Agenda Item # SA PFFC



Date: January 5, 2015

To: Executive Director for Public Facilities Financing Corporation Board Action

From: Director of Finance for Public Facilities Financing Corporation

Subject: Acceptance of the 2013 Internal Revenue Service (IRS) Form 990 (Return of Organization Exempt From Income Tax)

EXECUTIVE SUMMARY:

The City Council established the City of Santa Clara Public Facilities Financing Corporation (PFFC) in 1997 mainly to render financial assistance to the City of Santa Clara by financing, refinancing, acquiring, constructing, improving, leasing and selling of buildings, for the benefit of residents of the City of Santa Clara. The PFFC was the issuing agency for the 1997 Police Administration Building Project Certificates of Participation (COPS) which was refunded July 13, 2010 by the 2010 Lease Agreement between the City of Santa Clara and the City of Santa Clara Public Facilities Corporation for the use of the Police Administration Building; and the 2002 Certificates of Participation, Series A Bonds which were refunded March 28, 2013 by the 2013 Refunding Certificates of Participation for the purpose of constructing the City's Central Park Library. Debt Service on the Lease and COPS is secured by lease payments to be made by the City to the PFFC in exchange for the use of the Police Administration Building and Library.

As an organization exempt from income tax, the Public Facilities Financing Corporation is required to file Form 990 under section 501(c) of the Internal Revenue Code. In 2008, Form 990 was expanded and a new provision required the Form 990 to be accepted by the organization's governing body prior to its filing.

A copy of the 2013 Form 990 for the period commencing July 1, 2013, and ending June 30, 2014, prepared by Maze and Associates based on information provided by the City of Santa Clara, can be viewed on the City's website or is available in the City Clerk's office for review during normal business hours. Once approved by the Board, it will be signed by the Director of Finance for the Public Facilities Financing Corporation and mailed to the Internal Revenue Service.

ADVANTAGES AND DISADVANTAGES OF ISSUE:

The advantage of filing Form 990 is compliance with Internal Revenue Service code 501(c). No disadvantages have been identified.

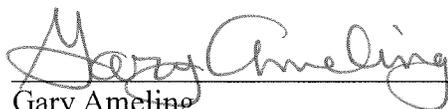
ECONOMIC/FISCAL IMPACT:

There is no cost to the PFFC other than administrative time and expense.

Executive Director for Public Facilities Financing Corporation Board Action
Subject: Acceptance of the 2013 Internal Revenue Service (IRS) Form 990
January 5, 2015
Page 2

RECOMMENDATION:

That the Board accept the 2013 Internal Revenue Service Form 990 (Return of Organization Exempt from Income Tax) to comply with Internal Revenue Code 501(c).



Gary Ameling
Director of Finance for Public Facilities
Financing Corporation

APPROVED:



Julio J. Fuentes
Executive Director for Public Facilities
Financing Corporation

Documents Related to this Report:
1) *Form 990*

CLIENT SANTA CLA

**MAZE & ASSOCIATES
3478 BUSKIRK AVE STE 215
PLEASANT HILL, CA 94523-4346
(925) 930-0902**

January 8, 2015

CITY OF SANTA CLARA PUBLIC FACILITIES
FINANCING CORPORATION
1500 WARBURTON AVENUE
SANTA CLARA, CA 95050-3713

Dear Julio:

Enclosed for your review:

Form 990	2013 Return of Organization Exempt from Income Tax
Form 199	2013 California Exempt Organization Return

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

TIMOTHY J KRISCH

2013

FEDERAL FILING INSTRUCTIONS

CITY OF SANTA CLARA PUBLIC FACILITIES
FINANCING CORPORATION

CLIENT SANTA CLA

31-1611044

1/08/15

02:35PM

ELECTRONICALLY FILED:

FORM 990 - 2013 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.

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713			D Employer Identification Number <u>31-1611044</u>
	F Name and address of principal officer: <u>JULIO J. FUENTES</u> <u>SAME AS C ABOVE</u>			E Telephone number <u>(408) 615-2368</u>
	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ <u>2,507,316.</u>
	J Website: <u>N/A</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1997 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO RENDER FINANCIAL ASSISTANCE TO THE CITY OF SANTA CLARA BY FINANCING, REFINANCING, LEASING AND CONSTRUCTING VARIOUS FACILITIES FOR THE BENEFIT OF THE CITY'S RESIDENTS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	•••
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	0
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	5	0
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VII, line 2g).....	22,313,014.	2,507,246.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,422.	70.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	22,314,436.	2,507,316.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 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).....	23,223,226.	2,503,254.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	23,223,226.	2,503,254.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-908,790.	4,062.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	29,360,600.	27,675,365.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	27,899,066.	26,209,769.
		1,461,534.	1,465,596.

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.

Sign Here	Signature of officer		Date	
	<u>GARY AMELING</u> Type or print name and title.		DIRECTOR OF FINANCE	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<u>TIMOTHY J KRISCH</u>	<u>TIMOTHY J KRISCH</u>		<u>P00283083</u>
	Firm's name ▶ <u>MAZE & ASSOCIATES</u>			
	Firm's address ▶ <u>3478 BUSKIRK AVE STE 215</u> <u>PLEASANT HILL, CA 94523-4346</u>	Firm's EIN ▶ <u>94-2590179</u>	Phone no. <u>(925) 930-0902</u>	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,503,254. including grants of \$) (Revenue \$) DEBT SERVICE EXPENDITURES RELATED TO POLICE ADMINISTRATION BUILDING, LIBRARY BUILDING CONSTRUCTION, AND LEASE OBLIGATIONS.

DRAFT

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,503,254.

Part IV Checklist of Required Schedules

	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.....		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....		X
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.....		X
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.....		
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.....		X
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.....		X
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.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
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.....		X
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.....		X
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? If 'Yes,' complete Schedule D, Part VI.....		X
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.....		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.....		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.....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	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)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		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.....		X
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.....		X
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.....		X
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).....		X
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.....		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.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

DRAFT

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>	X	
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 defease any tax-exempt bonds?		X
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>		X
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 member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No		
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 reportable gaming (gambling) winnings to prize winners?	1 c			
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.	2 a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a			X
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			
4 a	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			X
b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b			X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c			
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			X
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			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9 a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b			
10 Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b			
11 Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders.	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	13 a			
Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b			
c	Enter the amount of reserves on hand.	13 c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a			X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b			

DRAFT

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. X

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.	1 a		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1 b		
2 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		X
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 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		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 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.	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures to ensure the activities of such chapters, affiliates, or 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?	11 a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	
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?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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.	15 a	X
b Other officers of key employees of the organization.	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 GARY AMELING 1500 WARBURTON AVENUE SANTA CLARA CA 95050-3713 (408) 615-2345

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA M. GILLMOR BOARD MEMBER	0.5 0	X						0.	0.	0.
(2) DEBI DAVIS BOARD MEMBER	0.5 0	X						0.	0.	0.
(3) PATRICIA M. MAHAN BOARD MEMBER	0.5 0	X						0.	0.	0.
(4) PATRICK KOLSTAD VICE PRESIDENT	0.5 0	X						0.	0.	0.
(5) JERRY MARSALLI BOARD MEMBER	0.5 0	X						0.	0.	0.
(6) TERESA O'NEILL BOARD MEMBER	0.5 0	X						0.	0.	0.
(7) JAMIE L. MATTHEWS PRESIDENT	0.5 0	X						0.	0.	0.
(8) JULIO J. FUENTES EXECUTIVE DIR.	0.1 0			X				0.	0.	0.
(9) GARY AMELING DIR. OF FINANCE	0.1 0			X				0.	0.	0.
(10) ROD DIRIDON JR. SECRETARY	0.1 0			X				0.	0.	0.
(11)										
(12)										
(13)										
(14)										

DRAFT

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

DRAFT

1 b Sub-total	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a			
	b Membership dues	1 b			
	c Fundraising events	1 c			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f				
PROGRAM SERVICE REVENUE	2 a LEASE REVENUE	Business Code	2,507,246.	2,507,246.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		2,507,246.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		70.	70.	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,507,316.	2,507,316.	0.	0.

DRAFT

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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				
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 (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	868,254.	868,254.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINCIPAL DEBT PAYMENTS</u>	1,635,000.	1,635,000.		
b _____				
c _____				
d _____				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,503,254.	2,503,254.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

DRAFT

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
ASSETS	1	Cash — non-interest-bearing	1	
	2	Savings and temporary cash investments	1,461,534.	2 1,465,596.
	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 under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b	Less: accumulated depreciation	10b	10c
	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	27,899,066.	15 26,209,769.
16	Total assets. Add lines 1 through 15 (must equal line 34)	29,360,600.	16 27,675,365.	
LIABILITIES	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	19,558,066.	20 18,668,769.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	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	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	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	8,341,000.	25 7,541,000.
	26	Total liabilities. Add lines 17 through 25	27,899,066.	26 26,209,769.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	27	
	28	Temporarily restricted net assets	28	
	29	Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	1,461,534.	30 1,465,596.
	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
	32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	1,461,534.	33 1,465,596.	
34	Total liabilities and net assets/fund balances	29,360,600.	34 27,675,365.	

BAA

Form 990 (2013)

Part 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	2,507,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,503,254.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,062.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,461,534.
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	1,465,596.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.		X
3a	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?		X
3b	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.		

BAA

Form 990 (2013)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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.

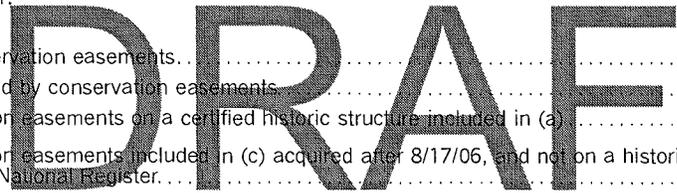
Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about aggregate values and questions 5-6 about donor information.

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 about conservation easements, including purposes, acreage, and monitoring.



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2 about art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

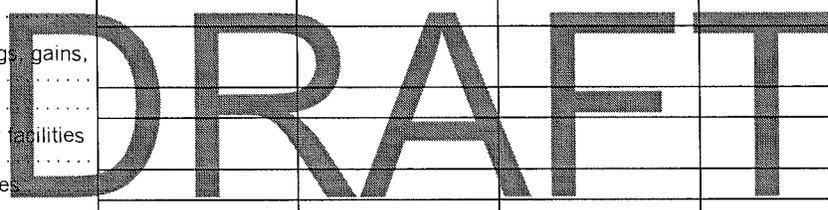
	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expense					
g End of year balance					



2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

DRAFT

Part IX Other Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) NET INVESTMENT IN LEASE	26,209,769.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	26,209,769.

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE AGREEMENT WITH CITY OF SANTA	7,541,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	7,541,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a		
	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		
	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 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 Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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 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 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. ▶ See separate instructions.
- ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization CITY OF SANTA CLARA PUBLIC FACILITIES	Employer identification number 31-1611044
--	---

Part I Bond Issues		(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
A	CITY OF SANTA CLARA							94-6000426	801400EK4	3/28/2013	19,571,640.	CENTRAL PARK LIBRARY REFUNDING	
B													
C													
D													

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired	902,871.							
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	8,437,270.							
7	Issuance costs from proceeds	430,733.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of.		%		%		%		%
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	Yes	No
1 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 Exception to rebate?		X						
c No rebate due?		X						
If you checked 'No rebate due' in line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X						
4a 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?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5 a 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?	X							

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X							

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

DRAFT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

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:

DRAFT

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.

2013

CALIFORNIA FILING INSTRUCTIONS

CITY OF SANTA CLARA PUBLIC FACILITIES
FINANCING CORPORATION

CLIENT SANTA CLA

31-1611044

1/08/15

02:35PM

ELECTRONICALLY FILED:

FORM 199 - 2013 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:

ON OR BEFORE JUNE 15, 2015.

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 or FEIN and '2013 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

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

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

WHEN TO FILE: Fiscal Year – See instructions.
Calendar Year – File and Pay by March 17, 2014.

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 with Web Pay for Businesses. After a one-time online registration, corporation can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

____ DETACH HERE _____ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER _____ DETACH HERE _____

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2013

**Payment Voucher for Corps and
Exempt Orgs e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

2011023 CITY 31-1611044 000000000000 13 FORM 3
TYB 07-01-13 TYE 06-30-14
CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION
GARY AMELING
1500 WARBURTON AVENUE
SANTA CLARA CA 95050-3713

(408) 615-2368

TOTAL PAYMENT AMT 10.

059

6181136

CACA1201L 12/13/13 FTB 3586 2013

**California Exempt Organization
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014

Corporation/Organization Name CITY OF SANTA CLARA PUBLIC FACILITIES FINANCING CORPORATION		California corporation number 2011023
Address (suite, room, or PMB no.) 1500 WARBURTON AVENUE		FEIN 31-1611044
City SANTA CLARA	State CA	ZIP Code 95050-3713

- A** First Return Yes No
- B** Amended Information Return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final Information Return? Dissolved Surrendered (Withdrawn)
 Merged/Reorganized
 Enter date (mm/dd/yyyy): _____
- E** Check accounting method:
 1 Cash 2 Accrual 3 Other
- F** Federal return filed?
 1 990T 2 990 PF 3 Sch H (990)
- G** Is this a group filing for the subordinates/affiliates? Yes No
 If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption? Yes No
 If 'Yes,' What's the parent's name? _____
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
 If 'Yes,' explain, and attach copies of revised documents.

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
 If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g?... Yes No
 If 'Yes,' enter gross receipts from nonmember sources \$ _____
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M** Is the organization a Limited Liability Company? Yes No
- N** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

CACA1112L 11/20/13

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part I, line 8	1	2,507,316.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B...	4	2,507,316.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	2,507,316.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,503,254.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,062.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
	12	Total payments	12	
	13	Penalties and interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title DIRECTOR OF FINANCE	Date	Telephone (408) 615-2368
Preparer's signature TIMOTHY J KRISCH	Firm's name MAZE & ASSOCIATES	Check if self-employed <input type="checkbox"/>	PTIN P00283083
	Firm's name (or yours, if self-employed) and address 3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523-4346		FEIN 94-2590179 Telephone (925) 930-0902

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

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	70.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	2,507,246.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	2,507,316.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	868,254.
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	1,635,000.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	2,503,254.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,461,534.	●	1,465,596.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets			●	
	b Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM 4		27,899,066.	●	26,209,769.
13	Total assets		29,360,600.		27,675,365.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. ST 5		19,558,066.	●	18,668,769.
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 6		8,341,000.		7,541,000.
19	Capital stock or principle fund		1,461,534.	●	1,465,596.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		29,360,600.		27,675,365.

DRAFT

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	4,062.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.		4,062.
7	Income recorded on books this year not included in this return. Attach sch	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6.		4,062.

CLIENT SANTA CLA

31-1611044

1/08/15

02:35PM

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

PROGRAM SERVICE REVENUE..... \$ 2,507,246.
 TOTAL \$ 2,507,246.

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	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LISA M. GILLMOR 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	BOARD MEMBER 0.50	0.	0.	0.
PATRICIA M. MAHAN 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	BOARD MEMBER 0.50	0.	0.	0.
PATRICK KOLSTAD 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	VICE PRESIDENT 0.50	0.	0.	0.
JERRY MARSALLI 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.
JAMIE L. MATTHEWS 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	PRESIDENT 0.50	0.	0.	0.
JULIO J. FUENTES 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	EXECUTIVE DIR. 0.10	0.	0.	0.
GARY AMELING 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	DIR. OF FINANCE 0.10	0.	0.	0.
ROD DIRIDON JR. 1500 WARBURTON AVENUE SANTA CLARA, CA 95050-3713	SECRETARY 0.10	0.	0.	0.
TOTAL		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

DRAFT

CLIENT SANTA CLA

31-1611044

1/08/15

02:35PM

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

PRINCIPAL DEBT PAYMENTS..... \$ 1,635,000.
TOTAL \$ 1,635,000.

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

NET INVESTMENT IN LEASE..... 26,209,769.
TOTAL \$ 26,209,769.

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: 3/28/2013
ORIGINAL ISSUE AMOUNT: 19,571,640.
TYPE OF FORM FILED: FORM 8038-G
FORM 8038 FILING DATE: 3/28/2013
OUTSTANDING ISSUE AMT:

18,668,769.

TOTAL TAX-EXEMPT BONDS \$ 18,668,769.

TOTAL NOTES AND BONDS PAYABLE \$ 18,668,769.

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

LEASE AGREEMENT WITH CITY OF SANTA CLARA..... 7,541,000.
TOTAL \$ 7,541,000.

CITY OF SANTA CLARA PUBLIC FACILITIES
FINANCING CORPORATION

CLIENT SANTA CLA

31-1611044

1/08/15

2:35 PM

	2013	2012	DIFF
REVENUE			
PROGRAM SERVICE REVENUE	2,507,246	22,313,014	-19,805,768
INVESTMENT INCOME	70	1,422	-1,352
TOTAL REVENUE	2,507,316	22,314,436	-19,807,120
EXPENSES			
OTHER EXPENSES	2,503,254	23,223,226	-20,719,972
TOTAL EXPENSES	2,503,254	23,223,226	-20,719,972
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES	4,062	-908,790	912,852
TOTAL ASSETS AT END OF YEAR	27,675,365	29,360,600	-1,685,235
TOTAL LIABILITIES AT END OF YEAR	26,209,769	27,899,066	-1,689,297
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,465,596	1,461,534	4,062

1/08/15

2:35 PM

	2013	2012	DIFF
REVENUE			
INTEREST.....	70	1,422	-1,352
OTHER INCOME.....	2,507,246	22,313,014	-19,805,768
TOTAL INCOME.....	2,507,316	22,314,436	-19,807,120
EXPENSES AND DISBURSEMENTS			
INTEREST.....	868,254	1,971,226	-1,102,972
OTHER DEDUCTIONS.....	1,635,000	21,252,000	-19,617,000
TOTAL DEDUCTIONS.....	2,503,254	23,223,226	-20,719,972
EXCESS OF RECEIPTS OVER DISBURSEMENTS.....	4,062	-908,790	912,852
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
SCHEDULE L			
BEGINNING ASSETS.....	29,360,600	31,963,324	-2,602,724
BEGINNING LIABILITIES & NET WORTH.....	29,360,600	31,963,324	-2,602,724
ENDING ASSETS.....	27,675,365	29,360,600	-1,685,235
ENDING LIABILITIES & NET WORTH.....	27,675,365	29,360,600	-1,685,235

2013

GENERAL INFORMATION
CITY OF SANTA CLARA PUBLIC FACILITIES
FINANCING CORPORATION

PAGE 1

CLIENT SANTA CLA

31-1611044

1/08/15

02:35PM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH D, SCH K, SCH O, 8868
CALIFORNIA: 199, 3539, 3586, 8453-EO, E-FILE INSTRUCTIONS

CARRYOVERS TO 2014

NONE