J K
Activities & Governance
Revenue

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Dep	artment of nal Rever	f the Treasury nue Service	► Go to www.irs.g	ov/Form990 for inst	ructions and th	ie latest ir	nformation.	14DX Ø	Inspection
Ā			ndar year, or tax year beginning	July 1	, 2018, a	nd ending	Jun	e 30	, 20 19
В	Check if	applicable	C Name of organization Sacrament	o County Public Fac	ulities Financin	g Corpor	ation	D Employe	er identification number
	Address	change	Doing business as						68-0049947
	Name ci	nange	Number and street (or P O box if m	all is not delivered to str	eet address)	Room/suit	е	E Telephor	ie number
	Initial ref	•	700 H Street			7	650		916-874-5473
	Final retu	m/terminated	City or town, state or province, cou	ntry, and ZIP or foreign p	ostal code				
	Amende	d return	Sacramento, CA 95814-1280					<b>G</b> Gross re	ceipts \$
	Applicat	on pending	F Name and address of principal offic	er			H(a) Is this a gr	oup return for s	subordinates? Yes Vo
									included? 🗌 Yes 🔲 No
<u></u>	Tax-exe	mpt status	501(c)(3) 🗸 501(c) (	4 ) <b>4</b> (insert no.) [	4947(a)(1) or		If "N	o," attach a	list (see instructions)
<u>J_</u>	Website					<u> </u>	H(c) Group	exemption	number <b>&gt;</b>
K			Corporation Trust Associa	ation Other >	L Yea	r of formati	on 1984	M State	of legal domicile CA
P	art I	Summ							
	1	-	escribe the organization's miss	_					
Activities & Governance			nancial assistance to the Count					tion, impr	ovement, and
па			ng of public buildings, facilities,						
Ve	2		is box ▶☐ if the organization			sposed o	f more than		its net assets
ő	3		of voting members of the gove					3	5
ಳ	4		of independent voting membe	-				4	
iţe	5		nber of individuals employed i		18 (Part V, line	2a)		5	0
cţi	6		nber of volunteers (estimate if					6	0
⋖	7a		elated business revenue from					7a	
_	b	Net unre	ated business taxable income	from Form 990-1,	line 38		Prior Ye	7b	Current Year
	_	0	trans and supple (Dark VIII June	16)		-	PHOT TE	ar	Current real
ae	8		tions and grants (Part VIII, line		VED	$\vdash$	<del></del>		
Revenue	9	•	service revenue (Part VIII, line	1 - 1	3	-		207.424	4 000 505
	10	investme	nt income (Part VIII, column (A venue (Part VIII, column (A), lin			· · -		627,131	1,003,595
	11		renue (Part VIII, column (A), III enue-add lines 8 through 11 (i			12)		0,737,628	109,385,581
	12					ie 12)	11	,364,759	110,389,176
	14	Bonofite	nd similar amounts paid (Part paid to or for members (Part I)	A COLUMN CADE	וש־,א,	-			
	15		other compensation, employee		lumn (A) lines f	5-10)			
Ses	16a		onal fundraising fees (Part IX, o	· ·		, io,  -			
Expenses	b		draising expenses (Part IX, co		•	·			
$\Xi$	17		penses (Part IX, column (A), lir				11	,024,213	122,976,468
	18		penses. Add lines 13-17 (must			, F		,024,213	122,976,468
	19		less expenses Subtract line		( 1/1 20	′   <u> </u>		340,546	(12,587,292)
- ×	+				<del>-</del>	В	eginning of Cu		End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)				218	3,728,742	167,431,450
Ass	21		ollities (Part X, line 26)					,690,000	156,980,000
F Set	22		ts or fund balances Subtract	line 21 from line 20				3,038,742	10,451,450
Ρ	art II		ture Block					<del></del>	
Ur	der pena	Ities of perju	ry, I declare that I have examined this	return, including accomp	panying schedules	and staten	nents, and to the	ne best of m	ny knowledge and belief, it is
tru	e, correc	t, and comp	ete Beclaration of preparer (other than	officer) is based on all i	nformation of which	ch preparer	has any knowl	edgeG _	21,5
			15.1人とし						-5-1
Sig	gn	Sign	at re of officer	1.	- 1		Da	te G	23 14
He	re	<b> </b>	Butt Fergus	son Ct	-0			7-	23-19
		17 "	e or print name and title	<del>,</del>					
Pa	iid	Print/Ty	pe preparer's name	Preparer's signature		Da	te	Check [	if PTIN
	epare	er						self-emp	loyed
	e On		ame >				Firm	ı's EIN ▶	
		Firm's a	ddress >	<del> </del>			Pho	ne no	
_			s this return with the preparer		e instructions)				. Yes No
For	Paper	work Redu	ction Act Notice, see the separa	ate instructions.		Cat No	11282Y		Form <b>990</b> (2018)



Part			
	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission	• •	<u> L </u>
ľ	The primary purpose of the organization is to provide financial assistance to the County of Sacramento by financian	g the acqu	usition,
	construction, improvement, and remodeling of public buildings, facilities, and equipment for the County of Sacramer		
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	☑ 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	☑ No
	If "Yes," describe these changes on Schedule O		ينظ استندي
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$including grants of \$) (Revenue \$		_)
	See attached		
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		_)
		- <b></b>	
			•••••
			_
	· · · · · · · · · · · · · · · · · · ·		15 5
			•
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 ▶		



Part IV Checklist of Required Schedules			
	Part IV	Checklist of R	lequired 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	1	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		1
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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		- <b>/</b>
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		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		✓
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	11b	1	
С	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	11c		1
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	11d	1	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>\</b>
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		1
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		<b>√</b>
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		<b>✓</b>
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		✓
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		1
20 a	• • • • • • • • • • • • • • • • • • • •	20a		✓
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		<b>✓</b>

Form **990** (2018)

rail	Checklist of Required Schedules (Continued)			
		Γ	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		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	1	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
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?	24c 24d		1
d oe	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<b>V</b>
25a	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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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)	·		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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_		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	5 to the control of Bar 0 of Face 4000 Fate 0 ( ) 1 1 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wippings to prize winners?	10	1	

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)	-		
	Example of walls of an investment of Manager and Tay 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	١ ،		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	35		_
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			!
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<b>+</b>	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u> -		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	<b>-</b> °		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	<b>;</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			. !
b	Gross income from other sources (Do not net amounts due or paid to other sources	]		
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			,
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			;
C	Enter the amount of reserves on hand	<u> </u>		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u> </u>
6	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	<u></u> -
	If "Yes," complete Form 4720, Schedule O	10		_
	n 100, complete i dilli Tred, colleggio o	1	i l	, ,

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI		_:	✓
Secti	on A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.	4	-	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	,		
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		
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<i>'</i>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		<b>✓</b>
7a	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?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b_		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	•		:
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>-</b>
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?	10b		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>√</b>
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-		ا جـ ا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<b>-</b>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a		L
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 taxable entity during the year?	 16a		<u>√</u>
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?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. Upon request. Other (explain in Schedule O)	「(Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intifinancial statements available to the public during the tax year	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	Pan Lamara 700 U Stroot Doom 2660 Sagramonto CA 06914 1290 (016) 974 7460			

	·							
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest C</b>	ompensated	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

- 1a 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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee	_
				(0	C)	-					_
(A)	(B)	١			ition			(D)	(E)	(F)	
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated	
	nours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	익뒷	ไกร	Q	ĕ	en H	Б	from the	related organizations	other compensation	
	related	dre	i i	Officer	en	ples	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	of Ear	ο̈́		Key employee	e c		(W-2/1099-MISC)		organization and related	
	line)	Individual trustee or director	= =		yee	mg				organizations	
		8	Institutional trustee			Highest compensated employee					
			-			e <u>e</u>					
(1) Patrick Kennedy						ļ					
President		✓						0	0		0
(2) Susan Peters											
Director		✓						0	0		0
(3) Don Nottoli	<b></b>										
Director	ļ <u>.</u>	<b>✓</b>				<u> </u>		0	0		0
(4) Phil Serna		_									
Director		✓_						0	0		0
(5) Sue Frost											
Director		<b>✓</b>	ļ			ļ	ļ	0	0		0
(6) Colin Bettis	ļ		١,								
Secretary			✓				_	0	0		0
(7) Britt Ferguson	ļ		,								
Financial Officer			✓		_		ļ <u>.</u>	0	. 0		0
(8)	ļ										
(9)											-
		1				1					
(10)											_
(11)		ļ									_
400			_		_	<u> </u>	<u> </u>				_
(12)	<u> </u>										
(13)			T								_
							<u> </u>				_
(14)											
					l						

Part	VI Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (	:ontınu	ied)		
					•	C) sition								
	(A)	(B)	1 '		neck	more	than o		(D)	(E)	_		(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportabl compensation			mated ount of	
		week (list any			_	T		·	from	related		0	ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	큠를	Former	the organization	organizatio (W-2/1099-M		•	ensatioi n the	n
		organizations	ect of E	ut o	4	ફ	oyee	্ৰ	(W-2/1099-MISC)		.50,		nization	1
		below dotted	9 5	nali	ĺ	oy.	i i						related	_
		tine)	ster	SnJ		ď	peng					organ	izations	S
			"	ee	İ		Highest compensated employee							
(15)			-		-	-		-			$\dashv$	<del></del>		
11.27			1							-				
(16)				<del>                                     </del>	-	<del> </del>			<del> </del>					
11.9/		·	1											
(17)	=				-	<del>                                     </del>		-						
3/		·	1											
(18)			-	-	$\vdash$	一					-+			
1			1								-			
(19)							<u> </u>	<u> </u>				_		
3.1.27			İ								1			
(20)					_	<del>                                     </del>					_			
S==7			1											
(21)											$\neg$			
Y		<b></b>	1			1								
(22)			<del></del>		<u> </u>						$\neg$			
32			1											
(23)								<u> </u>						
2			1				Ì		+					
(24)									1					
3			1											
(25)														
			1			-			1					
1b	Sub-total .							<b>&gt;</b>			0			(
С	Total from continuation sheets to Part	VII, Sectio	n A					>	0		0			
d	Total (add lines 1b and 1c)							<b>&gt;</b>	0		o			(
2	Total number of individuals (including but	t not limited	d to th	ose	e list	ted	above	e) w	ho received m	ore than \$10	000,000	) of		
	reportable compensation from the organ	ızatıon ►												
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	ınd	ividi	ual					3		✓,
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	npei	nsatic	n a	ind other comp	ensation fro	om the	e		
	organization and related organizations	greater th	an \$1	150,	000	)? [	f "Ye	s, "	complete Sch	nedule J fo	r such	1		
												4		✓_
5	Did any person listed on line 1a receive of									zation or ind	ıvıdua			
	for services rendered to the organization	? If "Yes," c	compi	ete	Sci	nedu	ıle J 1	or s	such person			5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization Rep	oort compe	nsatio	on fo	or th	ne c	alenc	iar y	ear ending wit	th or within t	he orç	ganızatıc	n's ta	ХE
	year							т						
	(A) Name and business add	lress							(B) Description of s	envices		(C) Compens	ation	
	Traine and business auc							-	200011211011011					
								-						
													<del></del>	
								-						
	Table and a second second second	ma local o	a a !·	.4 -		luer '		Ц.	ann linka di ili					
2	Total number of independent contractor							tr כ	iose listed ab	ove) who				•
	received more than \$100,000 of compens	auun Irom	me or	yan	ıı∠dl	JUN .								

Par	VIII	Statement of Reve				1 4	D = -4 1 / / / /		
		Check if Schedule C	) contains a	a resp	oonse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts i	1a	Federated campaigns	s .	1a	_				
Grants	b	Membership dues .		1b					
	С	Fundraising events		1c					
Contributions, Grfts, Grants and Other Similar Amounts	d	Related organizations	_	1d			ĺ		
	e	Government grants (cor		1e					
utio ler (	f	All other contributions, g and similar amounts not inc							
ē 5	_	Noncash contributions include	L.	1f c					
Contributic and Other	g h	Total. Add lines 1a-1		ΙΙΦ.	<b>.</b>				
		Total: Add lines (a )	<u>' '                                  </u>		Business Code				
Program Service Revenue	2a			Ì					
æ	b	•••••							
jce	С								
Sen	d			[					
æ	е			}					
'ogr	f	All other program ser		e (					
	g	Total. Add lines 2a-2			• • • • • • • • • • • • • • • • • • •				ļ
	3	Investment income and other similar amo		aiviae	enas, interest,	4 000 505			
	,	Income from investmen		ant ho	•	1,003,595	1,003,595		
	4 5	Royalties	ii oi iax-exeii	ipt bo	na proceeds				<del> </del>
	"	Hoyanies	(i) Real	·	(II) Personal			<del></del>	
	6a	Gross rents	109,38	5,581					
	b	Less. rental expenses			-				
	С	Rental income or (loss)	109,38	5,581					
	d	Net rental income or	(loss)		<b>&gt;</b>	109,385,581	109,385,581		
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other				1
		assets other than inventory							
	b	Less cost or other basis							-
		and sales expenses	ļ						
	С	Gain or (loss)							
	ď	Net gain or (loss)	•	. [	<u>.</u>				
e	8a	Gross income from fu	undraising						
/en		events (not including \$	<b>.</b>	Ì					
Other Revenue		of contributions report	ed on line 1c	<u>;</u>					
ē		See Part IV, line 18		a					
퉏	b	Less direct expenses	S	b[					
_	С	Net income or (loss) f		٠,	events >				
	9a	Gross income from ga	amıng actıvıtı	ies					
		See Part IV, line 19		a					
	b	Less direct expenses		b[					
	100	Net income or (loss) f Gross sales of in		g activess	/ities ►				
	lua	returns and allowanc				]	ļ		
	b	Less cost of goods s		a b					
	C	Net income or (loss) f			ntorv <b>&gt;</b>			· .	<del> </del>
	_ <u> </u>	Miscellaneous F		1	Business Code				<del></del>
	11a							· · · · · · · · · · · · · · · · · · ·	
	b		•••••						
	С								
	d	All other revenue							
	е	Total. Add lines 11a-			<b>&gt;</b>				
	12	Total revenue. See II	nstructions		<b>&gt;</b>	110 389 176	110 389 176		1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	Il other organization	s must complete co	olumn (A)
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , 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 Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages 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	444 705 400	444.705.400		
c	Accounting	114,785,183	114,785,183		
d e	Lobbying . 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 O)				
12	Advertising and promotion				
13	Office expenses .				
14	Information technology			·	
15	Royalties				
16	Occupancy				
17	Travel			<u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,191,285	8,191,285		
21	Payments to affiliates .				
22 23	Depreciation, depletion, and amortization Insurance				
23 24					
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)				,
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	122,976,468	122,976,468		
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 Pai	rt X .		. 🗇
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	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		<u>,                                     </u>	
		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			
Assets	_	organizations (see instructions) Complete Part II of Schedule L		6	
\ss	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges  Land, buildings, and equipment cost or		9	
	IVa	other basis Complete Part VI of Schedule D 10a	•	•	
	ь	Less accumulated depreciation . 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities  Investments—other securities See Part IV, line 11 .	189,660,075		152 206 700
	13	Investments—program-related See Part IV, line 11	103,000,073	13	153,296,708
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	29,068,667	15	14,134,742
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .	218,728,742	$\overline{}$	167,431,450
	17	Accounts payable and accrued expenses		17	.0.7.0.7.00
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .	195,690,000	20	156,980,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	<del></del>
_	23	Secured mortgages and notes payable to unrelated third parties		23	<del> </del>
	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		25	
	26	Total liabilities. Add lines 17 through 25	195,690,000		156 000 000
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	193,090,000		156,980,000
Ses		complete lines 27 through 29, and lines 33 and 34.		- 1	ľ
anç	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
b	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances .	23,038,742	33	10,451,450
	34	Total liabilities and net assets/fund balances .	218.728.742	34	167.431.450
					Form <b>990</b> (2018)

Page	1	1
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i Omii 33	0 (2016)			raye 12
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	1	10,389,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	22,976,468
3	Revenue less expenses Subtract line 2 from line 1 .	3		12,587,292)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,038,742
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		10,451,450
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.		_ [ [ ]	** " W.S.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	n l i	Sec. 3.
_	Schedule O			المتبذاحت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<del></del>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r	C/5
	reviewed on a separate basis, consolidated basis, or both		1 <sup>2</sup> -	
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>	لبناك
b	Were the organization's financial statements audited by an independent accountant?		2b	. <b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally appropriate house appropriate house as health	ed on a	a 🔼	4.1
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		a l	27 5,50
_			.	كنت
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex		<del></del>	
	Schedule O	piani	1. ^ ,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth u	n	لتتـــا سعتم
Ju	the Single Audit Act and OMB Circular A-133?	i Orai II	'' 3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao the		<del></del>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			Form	990 (2018)
				( 10)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization	<u> </u>				Employer identification	number
Sacra	mento County Public Facilities Fina	ncing Corporation	n			68-00	
Pai							ons
The o	organization is not a private found						
1	A church, convention of church					/ \ / \	
2	A school described in section		· ·				4
3	A hospital or a cooperative ho						CO Catantha
4	A medical research organizati hospital's name, city, and state	te <sup>.</sup>					
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	✓ A federal, state, or local gover	nment or govern	mental unit described	ın <b>secti</b> o	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1			port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described	in section 170(b)	)(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization of	to its exempt funt income and un	nctions—subject to ci related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and	d operated exclus	sively to test for public	safety :	See <b>sec</b> ti	ion 509(a)(4).	•
12	An organization organized and						
	of one or more publicly supp Check the box in lines 12a thro						
a	Type I. A supporting orgathe supported organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		nization supervis	sed or controlled in co organization vested in	nnection the same	with its s		
С	The same of the same of the same	grated. A suppor	ting organization oper	ated in c			ally integrated with,
d							orted organization(s
u	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е	Check this box if the orga functionally integrated, or						e II, Type III
f	Enter the number of supported	organizations .		•			
g	Provide the following information	on about the supp	oorted organization(s)				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)	·····						
(D)							
(E)							
	<u> </u>			ļ			

,	-
Dage	-2
raue	•

Part	(Complete only if you checked the						. /
	Part III. If the organization fails to						diny dilaci
Secti	on A. Public Support			• • •	•		
Caler	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						ì
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					,	
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support					,	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			<i>f</i>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he				·		<u> </u>
	on C. Computation of Public Suppor	<u> </u>		14 - 1 - (0)		T 44 T	
14	Public support percentage for 2018 (line 6		-	11, column (f))	•	14	<u>%</u>
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi			v on line 13 a	nd line 14 is 3	15	chock this
104	box and <b>stop here</b> . The organization qua						► □
b	331/3% support test – 2017. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16		ıs 331/3% or m	_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, c	heck this box	and <mark>stop here</mark> .	. Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	
	instructions						▶ □
					Sci	hedule A (Form 99	0 or 990-EZ) 2018

Scriegui	E A (FOIII 990 OF 990-EZ) 2016					/	rage <b>J</b>
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	on 509(a)(2)		7	
	(Complete only if you checked the	ne box on line	10 of Part I	or if the orga	nızatıon failed	d to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		-				
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						-
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .						44
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		_				
	organization's benefit and either paid to				/		
	or expended on its behalf .				/		
5	The value of services or facilities				1		-
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3		•	/			
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000		,	/			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support. (Subtract line 7c from			*			
<u> </u>	line 6)		/	r v	<u> -</u>		<del> </del>
	on B. Total Support		# N 6045		T (1) 0047		/D. T
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/				
iva	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources		/				
	•		<del>/</del>				
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	/					-
_	Add lines 10a and 10b .	<del> /-</del> -					<del></del>
11	Net income from unrelated business	<del></del>					*
• •	activities not included in line 10b, whether	/				1	1
	or not the business is regularly carried on	/				].	
12	Other income Do not include gain or	<i>i</i>				,	
-	loss from the sale of capital assets	/					
	(Explain in Part VI.) .	/					
13	Total support. (Add lines 9, 10c, 11,	1					<del></del>
	and 12)	/					
14	First five years. If the Form 990 is for the	re organization	's first, secon	d, third, fourth	n, or fifth tax yo	ear as a section	n 501(c)(3)
	organization, check this box and stop he				•		``▶ □
Secti	on C. Computation of Public Suppoi	rt Percentag	е				
15	Public support percentage for 2018 (line a			13, column (f))		15	%
16	Public support percentage from 2017 Scl					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (	<del></del>		y line 13, colu	ımn (f))	17	.%
18	Investment income percentage from 2017				- **	18	%
19a	331/3% support tests-2018. If the organ				nd line 15 is m	ore than 331/39/	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz						31/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	ctions ► 🗆

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

			r	
		<del></del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	· ·		
	organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		ï
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	<u>.</u>	: ł
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	-i 4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	, ,	
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			,,,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<u>6</u> 		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		<u>-</u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		-
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1

determine whether the organization had excess business holdings)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			١.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	·		
	below, the governing body of a supported organization?	11a		<b>↓</b>
	A family member of a person described in (a) above?	11b		Ь
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
Sect	ion B. Type I Supporting Organizations		-	1
	Delthe deservation deservation as a second code of the second code of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	1 2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	· · · · · ·	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.			ions)
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	2h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		•
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		• ,
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		-
c Fair market value of other non-exempt-use assets	1c	,	• •
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		•
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		·
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	* * ·	
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oces of supported orga	nizations	
<u>3</u>	Amounts paid to acquire exempt-use assets	oses of supported orga	IIIZations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to whic	h the ergonization is rec	noncuro.	
8	(provide details in Part VI) See instructions	Title organization is res	sporisive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2018		3	••
а	From 2013			,
b	From 2014			
С	From 2015 .		<del> </del>	
d	From 2016	•	-	
e	From 2017			
f	Total of lines 3a through e			`
g	Applied to underdistributions of prior years			,
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			•
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			et .
4	Distributions for 2018 from			
	Section D, line 7 \$			t ." * <u>.</u>
а	Applied to underdistributions of prior years			-
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
88	Breakdown of line 7			-
а	Excess from 2014	76-\$1 Magn 414 2 A / 1 Statistical?	i od i tyritierne utierk <sub>mara</sub> jaki "al	All Har Mark P 2 22 mg and All All All All All All All All All Al
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017 .			, '
е	Excess from 2018		<u> </u>	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; a lines 2, 5, and 6. Also complete this part for any additional information. (See instructions	1c; Part IV, Section ion E, lines 1c, 2a, 2b, and Part V, Section E.
•••••		
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<b></b>		
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Sacran	nento County Public Facilities Financing Corporation		68-0049947
Par			ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor advised funds	(b) I dies and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? · · □ Yes □ No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pari			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization h	old a qualified conservation contributes	on in the form of a conservation
2	easement on the last day of the tax year	eld a qualified conservation contribution	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in	• •	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		pection, handling of Yes No
6	Staff and volunteer hours devoted to monitoring, inspe		<del></del>
_	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspectin ►\$	ng, nandling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) .
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easements.	of the footnote to the organization's finents	ancial statements that describes the
Part	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	SFAS 116 (ASC 958), to report in its rassets held for public exhibition, ed	revenue statement and balance shee
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ . ► \$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		. <b>&gt;</b> \$

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (con	tınued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and c	ther reco	rds, chec	k any of th	e follo	wing that are a	significant i	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations	3							•••••
4	Provide a description of the organization XIII.	tion's collections	and expl	ain how t	hey further	the ore	ganization's exe	mpt purpos -	e ın Part
5	During the year, did the organization							ar	
	assets to be sold to raise funds rather		ained as	part of the	e organizat	ion's co	ollection?	☐ Yes	□ No
Par	Complete if the organization 990, Part X, line 21	_	s" on For	m 990, F	Part IV, lin	e 9, or	reported an ar	mount on F	orm
1a	Is the organization an agent, trustee,	custodian or ot	her intern	nediary fo	or contribu	tions o	other assets n	ot	
	included on Form 990, Part X?							Yes	☐·No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	ollowing to	able.		<del>_</del>		-
							F	Amount	``
С	Beginning balance					10			
d	Additions during the year	•				10	<del></del>		
e	Distributions during the year			•	•	16			
f	Ending balance		Sant V. Lond	. 04 . 6		11		.0 D V	
2a	Did the organization include an amount "Yes," explain the arrangement in Page 1997.								
	t V Endowment Funds.	art Ain Check he	re ii tile e	xpianatio	i ilas been	provid	ed on Fait Aiii .		<u> </u>
	Complete if the organization	answered "Yes	s" on For	m 990. F	Part IV. lin	e 10			
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance		1						•
b	Contributions								
С	Net investment earnings, gains, and losses			:					
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								•
2	Provide the estimated percentage of t			e (line 1g	, column (a	i)) held	as	•	
a	Board designated or quasi-endowmer		%					**	•
b	Permanent endowment	%							
С	The percentages on lines 2a, 2b, and	%	1000/						
За	The percentages on lines 2a, 2b, and Are there endowment funds not in the	·		zation tha	at are held	and ad	ministered for th	ne .	
- Ou	organization by	o possession or t	no organi	zanon m	at are ricia	and ad	ministered for th		es No
	(i) unrelated organizations							3a(ı)	00 110
	(ii) related organizations							3a(II)	
b	If "Yes" on line 3a(ii), are the related o	rganizations lister	d as requi	red on So	hedule R?		•	3b	
4	Describe in Part XIII the intended uses	-	on's endo	owment fu	unds				
Part									
	Complete if the organization	answered "Yes	s" on For	m 990, F	Part IV, Im	e 11a	See Form 990	, Part X, lır	e 10.
	Description of property	(a) Cost or o			r other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>e</u>	Other .	1	200 0	<u> </u>	<b>(D)</b> 1 ::				
ı otal.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	990, Part i	x, column	(B), line 10	IC)	. ▶		

(1) Financial (2) Closely-h	Complete if the organization a  (a) Description of security or cate (including name of security)				390, Part X, line 12.
• •	(a) Description of security or cate (including name of security)	egory			
• •			(b) Book value	• • •	od of valuation f-year market value
(2) Closely-I	derivatives				
	neld equity interests				<del></del>
(3) Other					
(A) See At	tached Schedule		153,296,708		
(C)					
(D)				<del></del>	
(E)					<del></del>
(F)			•		<del></del>
(G)					
(H)	h) Com Oct V and (B) line 12		452.000.700		·-
Part VIII	b) must equal Form 990, Part X, col (B) line 12 investments—Program Rela		153,296,708		· · · · · · · · · · · · · · · · · · ·
Part VIII	Complete if the organization a		orm 990 Part IV line	11c See Form 9	990 Part X line 13
	(a) Description of investmen		(b) Book value		od of valuation
	(a) Description of investmen	n	(b) Book value		of valuation
(1)					
(2)					
(3)				······································	·
(4)				<del></del>	
(5)		· · · · · · · · · · · · · · · · · · ·			147
(6)					
(7)					
(8)			<del>-  </del>		
(9)	b) must equal Form 990, Part X, col (B) line 13				<u>.</u>
, Part IX	Other Assets.			· · · · · · · · · · · · · · · · · · ·	<del> </del>
, Part IX	Complete if the organization a	answered "Ves" on Fo	orm 990 Part IV line	11d See Form	990 Part X line 15
	Complete if the organization a	(a) Description	5111 550, 1 dit 14, line	7110 000101111	(b) Book value
(1) Cash wi	th Fiscal Agent				14,134,74
(2)	in i iscai Agent	<del></del>	<del></del>		141941
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part .	X, col (B) line 15.)		<b>&gt;</b>	14,134,74
Part X	Other Liabilities.				
	Complete if the organization a	answered "Yes" on Fo	orm 990, Part IV, line	e 11e or 11f See	Form 990, Part X,
	line 25				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)				,	,
(3)					,
(4)			· · · · · · · · · · · · · · · · · · ·	,	***
(5)					
(6)					
(7)				-	4
(8)					· · · · · · · · · · · · · · · · · · ·
(9)	(h) must squal Form 000, Dest V and (D) line 05	1 .			
	b) must equal Form 990, Part X, col (B) line 25. r uncertain tax positions In Part XIII, p		note to the average at	la financial -t-t	to that you got 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			<u>-</u>	
	Complete if the organization answered "Yes" on Form 990,	Part IV, Iın	e 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.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities .	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b .	•	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		. 5	
Part				
	Complete if the organization answered "Yes" on Form 990,	Part IV, lin	e 12a	
1	Total expenses and losses per audited financial statements .		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. <u>2e</u>	
3	Subtract line 2e from line 1	1 1	3	····
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
L.	Other /Decembers Dort VIII.)	416	-	
b	Other (Describe in Part XIII )	4b	40	
С	Add lines 4a and 4b		4c	
с 5	Add lines <b>4a</b> and <b>4b</b>		4c 5	
c 5 Part	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5	Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	5 lines 1b and 2b, Part V, line 4,	Part X, line

Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE K (Form 990)

Name of the organization 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

2018 Schedule K (Form 990) 2018 18,390,000 (i) Pooled financing Yes No ŝ 68-0049947 (h) On behalf of No Yes No ۵ Yes (g) Defeased Yes 1,010,000 ŝ O (f) Description of purpose Yes 2018 10,430,000 36,150,000|SEE ATTACHED 88,360,000|SEE ATTACHED 15,230,000|SEE ATTACHED 40,860,000 SEE ATTACHED ŝ œ Cat No 50193E Yes 2018 (e) Issue price 50,295,000 ŝ ⋖ (d) Date Issued Yes 05/11/2006 05/07/2003 06/19/2003 12/16/1997 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, 786110-HSB 786110-LH7 786110-MX1 786110-PN0 (c) CUSIP # For Paperwork Reduction Act Notice, see the Instructions for Form 990. 68-0049947 (b) Issuer EIN 68-0049947 68-0049947 68-0049947 issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Sacramento County Public Facilities Financing Corporation Has the final allocation of proceeds been made? Working capital expenditures from proceeds 1997 REFUNDING CERTIFICATES OF PARTICII 2003 COP (JUVENILE COURTHOUSE PROJ) D 2006 COP (PUBLIC FACILITIES FINANCING)
Part II Proceeds 2003 COP (PUBLIC FACILITIES PROJECTS) Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? Other unspent proceeds Amount of bonds retired (a) Issuer name Total proceeds of issue Other spent proceeds **Bond Issues** Partl ⋖ œ ပ N က 4 2 9 ω σ 10 12 4 5 9 13 1,

Schedule K (Form 990) 2018

Part III Private Business Use

	∢		<b>8</b>	о _		٥	
Was the organization a partner in a partnership, or a member of an LLC.	Yes	Yes	Q.	Yes	C N	Yes	2
which owned property financed by tax-exempt bonds?		-	>	3	>	3	>
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?			>		`		<b>\</b>
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?							
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 ▶		<b>%0</b>	%0		%0		% <b>0</b>
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 . ▶		% <b>0</b>	<b>%0</b>		%0		% <b>0</b>
Total of lines 4 and 5		%0	%0		<b>%0</b>		<b>%0</b>
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?			`		`		<i>^</i>
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or							
disposed of		%	%		%		%
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?			`		<b>&gt;</b>		<b>&gt;</b>
Part IV Arbitrage							
	4		8		S		۵
Has the issuer filed Form 8038-1, Arbitrage Rebate, Yield Reduction and	Yes	Yes	₽,	Yes	S.	Yes	No
If "No" to line 1 did the following apply?			•		`		•
`I ^\			>		`		>
b Exception to rebate?			>		,		>
c No rebate due?	<i>,</i>	<b>,</b>		,		/	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed							
			,		,		,

Page 3

Schedule K (Form 990) 2018

raitiv	Ainiage (Commune)								
		<b>∀</b>		8	_		O-		ا
<b>4</b> a		Yes	δ.	Yes	2	Yes	S.	Yes	No.
2	Name of provider		>		<b>,</b>		\ \		<b>\</b>
ם	Indilie of provider								
ပ	- 1	-							
۳	Was the hedge superintegrated?				:				
Ð	Was the hedge terminated?					!			
5а	Were gross proceeds invested in a guaranteed investment contract (GIC)?		/		/		<b>,</b>		<i>&gt;</i>
q	Name of provider								
ပ	ı								
٥	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
9	Were any gross proceeds invested beyond an available temporary period?		,		`		`		<b>&gt;</b>
7	Has the organization established written procedures to monitor the								
	requirements of section 148?		`		`		`		`
Part V	V Procedures To Undertake Corrective Action								
		٧		8	•		၁		٥
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No No	Yes	No	Yes	Š
	of federal tax requirements are timely identified and corrected through the								1
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?		`		`		>		`
Part VI	Vi Supplemental Information. Provide additional information for responses to questions on Schedule K	ponses to a	luestions (	on Schedu		See instructions	,		
Part V	b have a nost issuance tax compliance survey that is comp	October This	s checks an	d ensures th	at we maint:	ain our com	oliance for ta	x-exemnt bo	nds
א דופא	- We have a post issuance tax compilance survey that is completed annually around	October In	s checks an	d ensures th	at we maint	ain our comp	Dilance for ta	x-exempt po	nas
		•							
	and the state of t								
			,						
								Schedule K (F	Schedule K (Form 990) 2018

# **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.

OMB No 1545-0047 •

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Sacramento County Public Facilities Financing Corporation

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

68-0049947

(i) Pooled financing Yes No ŝ (h) On behalf of No Yes No Yes (g) Defeased Yes 117,447 680,794 99,985,773 100,784,014 ŝ 100,784,014 PAR+PREMIUM -- SEE ATTACHED O (f) Description of purpose Yes 6,440,000 46,260,000 SEE ATTACHED 126,105,000|SEE ATTACHED ŝ 8 Yes 2018 (e) Issue price 38,035,000 ŝ ⋖ (d) Date issued Yes 11/28/2018 08/16/2017 03/12/2010 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, 786110-UW4 (c) CUSIP # 786110-RF5 786110-SD9 (b) Issuer EIN 68-0049947 68-0049947 68-0049947 issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds 2007 COP (ANIMAL CARE/YOUTH DETENTION 2010 REFUNDING CERTIFICATES OF PARTICI 2018 REFUNDING CERTIFICATES OF PARTICI Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Other unspent proceeds Amount of bonds retired (a) Issuer name Total proceeds of Issue Other spent proceeds Bond Issues Proceeds Part II Parti ပ 4 m N က 4 S 9 ω 6 10 12 33 14 15 16 17

Schedule K (Form 990) 2018

Cat No 50193E

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

final allocation of proceeds?

Schedule K (Form 990) 2018

	A		1	В	S			۵
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	°2	Yes	ž	Yes	N <sub>o</sub>	Yes	å
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								
		<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?		`		`		`	ļ	
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(x) arrangation or a state or local proteinment.		ì				V		
		%n		%n		%n		8
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(4)(3) property or perfect property.						70		8
		%0		%0	-	o yo		`  <sup>6</sup>
6 Total of lines 4 and 5	ļ	<b>%0</b>		%0		%0		%
7 Does the bond issue meet the private security or payment test?		`		<b>&gt;</b>		`		
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	ì	%		%		%		%
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 Remilations sections 1 141-12 and 1 145-27		,		`		,		
Part IV Arbitrage		•		•		•	:	
	4			8	0			۵
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		`		`		1		>
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		`		`		1		<i>&gt;</i>
b Exception to rebate?		`		`		`		`
c No rebate due?	`		`~			1	`~	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed					 			
3 Is the bond issue a variable rate issue?		`		<i>&gt;</i>		/		

r all the									
		V			B	၁		٩	
49		Yes	No No	Yes	Š	Yes	Š	Yes	S S
	hedge with respect to the bond issue?		>		`		•		
Q	Name of provider								
၁	Term of hedge								
٦	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a			`		`		,		
Q	Name of provider								
ပ	Term of GIC								
ס	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
9	Were any gross proceeds invested beyond an available temporary period?		1		,		,		
7	Has the organization established written procedures to monitor the		,		,		,		
Part V	Procedures To Undertake Corrective Action		•		•		•		
	1	•			a				
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	o <sub>N</sub>	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		,		`		,		
Part VI	Supplemental Information. Provide additional information for responses to questions on Schedule K	conses to c	nestions (	on Schedu		See instructions			
Part V	Part V. We have a post issuance tax compliance survey that is completed annually around October. This checks and ensures that we maintain our compliance for tax-exempt bonds	October The	s checks an	d ensures th	tat we maints	in our comp	liance for tax	k-exempt bor	sp
							1		
			:						
							•	Schedule K (Form 990) 2018	rm 990) 2018

#### 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.

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

68-0049947 Sacramento County Public Facilities Financing Corporation Part VI.Line 11 The Form 990 is prepared by the County Auditor-Controller's Office, reviewed by the Secretary of the Corporation, and reviewed and signed by the Financial Officer of the Corporation Part VI: Line 19 Records are held by the Secretary of the Corporation, and are made available to the public on request

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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