

Submitted:

Wednesday, October 28, 2020

1:10:18PM

CDIAC #: 2011-1418

STATE OF CALIFORNIA
MARKS-ROOS YEARLY FISCAL STATUS REPORT
FOR LOCAL OBLIGORS

California Debt and Investment Advisory Commission
915 Capitol Mall, Room 400, Sacramento, CA 95814
P.O. Box 942809, Sacramento, CA 94209-0001
Tel: (916) 653-3269 Fax (916) 654-7440

For Office Use Only
Fiscal Year _____

California Government Code Section 6599.1 requires that all issuers selling Marks-Roos bonds, which is part of the Marks-Roos Local Bond Pooling Act of 1985, after January 1, 1996 are required to report specific information to the Commission by October 30th of the current year and each year thereafter, until maturity.

I. GENERAL INFORMATION

A. Local Obligor Issuer Tracy CFD No 99-2
B. Name/ Title/ Series of Bond Issue 2011 Spec Tax Bonds
C. Project Name S MacArthur Series A (Taxable)
D. Date of Bond Issue/Loan 11/9/2011
E. Original Principal Amount of Bonds/Loan \$10,560,000.00
F. Reserve Fund Minimum Balance Required Yes Amount: \$909,898.50 No
Part of Authority Reserve Fund Yes Percent of Reserve fund: 0.00% No
G. Name of Authority that purchased debt Tracy Operating Partnership Joint Powers Authority
H. Date of Authority Bond(s) Issuance 11/9/2011

II. FUND BALANCE FISCAL STATUS

Balances Reported as of : 6/30/2020
A. Principal Amount of Bonds/Loan Outstanding \$6,710,000.00
B. Bond Reserve Fund \$909,898.50
C. Capitalized Interest Fund \$0.00
D. Administrative Fee Charged by Authority \$16,436.11

III. DELINQUENT REPORTING INFORMATION

Have delinquent Taxes been reported: Yes No
Delinquent Parcel Information Reported as of Equalized Tax Roll of: 9/22/2020
A. Delinquency Rate 0.58%
B. Does this Agency participate in the County's Teeter Plan: Yes No
C. Taxes Due \$1,047,131.36
D. Taxes Unpaid \$6,080.56

IV. ISSUE RETIRED

This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)
Matured Redeemed/Repaid Entirely Other
If Matured, indicate final maturity date:
If Redeemed/Repaid Entirely, state refunding bond title/ Loan, and CDIAC#: _____
and redemption/repayment date: _____
If Other:
and date: _____

V. NAME OF PARTY COMPLETING THIS FORM

Name Miriam Adamec
Title Vice President
Firm/ Agency Goodwin Consulting Group, Inc
Address 333 University Avenue Suite 160
City/ State/ Zip Sacramento, CA 95825
Phone Number (916) 561-0890
E-Mail miriam@goodwinconsultinggroup.net

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VI. COMMENTS: