

For Office Use Only
Fiscal Year <u>2011</u>
CDIAC # <u>1999-0163</u>

**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

California Government Code Section 6599.1 requires that all issuers selling Mark-Roos bonds, which is part of the Mark-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.

Is this issue subject to both Marks-Roos and Mello-Roos Yearly Fiscal Status Reporting Requirements? Yes No
If yes, please complete Sections I and V of this form only. The Mello-Roos Yearly Fiscal Status Report must also be completed.

I. GENERAL INFORMATION

A. Local Obligor Issuer San Diego
 B. Name/Title/Series of Bond Issue Reassessment District No. 1999-1 Limited Obligation Refunding Bonds
 C. Date of Bond Issue 02/23/1999
 D. Original Principal Amount of Bonds \$ 38,145,000
 E. Reserve Fund Minimum Balance Required Yes Amount \$ N/A No
 Part of Authority Reserve Fund Yes Percent of Reserve Fund N/A
 F. Name of Authority that purchased debt San Diego Public Facilities Financing Authority
 G. Date of Authority Bond(s) Issuance 2/23/1999

II. FUND BALANCE FISCAL STATUS

Balances Reported as of: June 30, 2011 (Year)
 A. Principal Amount of Bonds Outstanding \$ 12,171,400.29
 B. Bond Reserve Fund \$ N/A
 C. Capitalized Interest Fund \$ 0

III. DELINQUENT REPORTING INFORMATION

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 6/30/2011 (Date)
 A. Delinquency Rate 1.81 (Percent)
 B. Are the Property Taxes Paid Under the County's Teeter Plan: Yes No

IV. RETIRED ISSUES

This issue is retired and not longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)
 A. Matured Yes No If yes, indicate final maturity date: _____
 B. Refunded Entirely Yes No If yes, state refunding bond title: _____
 and issue date: _____
 C. Other: _____

V. NAME OF PARTY COMPLETING THIS FORM

Name Tracy Han
 Title Associate Management Analyst
 Firm/Agency San Diego
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