Submitted:

Tuesday, October 29, 2019

11:30:11AM

STATE OF CALIFORNIA MELLO-ROOS COMMUNITY FACILITIES DISTRICT (CFD)

YEARLY FISCAL STATUS REPORT

For Office Use Only Fiscal Year

CDIAC #: 2016-2310

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

I. GEN	IERAL I	NFOF	RMAT	ION
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A. Issuer Mammoth Lak	es CFD No 2001-1	
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North Village Area B. Project Name

2016 Special Tax Ref Bonds C. Name/ Title/ Series of Bond Issue

D. Date of Bond Issue 8/11/2016

E. Original Principal Amount of Bonds \$6,626,919.00

Yes X F. Reserve Fund Minimum Balance Required Amount \$130,120.49

II. FUND BALANCE FISCAL STATUS

6/30/2019 Balances Reported as of:

\$6,053,012.00 A. Principal Amount of Bonds Outstanding

\$131,008.07 B. Bond Reserve Fund

\$0.00 C. Capitalized Interest Fund

\$0.00 D. Construction Fund(s)

III. ASSESSED VALUE OF ALL PARCELS IN CFD SUBJECT TO SPECIAL TAX

A. Assessed or Appraised Value Reported a	s of: 1/1/2019
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From Equalized Tax Roll

From Appriasal of Property

(Use only in first year or before annual tax roll billing commences)

\$277,510,628.00 B. Total Assessed Value of All Parcels

IV. TAX COLLECTION INFORMATION

A. Total Amount of Special Taxes Due Annually \$526,932.90

\$4,016.62 B. Total Amount of Unpaid Special Taxes Annually

C. Does this agency participiate in the County's Teeter Plan? Ν

V. DELINQUENT REPORTING INFORMATION

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 6/30/2019

A. Total Number of Delinquent Parcels:

B. Total Amount of Taxes Due on Delinquent Parcels: \$8,408.24

(Do not include penalties, penalty interest, etc.)

VI. FORECLOSURE INFORMATION FOR FISCAL YEAR

(Aggregate totals, if foreclosure commenced on same date) (Attach additional sheets if necessary)

(Attach additional sheets if necessary.)				
Date Foreclosure Commenced	Total Number of Foreclosure Parcels	Total Amount of Tax Due on Foreclosure Parcels		
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		

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VIII	ICCLIE	RFTIRFD

		e Year	y Fiscal Status report filin	g requirements.	
Matured	Redeemed Entirely		Other		
f Matured, indicate	e final maturity date:				
f Redeemed Entir	ely, state refunding bo	nd title	& CDIAC #:		
and redemption da	ate:				
f Other:					
and date:					
AME OF PARTY O	COMPLETING THIS FO	DRM			
Name	KRISTIN HARVEY				
Title	SENIOR CONSULTA	ANT			
Firm/ Agency	NBS				
Address	32605 TEMECULA F	KWY S	SUITE 100		
City/ State/ Zip	TEMECULA, CA 925	92			
Phone Number	(951) 296-1997			Date of Report	10/29/2019
	Matured	Matured Redeemed Entirely If Matured, indicate final maturity date: If Redeemed Entirely, state refunding bound redemption date: If Other: AME OF PARTY COMPLETING THIS FOR Name KRISTIN HARVEY Title SENIOR CONSULTATION OF THE SENIOR	Matured Redeemed Entirely Matured, indicate final maturity date: If Matured, indicate final maturity date: If Redeemed Entirely, state refunding bond title and redemption date: If Other: AME OF PARTY COMPLETING THIS FORM Name KRISTIN HARVEY Title SENIOR CONSULTANT Firm/ Agency NBS Address 32605 TEMECULA PKWY S City/ State/ Zip TEMECULA, CA 92592	Matured Redeemed Entirely Other Matured, indicate final maturity date: If Redeemed Entirely, state refunding bond title & CDIAC #: and redemption date: If Other: AME OF PARTY COMPLETING THIS FORM Name KRISTIN HARVEY Title SENIOR CONSULTANT Firm/ Agency NBS Address 32605 TEMECULA PKWY SUITE 100 City/ State/ Zip TEMECULA, CA 92592	Matured Redeemed Entirely Other Matured, indicate final maturity date: If Redeemed Entirely, state refunding bond title & CDIAC #: and redemption date: If Other: AME OF PARTY COMPLETING THIS FORM Name KRISTIN HARVEY Title SENIOR CONSULTANT Firm/ Agency NBS Address 32605 TEMECULA PKWY SUITE 100 City/ State/ Zip TEMECULA, CA 92592

KHARVEY@NBSGOV.COM

IX. ADDITIONAL COMMENTS:

E-Mail