

Submitted:  
Tuesday, October 27, 2020  
11:54:50AM  
CDIAC #: 1999-1164

**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 Lincoln

B. Name/ Title/ Series of Bond Issue 1999 Ltd Oblig Imp Bonds

C. Project Name Twelve Bridges AD No 95-1

D. Date of Bond Issue/Loan 6/23/1999

E. Original Principal Amount of Bonds/Loan \$47,800,000.00

F. Reserve Fund Minimum Balance Required Yes  Amount: \$0.00 No   
Part of Authority Reserve Fund Yes  Percent of Reserve fund: 0.00% No

G. Name of Authority that purchased debt Lincoln Public Finance Authority

H. Date of Authority Bond(s) Issuance 6/23/1999

**II. FUND BALANCE FISCAL STATUS**

Balances Reported as of : 6/30/2020

A. Principal Amount of Bonds/Loan Outstanding \$14,975,000.00

B. Bond Reserve Fund \$0.00

C. Capitalized Interest Fund \$0.00

D. Administrative Fee Charged by Authority \$0.00

**III. DELINQUENT REPORTING INFORMATION**

Have delinquent Taxes been reported: Yes  No

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 6/30/2020

A. Delinquency Rate 0.71159%

B. Does this Agency participate in the County's Teeter Plan: Yes  No

C. Taxes Due \$3,100,135.74

D. Taxes Unpaid \$22,060.11

**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 Amanda Welker  
Title District Administrator  
Firm/ Agency NBS  
Address 32605 Temecula Parkway Suite 100  
City/ State/ Zip Temecula, CA 92592  
Phone Number (800) 676-7516  
E-Mail customercare@nbsgov.com

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**VI. COMMENTS:**