

**STATE OF CALIFORNIA
MELLO-ROOS COMMUNITY FACILITES DISTRICT (CFD)
YEARLY FISCAL STATUS REPORT**

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

I. GENERAL INFORMATION

A. Issuer PALMDALE SD CFD NO. 90-1
 B. Community Facilities District COMMUNITY FACILITIES DISTRICT NO. 90-1, SPECIAL TAX BONDS,
 C. Name/Title/Series of SERIES 2012 A & B
 D. Indicate Credit Rating
 E. Date of Bond Issue 09/27/2012
 F. Original Principal Amount of \$15,931,622.15
 G. Reserve Fund Minimum Balance 1,593,162.22

II. FUND BALANCE FISCAL STATUS

Balances Reported as of: June 30, 2017
 A. Principal Amount of Bonds Outstanding \$18,948,297.00
 B. Bond Reserve Fund \$1,594,072.43
 C. Capitalized Interest Fund \$0.00
 D. Construction Funds(s) \$0.00

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

A. Assessed Value Reported as of: July 1, 2017 (Check one)
 From Equalized Tax
 From Appraisal of
(Use only in first year or before annual tax roll billing commences)
 B. Total Assessed Value of All Parcels \$1,785,845,320.00

IV. TAX COLLECTION INFORMATION

A. Total Amount of Special Taxes Due \$6,304,872.00
 B. Total Amount of Unpaid Special Taxes \$56,795.89
 C. The Taxes are Paid under the County's Teeter Yes No:

V. DELINQUENT REPORTING INFORMATION

Delinquent Parcel Information Reported as of Equalized Tax Roll 07/12/2017
 A. Total Number of Delinquent Parcels: 109
 B. Total Amount of Taxes Due on Delinquent Parcels: \$81,655.50

VI. FORECLOSURE INFORMATION FOR FISCAL YEAR

(Aggregate totals, if foreclosure commenced on the same date)

Date Foreclosure	Total Number of Foreclosure	Total Amount of Tax on Foreclosure Parcels
n/a	n/a	\$0.00
		\$
		\$
		\$
		\$
		\$

(Attach additional sheets if necessary)

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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

This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. (Attach additional sheets if necessary.)

- A. Matured Yes No If yes, indicate final maturity date: _____
- B. Redeemed Entirely Yes No If yes, state refunding bond title & CDIAC #: _____
and issue date: _____
- C. Other: _____

VIII. NAME OF PARTY COMPLETING THIS FORM

Name/Title Scott Koppel, Principal OR Lyn Gruber, Principal
Firm/Agency Koppel & Gruber Public Finance
Address 334 Via Vera Cruz, Suite 256
City/State/Zip San Marcos, CA 92078
Phone No. (760) 510-0290 Date of Report October __, 2017
Email: scott@kgpf.net OR lyn@kgpf.net

IX. ADDITIONAL COMMENTS:
