Submitted:

Thursday, October 22, 2020 4:02:04PM CDIAC #: 2014-2109

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	Riverside Unified School District CFD No 14
B. Name/ Title/ Series of Bond Issue	2015 Special Tax Ref Bonds
C. Project Name	School Facs & Cap Imp
 D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Loa F. Reserve Fund Minimum Balance Requestion Part of Authority Reserve Fund G. Name of Authority that purchased debtes H. Date of Authority Bond(s) Issuance 	ired Yes Amount: \$0.00 NO A Yes X Percent of Reserve fund: 10.89% No
II. FUND BALANCE FISCAL STATUS	
Balances Reported as of : A. Principal Amount of Bonds/Loan Outsta B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Author	\$0.00 \$0.00
III. DELINQUENT REPORTING INFORMATION	
Have delinquent Taxes been reported: Yes K No	
Delinquent Parcel Information Reported as of Equalized Tax Roll of: 10/8/2020 A. Delinquency Rate 0.44%	
B. Does this Agency participate in the ColC. Taxes Due\$347,591.74D. Taxes Unpaid\$1,527.75	
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:	

and redemption/repayment date:

If Other: and date:

V. NAME OF PARTY COMPLETING THIS FORM

NameNehal ThumarTitleVice PresidentFirm/ AgencyDTAAddress5000 Birch Street, Suite 3000City/ State/ ZipNewport Beach, CA 92660Phone Number(949) 955-1500E-Mailnehal@financedta.com

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VI. COMMENTS: