Submitted:

Monday, October 30, 2017 5:18:22PM

CDIAC #: 2012-1656

City/ State/ Zip

Newport Beach, CA 92660

STATE OF CALIFORNIA MARKS-ROOS YEARLY FISCAL STATUS REPORT FOR LOCAL OBLIGORS

For Office Use Only				
Fiscal Year _				

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 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.

rent year a	and each year the ERAL INFORM	hereafter, unt	til maturity.						·		
A. L	ocal Obligor Is	suer Rive	erside Unified Sch	nool District	CFD	No 12					
B. N	lame/ Title/ Se	ries of Bond	d Issue 2012	Special Tax	Ref E	Bonds					
C. P	Project Name	Series A									
D. D	Date of Bond Is	sue/Loan	7/26/2012								
E. C	Original Principa	al Amount o	f Bonds/Loan	\$5,895	5,000.0	00					
F. R	Reserve Fund N	Minimum Ba	lance Required	Yes	X	Amount:	\$439,02	1.40			No
F	Part of Authority	y Reserve F	und	Yes	Х	Percent	of Reserve	e fund:	13.63%		No
G. N	Name of Author	rity that purd	chased debt	Riverside L	Jnified	School	District Fir	nancing	Authority		
II. FUND	Date of Authorit BALANCE FIS ances Reported	SCAL STAT		7/26/2012							
A. P	Principal Amour	nt of Bonds/	Loan Outstandin	g \$5	5,330,0	00.00					
В. В	Bond Reserve F	und	\$0.00								
C. C	Capitalized Inte	rest Fund	\$0.00								
D. A	Administrative F	ee Charge	d by Authority	\$0.00							
	INQUENT RE			Yes 🛛	No	П					
			Reported as of E	— Equalized Ta	ax Rol	I of:	10/10/2	2017			
A. D	Delinquency Ra	ate 0.31%	, 6								
B. D	oes this Agen	cy participat	te in the County's	Teeter Pla	n:		Yes	No [X		
C. T	axes Due	\$	408,758.76								
D. T	axes Unpaid	\$	1,259.08								
This	UE RETIRED s issue is retiredured		nger subject to th d/Repaid Entirely	_	scal St	tatus rep	ort filing re	equirem	ents. (Indic	ate reason for r	etirement)
If Ma	atured, indicate	e final matu	rity date:								
If Re	edeemed/Repaid	d Entirely, sta	te refunding bond	itle/ Loan, ar	nd CDI	AC#:					
and	redemption/re	payment da	ite:								
If Ot	ther:										
and	date:										
V. NAN Nam		COMPLETI Nehal Thur	NG THIS FORM mar								
Title	•	Vice Preside	ent								
Firm	n/ Agency	David Taus	sig & Associates	Inc.							
Add	lress	5000 Birch	Street, Suite 600)							

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Fiscal Year				

Phone Number (949) 955-1500 Date of Report 10/30/2017

E-Mail nthumar@taussig.com

VI. COMMENTS: