Submitted:

Monday, October 30, 2017 5:37:57PM CDIAC #: 2014-2108

Name

Title

Firm/ Agency

City/ State/ Zip

Address

Vice President

David Taussig & Associates, Inc.

5000 Birch Street, Suite 6000

Newport Beach, CA 92660

current year and each year thereafter, until maturity.

## **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

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

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Fiscal Year

A. Local Obligor Issuer Riverside Unified Scho	pol District CFD No 15
B. Name/ Title/ Series of Bond Issue 2015 S	pecial Tax Ref Bonds
C. Project Name IA No 2	
D. Date of Bond Issue/Loan 1/15/2015	
E. Original Principal Amount of Bonds/Loan	\$14,155,000.00
F. Reserve Fund Minimum Balance Required	Yes X Amount: \$1,121,891.57 No [
Part of Authority Reserve Fund	Yes X Percent of Reserve fund: 34.29% No
G. Name of Authority that purchased debt	Riverside Unified School District Financing Authority
H. Date of Authority Bond(s) Issuance 1 II. FUND BALANCE FISCAL STATUS Balances Reported as of : 6/30/2017	/15/2015
A. Principal Amount of Bonds/Loan Outstanding	\$13,030,000.00
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: Y	res 🕅 No 🗌
Delinquent Parcel Information Reported as of Ec	qualized Tax Roll of: 10/10/2017
A. Delinquency Rate 0.51%	
B. Does this Agency participate in the County's	Teeter Plan: Yes No X
C. Taxes Due \$1,096,131.20	
D. Taxes Unpaid \$5,593.44	
IV. ISSUE RETIRED This issue is retired and no longer subject to the Matured Redeemed/Repaid Entirely	Yearly Fiscal Status report filing requirements. <i>(Indicate reason for retirement)</i>
If Matured, indicate final maturity date:	
If Redeemed/Repaid Entirely, state refunding bond tit	ile/ Loan, and CDIAC#:
and redemption/repayment date:	
If Other:	
and date:	
V. NAME OF PARTY COMPLETING THIS FORM Name Nehal Thumar	

Submitted:

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Fiscal Year

Phone Number (949) 955-1500

Date of Report 10/30/2017

E-Mail nthumar@taussig.com

VI. COMMENTS: