Submitted:

Monday, October 30, 2017 5:25:19PM CDIAC #: 2014-2105

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

I. GENERAL INFORMATION A. Local Obligor Issuer River	rside Unified School District CFD No 21	
B. Name/ Title/ Series of Bond	Issue 2015 Special Tax Ref Bonds	
C. Project Name IA No 2		
D. Date of Bond Issue/Loan	1/15/2015	
E. Original Principal Amount of	f Bonds/Loan \$2,785,000.00	
F. Reserve Fund Minimum Bal	ance Required Yes X Amount: \$228,597.25	No
Part of Authority Reserve Fi	und Yes X Percent of Reserve fund: 6.99%	No
G. Name of Authority that purc	hased debt Riverside Unified School District Financing Authority	
H. Date of Authority Bond(s) Is	US	
Balances Reported as of :	6/30/2017	
A. Principal Amount of Bonds/L B. Bond Reserve Fund	Loan Outstanding \$2,655,000.00 \$0.00	
	\$0.00	
C. Capitalized Interest Fund		
D. Administrative Fee Charged		
Have delinquent Taxes been re		
Delinquent Parcel Information	Reported as of Equalized Tax Roll of: 10/10/2017	
A. Delinquency Rate 2.24%	,	
B. Does this Agency participate	e in the County's Teeter Plan: Yes No X	
C. Taxes Due \$1	186,547.20	
D. Taxes Unpaid \$4	4,181.36	
	nger subject to the Yearly Fiscal Status report filing requirements. <i>(Indicate reason for r</i> I/Repaid Entirely Other	etirement)
If Matured, indicate final maturi	ity date:	
If Redeemed/Repaid Entirely, stat	te refunding bond title/ Loan, and CDIAC#:	
and redemption/repayment dat	te:	
If Other:		
and date:		
V. NAME OF PARTY COMPLETIN	NG THIS FORM	

NameNehal ThumarTitleVice PresidentFirm/ AgencyDavid Taussig & Associates, Inc.

Address 5000 Birch St, Suite 6000

City/ State/ Zip Newport Beach, CA 92660

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Fiscal Year

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

nthumar@taussig.com E-Mail

VI. COMMENTS: