Submitted:

Monday, October 30, 2017 3:24:59PM

CDIAC #: 2012-1646

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 and each year I. GENERAL INFOR	ar thereafter, until maturity. RMATION	
A. Local Obligor	Issuer Riverside Unified School District CFD No 2	
B. Name/ Title/ S	Series of Bond Issue 2012 Special Tax Ref Bonds	
C. Project Name	e Series A	
D. Date of Bond	I Issue/Loan 7/26/2012	
E. Original Princ	sipal Amount of Bonds/Loan \$3,325,000.00	
F. Reserve Fund	d Minimum Balance Required Yes X Amount: \$96,370.55	No
Part of Author	ority Reserve Fund Yes X Percent of Reserve fund: 2.99%	No
G. Name of Auth	hority that purchased debt Riverside Unified School District Financing Authority	
H. Date of Autho II. FUND BALANCE I Balances Report		
A. Principal Amo	ount of Bonds/Loan Outstanding \$1,170,000.00	
B. Bond Reserve	e Fund \$0.00	
C. Capitalized In	nterest Fund \$0.00	
D. Administrative	e Fee Charged by Authority \$0.00	
	REPORTING INFORMATION t Taxes been reported: Yes 🛛 No 🔲	
Delinquent Parce	cel Information Reported as of Equalized Tax Roll of: 10/10/2017	
A. Delinquency F	Rate 0.63%	
B. Does this Age	ency participate in the County's Teeter Plan:	
C. Taxes Due	\$579,205.92	
D. Taxes Unpaid	d \$3,646.69	
IV. ISSUE RETIRED This issue is retined Matured	D ired and no longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retired Redeemed/Repaid Entirely ☐ Other ☐	ment)
If Matured, indica	cate final maturity date:	
If Redeemed/Repa	aid Entirely, state refunding bond title/ Loan, and CDIAC#:	
and redemption/	/repayment date:	
If Other:		
and date:		
V. NAME OF PART Name	TY COMPLETING THIS FORM Nehal Thumar	
Title	Vice President	
Firm/ Agency	David Taussig & Associates, Inc.	
Address	5000 Birch St, Suite 6000	

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

E-Mail nthumar@taussig.com

VI. COMMENTS: