Submitted:
Thursday, October 25, 2018
1:10:06PM
CDIAC #: 2014-2110

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 13
B. Name/ Title/ Series of Bond Issue	2015 Special Tax Ref Bonds
C. Project Name	IA No 1
D. Date of Bond Issue/Loan	1/15/2015
E. Original Principal Amount of Bonds/Loan	$5,440,000.00
F. Reserve Fund Minimum Balance Required	Yes [X] Amount: $426,836.95 No [ ]
Part of Authority Reserve Fund	Yes [X] Percent of Reserve fund: 13.05% No [ ]
G. Name of Authority that purchased debt	Riverside Unified School District Financing Authority
H. Date of Authority Bond(s) Issuance	1/15/2015

II. FUND BALANCE FISCAL STATUS

Balances Reported as of :	6/30/2018
A. Principal Amount of Bonds/Loan Outstanding	$4,810,000.00
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: Yes [X] No [ ]

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 10/9/2018

A. Delinquency Rate	1.97%
B. Does this Agency participate in the County's Teeter Plan:	Yes [ ] No [X]
C. Taxes Due	$429,755.30
D. Taxes Unpaid	$8,460.82

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:

If Other:
and date:

V. NAME OF PARTY COMPLETING THIS FORM

Name	Nehal Thumar
Title	Vice President
Firm/ Agency	David Taussig & Associates, Inc.
Address	5000 Birch Street, Suite 6000
City/ State/ Zip	Newport Beach, CA 92660
Phone Number	(949) 955-1500
E-Mail	nthumar@taussig.com

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VI. COMMENTS: