

Submitted:

Thursday, October 27, 2016

3:27:55PM

CDIAC #: 2014-0688

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 Schools Infrastructure Financing Agency CFD No 1994-1

B. Name/ Title/ Series of Bond Issue 2014 Speical Tax Ref Bonds

C. Project Name

D. Date of Bond Issue/Loan 6/17/2014

E. Original Principal Amount of Bonds/Loan \$9,565,000.00

F. Reserve Fund Minimum Balance Required Yes ☒ Amount: \$773,054.28

No ☐

Part of Authority Reserve Fund Yes ☐ Percent of Reserve fund: 0.00%

No ☒

G. Name of Authority that purchased debt Schools Infrastructure Financing Agency

H. Date of Authority Bond(s) Issuance 6/17/2014

II. FUND BALANCE FISCAL STATUS

Balances Reported as of : 6/30/2016

A. Principal Amount of Bonds/Loan Outstanding \$8,975,000.00

B. Bond Reserve Fund \$773,054.28

C. Capitalized Interest Fund \$0.00

D. Administrative Fee Charged by Authority \$10,253.33

III. DELINQUENT REPORTING INFORMATION

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 9/7/2016

A. Delinquency Rate 0.38%

B. Does this Agency participate in the County's Teeter Plan: Yes ☐ No ☒

C. Taxes Due \$1,141,368.18

D. Taxes Unpaid \$4,343.51

E. Have delinquent Taxes been reported: Yes ☐ No ☒

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 Andrew Bavender

Title Sr Associate

Firm/ Agency Goodwin Consulting Group Inc

Address 555 UNIVERSITY AVE Suite 280

City/ State/ Zip SACRAMENTO, CA 95825

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Fiscal Year _____

Phone Number (916) 561-0890

Date of Report 10/27/2016

E-Mail andrew@goodwinconsultinggroup.net

VI. COMMENTS: Reserve Balance reported above is the value of the Surety Bond which satisfies the Reserve Requirement.