

**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

Fiscal Year 2015

CDIAC # 1999-0003

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 30<sup>th</sup> of the current year and each year thereafter, until maturity.

**Is this issue subject to both Marks-Roos and Mello-Roos Yearly Fiscal Status reporting requirements?** Yes  No

**I. GENERAL INFORMATION**

A. Local Obligor Issuer North Natomas CFD No 2  
 B. Name/Title/Series of Bond Issue Revenue Bonds Series A (1999)  
 C. Project Name Series A  
 D. Date of Bond Issue January 20, 1999  
 E. Original Principal Amount of Bonds \$4,995,000  
 F. Reserve Fund Minimum Balance Required Yes  Amount \$ 344,062.50 No   
 Part of Authority Reserve Fund Yes  Percent of Reserve Fund 55.95%  
 G. Name of Authority that purchased debt Sacramento City Financing Authority  
 H. Date of Authority Bond(s) Issuance January 20, 1999

**II. FUND BALANCE FISCAL STATUS**

Balances Reported as of: June 30, 2015 (Year)  
 A. Principal Amount of Bonds Outstanding \$ 2,065,000.00  
 B. Bond Reserve Fund \$ 344,843.86  
 C. Capitalized Interest Fund \$ \_\_\_\_\_  
 D. Administrative Fee Charged by Authority \$ 14,631.68

**III. DELINQUENT REPORTING INFORMATION**

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 2015 (Date)  
 A. Delinquency Rate: 0.00% (Percent)  
 B. Are the Property Taxes Paid under the County's Teeter Plan:  Yes  No  
 C. Taxes Due: 338,786.76 (\$ Amount)  
 D. Taxes Unpaid: 0.00 (\$ Amount)

**IV. RETIRED ISSUES**

This issue is retired and not longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)  
 A. Matured:  Yes  No If yes, indicate final maturity date: \_\_\_\_\_  
 B. Redeemed Entirely:  Yes  No If yes, state refunding bond title and CDIAC #: \_\_\_\_\_  
 and redemption date: \_\_\_\_\_  
 C. Other: \_\_\_\_\_ and date \_\_\_\_\_

CDIAC Number 1999-0003

**V. NAME OF PARTY COMPLETING THIS FORM**

Name David Schroeder

Title Senior Consultant

Firm/Agency NBS

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**VI. COMMENTS:**

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