### Submitted:

Thursday, October 27, 2016

2:37:29PM

CDIAC #: 2014-0887

## STATE OF CALIFORNIA MELLO-ROOS COMMUNITY FACILITIES DISTRICT (CFD) YEARLY FISCAL STATUS REPORT

California Debt and Investment Advisory Commission 915 Capitol Mall, Room 400, Sacramento, CA 95814 P.O. Box 942809, Sacramento, CA 94209-0001 (916) 653-3269 Fax (916) 654-7440

For Office	a Use Only
Fiscal Year	

I. GENERAL INFORMATION A. Issuer	Rio Aito Water District CFD No 2011-1	
B.Project Name		
C. Name/ Title/ Series of Bond Issue	2014 Special Tax Bonds	
D. Date of Bond Issue	8/20/2014	
E. Original Principal Amount of Bonds	\$5,000,000.00	
F. Reserve Fund Minimum Balance Required	Yes X Amount \$206,767.81 No	
II. FUND BALANCE FISCAL STATUS Balances Reported as of:	6/30/2016	
A. Principal Amount of Bonds Outstanding	\$4,930,000.00	
B. Bond Reserve Fund	\$281,530.00	
C. Capitalized Interest Fund	\$0.00	
D. Construction Fund(s)	\$0.00	
III. ASSESSED VALUE OF ALL PARCELS IN CFD SUE	BJECT TO SPECIAL TAX	
A. Assessed or Appraised Value Reported as of:	7/1/2016	
X	From Equalized Tax Roll	
	From Appriasal of Property (Use only in first year or before annual tax roll billing commences)	
B. Total Assessed Value of All Parcels	\$150,304,452.00	
IV. TAX COLLECTION INFORMATION		
A. Total Amount of Special Taxes Due Annually	\$341,040.00	
B. Total Amount of Unpaid Special Taxes Annually	\$26,400.00	
C. Taxes are Paid Under the County's Teeter Plan?	N .	
V. DELINQUENT REPORTING INFORMATION		
Delinquent Parcel Information Reported as of Ec	Equalized Tax Roll of: 7/13/2016	
A. Total Number of Delinquent Parcels: 134	1	
B. Total Amount of Taxes Due on Delinquent Pa	arcels: \$88,968.50	

(Do not include penalties, penalty interest, etc.)

Date Foreclosure Commenced	Total Number of Foreclosure Parcels	Total Amount of Tax Due on Foreclosure Parcels
	A STATE OF THE STA	\$0.00
4.		\$0.00
	•	\$0.00
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/II. ISSUE RETIRED This issue is retired and n (Indicate reason for retirem		ne Yearl	y Fiscal	Status	report filing	requirements.	
Matured 🔲 F	Redeemed Entirely		Other				
If Matured, indicate	final maturity date:				-		
If Redeemed Entire	ely, state refunding bo te:	ond title	& CDIA	.C #:			
If Other:							
and date:							
VIII. NAME OF PARTY C	OMPLETING THIS F	ORM					
Name	Andrew Bavender						
Title	Sr Associate						
Firm/ Agency	Goodwin Consulting	g Group	Inc				
Address	555 UNIVERSITY A	VE Suit	te 280				
· City/ State/ Zip	SACRAMENTO, CA	95825					
Phone Number	(916) 561-0890					Date of Report	10/27/2016

andrew@goodwinconsultinggroup.net

IX. ADDITIONAL COMMENTS:

E-Mail