STATE OF CALIFORNIA MARKS-ROOS YEARLY FISCAL STATUS REPORT FOR LOAN OBLIGATIONS

Fiscal Year 2014
CDIAC # 2005-1837

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 Mark-Roos bonds, which is part of the Mark-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 Obligation Loan Recipient Redevelopment Agen | cy of the City of Sacramento |
| | B. Date of Loan 11/01/2005 | |
| | C. Original Principal Amount of Loan \$ 34,895,000.00 | |
| | D. Name of Authority Issuing Loan Sacramento City Financing Authority | |
| | E. Title of Authority Bond Issue 2005 Tax Allocation Revenue Bonds, Series B (Merged Downtown and | |
| | | |
| | F. Date of Authority Bond Issue 11/17/2005 CE | DIAC # 2005-1837 |
| | G. Reserve Fund Minimum Balance Required Yes 🔳 No 🗌 | Amount \$ \(\frac{11,842,349.26 (combined Series A&B, covered by surety)}{} \) |
| | Part of Authority Reserve Fund | Yes Percent of Reserve Fund 80.14 |
| II. | LOAN and FUND BALANCE FISCAL STATUS | |
| | Balances Reported as of: A. Principal Amount of Loan Outstanding | June 30, 2014 \$ 31,870,000.00 (Year) |
| | B. Bond Reserve Fund | \$_11,842,349.26 (combined Series A&B, covered by surety) |
| | C. Capitalized Interest Fund | § n/a |
| | Are Taxes the Source of Repayment for the Loan? Yes No If "Yes" - Type of Tax: | |
| | Tax Collection Date: 12/10/2014 and 04/10/2014 | |
| | A. Delinquency Rate | n/a (Percent) |
| | B. Are the Property Taxes Paid Under the County's Teeter Plan | Yes No |
| | B. Are the Property Taxes Faid Officer the County's Teeter Fran | 165 110 |
| IV. | RETIRED ISSUES | |
| | This loan has been repaid and is no longer subject to the Yearly n/a | Fiscal Status report filing requirements. (Indicate how repaid) |
| V. | NAME OF PARTY COMPLETING THIS FORM Name Damien Charléty | |
| | Title Debt Analyst | |
| | Firm/Agency City of Sacramento Redevelopment Agency Successor Agency | |
| | Address 915 I Street, HCH 3rd Floor | |
| | | |
| | City/State/Zip Sacramento, CA 95814 | |
| | Phone 916-808-5517 | Date of Report _10/28/2014 |
| | | Date of Report _10/28/2014 |