

**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 30th 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: _____

