Submitted:

Monday, October 18, 2021 12:35:44PM CDIAC #: 2012-1653

## STATE OF CALIFORNIA MARKS-ROOS YEARLY FISCAL STATUS REPORT FOR LOCAL OBLIGORS

For Office Use Only				
Fiscal Year				

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 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	Riverside Unified School District CFD No 9	
B. Name/ Title/ Series of Bond Issu	e 2012 Special Tax Ref Bonds	
C. Project Name	IA No 4 Series A	
<ul> <li>D. Date of Bond Issue/Loan</li> <li>E. Original Principal Amount of Bor</li> <li>F. Reserve Fund Minimum Balance Part of Authority Reserve Fund</li> <li>G. Name of Authority that purchase</li> <li>H. Date of Authority Bond(s) Issuar</li> </ul>	Required  Yes Amount: \$0.00  Yes X Percent of Reserve fund: 4.24%  No Riverside Unified School District Financing Authority	
II. FUND BALANCE FISCAL STATUS		
Balances Reported as of: A. Principal Amount of Bonds/Loan B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by	\$0.00 \$0.00	
III. DELINQUENT REPORTING INFOR	RMATION	
Have delinquent Taxes been report	ted: Yes No X	
Delinquent Parcel Information Reports A. Delinquency Rate 0.00% B. Does this Agency participate in the C. Taxes Due \$166,7 D. Taxes Unpaid \$0.00		
IV. ISSUE RETIRED		
This issue is retired and no longer:  Matured Redeemed/Rep	subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement paid Entirely Other D	ıt)
If Matured, indicate final maturity da	ate:	
If Redeemed/Repaid Entirely, state ref	unding bond title/ Loan, and CDIAC#:	
and redemption/repayment date:		
If Other: and date:		
V. NAME OF PARTY COMPLETING T	THIS FORM	
Name Nehal Thumar Title Vice President Firm/ Agency DTA Address 5000 Birch Stree City/ State/ Zip Newport Beach, Phone Number (949) 955-1500		

Date of Report

10/18/2021

nehal@financedta.com

E-Mail

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