Submitted:

Monday, October 18, 2021 12:43:06PM CDIAC #: 2012-1655

current year and each year thereafter, until maturity.

I. GENERAL INFORMATION

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

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

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IX

Fiscal Year

A. Local Obligor Issuer	Riverside Unified School District CFD No 11						
B. Name/ Title/ Series of Bond Issue	2012 Special Tax Ref Bonds						
C. Project Name	Series A						
 D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Lo. F. Reserve Fund Minimum Balance Requestion Part of Authority Reserve Fund G. Name of Authority that purchased deb H. Date of Authority Bond(s) Issuance 	ired Yes Amount: \$0.00 Yes X Percent of Reserve fund: 3.65% No						
II. FUND BALANCE FISCAL STATUS							
Balances Reported as of : A. Principal Amount of Bonds/Loan Outst B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Author	\$0.00 \$0.00						
III. DELINQUENT REPORTING INFORMATION							
Have delinquent Taxes been reported:	Yes No K						
Delinquent Parcel Information Reported as of Equalized Tax Roll of:9/27/2021A. Delinquency Rate0.00%B. Does this Agency participate in the County's Teeter Plan:YesC. Taxes Due\$124,043.54D. Taxes Unpaid\$0.00							
IV. ISSUE RETIRED							

This issue	is retired	and no longer subject to the	Yearly Fisca	l Status	report filing requirements.	(Indicate reason for retirement)
Matured		Redeemed/Repaid Entirely	Othe	r 🗌		

If Matured, indicate final maturity date:

If Redeemed/Repaid Entirely, state refunding bond title/ Loan, and CDIAC#:

and redemption/repayment date:

If Other: and date:

V. NAME OF PARTY COMPLETING THIS FORM

NameNehal ThumarTitleVice PresidentFirm/ AgencyDTAAddress5000 Birch Street, Suite 3000City/ State/ ZipNewport Beach, CA 92660Phone Number(949) 955-1500E-Mailnehal@financedta.com

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Fiscal Year

VI. COMMENTS: