Submitted:

Monday, October 18, 2021 1:10:02PM CDIAC #: 2012-1658

## 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 For Office Use Only

Fiscal Year

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
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A. Local Obligor Issuer	Riverside Unified School District CFD No 15			
B. Name/ Title/ Series of Bond Issue	2012 Special Tax Ref Bonds			
C. Project Name	IA No 3 Series A			
<ul> <li>D. Date of Bond Issue/Loan</li> <li>E. Original Principal Amount of Bonds/Loan</li> <li>F. Reserve Fund Minimum Balance Requester Part of Authority Reserve Fund</li> <li>G. Name of Authority that purchased deb</li> <li>H. Date of Authority Bond(s) Issuance</li> </ul>	ired     Yes     Amount:     \$0.00     No       Yes     X     Percent of Reserve fund:     11.64%     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 X No			
Delinquent Parcel Information Reported aA. Delinquency Rate0.40%B. Does this Agency participate in the CoC. Taxes Due\$904,363.72D. Taxes Unpaid\$3,613.19	unty's Teeter Plan: Yes No X			
IV. ISSUE RETIRED				
This issue is retired and no longer subjec Matured Redeemed/Repaid Er	t to the Yearly Fiscal Status report filing requirements. <i>(Indicate reason for retirement)</i>			
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				
Name Nehal Thumar Title Vice President				

Title	Vice President
Firm/ Agency	DTA
Address	5000 Birch Street, Suite 3000
City/ State/ Zip	Newport Beach, CA 92660
Phone Number	(949) 955-1500
E-Mail	nehal@financedta.com

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VI. COMMENTS: