Submitted:
Sunday, October 27, 2019
8:15:12AM
CDIAC #: 2012-1651

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

A. Local Obligor Issuer: Riverside Unified School District CFD No 8

B. Name/ Title/ Series of Bond Issue: 2012 Special Tax Ref Bonds

C. Project Name: Series A

D. Date of Bond Issue/Loan: 7/26/2012
E. Original Principal Amount of Bonds/Loan: $600,000.00
F. Reserve Fund Minimum Balance Required: Yes ☐ Amount: $0.00 No ☒
Part of Authority Reserve Fund: Yes ☒ Percent of Reserve fund: 1.21% No ☐
G. Name of Authority that purchased debt: Riverside Unified School District Financing Authority
H. Date of Authority Bond(s) Issuance: 7/26/2012

II. FUND BALANCE FISCAL STATUS

Balances Reported as of : 6/30/2019
A. Principal Amount of Bonds/Loan Outstanding: $420,000.00
B. Bond Reserve Fund: $0.00
C. Capitalized Interest Fund: $0.00
D. Administrative Fee Charged by Authority: $0.00

III. DELINQUENT REPORTING INFORMATION

Have delinquent Taxes been reported: Yes ☒ No ☐

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 9/16/2019
A. Delinquency Rate: 2.02%
B. Does this Agency participate in the County's Teeter Plan: Yes ☐ No ☒
C. Taxes Due: $56,579.10
D. Taxes Unpaid: $1,144.26

IV. ISSUE RETIRED

This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. *(Indicate reason for retirement)*
Matured ☐ Redeemed/Repaid Entirely ☐ Other ☐

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
Firm/ Agency: DTA
Address: 5000 Birch Street, Suite 6000
City/ State/ Zip: Newport Beach, Ca 92660
Phone Number: (949) 955-1500
E-Mail: nehal@financedta.com

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VI. COMMENTS: