I. GENERAL INFORMATION
A. Issuer
   Successor Agency to the San Francisco City & County RDA CFD No 6
B. Project Name
   Mission Bay South, Series A, B, & C
C. Name/ Title/ Series of Bond Issue
   2013 Spec Tax Ref Bonds
D. Date of Bond Issue
   1/30/2013
E. Original Principal Amount of Bonds
   $123,011,256.00
F. Reserve Fund Minimum Balance Required
   Yes ☑ Amount $13,132,525.86 No ☐

II. FUND BALANCE FISCAL STATUS
Balances Reported as of:
   6/30/2021
A. Principal Amount of Bonds Outstanding
   $102,436,256.00
B. Bond Reserve Fund
   $13,132,890.24
C. Capitalized Interest Fund
   $0.00
D. Construction Fund(s)
   $0.00

III. ASSESSED VALUE OF ALL PARCELS IN CFD SUBJECT TO SPECIAL TAX
A. Assessed or Appraised Value Reported as of:
   7/1/2021
   ☑ From Equalized Tax Roll
   ☐ From Appraisal of Property
   (Use only in first year or before annual tax roll billing commences)
B. Total Assessed Value of All Parcels
   $7,354,161,984.00

IV. TAX COLLECTION INFORMATION
A. Total Amount of Special Taxes Due Annually
   $10,947,197.60
B. Total Amount of Unpaid Special Taxes Annually
   $1,742.66
C. Does this agency participate in the County's Teeter Plan?
   N

V. DELINQUENT REPORTING INFORMATION
Delinquent Parcel Information Reported as of Equalized Tax Roll of:
   10/7/2021
A. Total Number of Delinquent Parcels:
   3
B. Total Amount of Taxes Due on Delinquent Parcels:
   $1,742.66
   (Do not include penalties, penalty interest, etc.)

VI. FORECLOSURE INFORMATION FOR FISCAL YEAR
(Aggregate totals, if foreclosure commenced on same date) (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>Date Foreclosure Commenced</th>
<th>Total Number of Foreclosure Parcels</th>
<th>Total Amount of Tax Due on Foreclosure Parcels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$0.00</td>
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<tr>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>
 VII. ISSUE RETIRED
This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements.

(Indicate reason for retirement)

- Matured [ ]  
- Redeemed Entirely [ ]  
- Other [ ]

If Matured, indicate final maturity date:

If Redeemed Entirely, state refunding bond title & CDIAC #:

and redemption date:

If Other:

and date:

 VIII. NAME OF PARTY COMPLETING THIS FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>Miriam Adamec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Vice President</td>
</tr>
<tr>
<td>Firm/ Agency</td>
<td>Goodwin Consulting Group</td>
</tr>
<tr>
<td>Address</td>
<td>333 University Avenue Suite 160</td>
</tr>
<tr>
<td>City/ State/ Zip</td>
<td>Sacramento, CA 95825</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(916) 561-0890</td>
</tr>
<tr>
<td>E-Mail</td>
<td><a href="mailto:miriam@goodwinconsultinggroup.net">miriam@goodwinconsultinggroup.net</a></td>
</tr>
</tbody>
</table>

Date of Report 10/29/2021

 IX. ADDITIONAL COMMENTS: