Submitted:

II.

Friday, October 30, 2020 4:21:56PM CDIAC #: 2016-2351

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

For Office	ce 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	Poway Ur	nified School District CFD No 12	
	B. Name/ Title/ Series of Bond Issue	2016 Spe	cial Tax Ref Bonds	
	C. Project Name	Black Mtn	Ranch Phase II - Southern Village & The Clusters	
	D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Loa F. Reserve Fund Minimum Balance Requester of Authority Reserve Fund G. Name of Authority that purchased debter. H. Date of Authority Bond(s) Issuance	ired	7/28/2016 \$6,635,000.00 Yes Amount: \$0.00 Yes Percent of Reserve fund: 0.00% Poway Unified School District Public Financing Authority 7/28/2016	No No
. F	UND BALANCE FISCAL STATUS			
	Balances Reported as of : A. Principal Amount of Bonds/Loan Outstander B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Author	-	6/30/2020 \$5,659,000.00 \$0.00 \$0.00 \$0.00	
Ш	. DELINQUENT REPORTING INFORMATION	ON		
	Have delinquent Taxes been reported:	Yes	X No	
	Delinquent Parcel Information Reported at A. Delinquency Rate 1.10% B. Does this Agency participate in the Co. C. Taxes Due \$1,427,534.3 D. Taxes Unpaid \$15,758.70	unty's Teet		
IV	. ISSUE RETIRED			
	This issue is retired and no longer subject Matured Redeemed/Repaid Er		arly Fiscal Status report filing requirements. (Indicate reason for retirer Other	nent)
	If Matured, indicate final maturity date:			
	If Redeemed/Repaid Entirely, state refunding	bond title/ Le	oan, and CDIAC#:	
	and redemption/repayment date:			
	If Other: and date:			
V.	NAME OF PARTY COMPLETING THIS FO	ORM		
	Name Nehal Thumar Title Vice President Firm/ Agency DTA Address 5000 Birch Street, Suite City/ State/ Zip Newport Beach, CA 92 Phone Number (949) 955-1500			

Date of Report

10/30/2020

nehal@financedta.com

E-Mail

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VI.	COMMENTS:
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