Submitted:

Thursday, October 28, 2021 6:19:01PM CDIAC #: 2016-3899

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 | Poway Unified School District CFD No 10 |
|--|---|
| B. Name/ Title/ Series of Bond Issue | 2017 Spec Tax Ref Bonds |
| C. Project Name | IA B Torrey Highlands - Subarea IV |
| D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Loa F. Reserve Fund Minimum Balance Requered Part of Authority Reserve Fund G. Name of Authority that purchased debtered H. Date of Authority Bond(s) Issuance | ired Yes Amount: \$0.00 No X Yes Percent of Reserve fund: 0.00% No X |
| II. FUND BALANCE FISCAL STATUS | |
| Balances Reported as of : A. Principal Amount of Bonds/Loan Outsta B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Authori | \$0.00 \$0.00 |
| III. DELINQUENT REPORTING INFORMATION | ON |
| Have delinquent Taxes been reported:Delinquent Parcel Information Reported aA. Delinquency Rate0.38%B. Does this Agency participate in the ConditionC. Taxes Due\$660,230.56D. Taxes Unpaid\$2,531.56 | unty's Teeter Plan: Yes No X |
| IV. ISSUE RETIRED | |
| This issue is retired and no longer subject 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

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

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VI. COMMENTS: