Submitted:

Thursday, October 28, 2021 6:23:56PM CDIAC #: 2013-0431

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

A Logal Obligger laguar	Poway Unified School District CED No. 10							
I. GENERAL INFORMATION								
current year and each year thereafter, until maturity.								
Bond Pooling Act of 1985, after January 1, 1996 are required to report specific information to the Commission by October 30th of the								
California Government Code Section 6599.1 requires the	hat all issuers selling Marks-Roos bonds, which is part of the Marks-Roos Local							

	A. Local Obligor Issuer	Foway onlined School District CFD No To				
	B. Name/ Title/ Series of Bond Issue	2013 Spec Tax Ref Bonds				
	C. Project Name	IA C Torrey Highlands Subarea IV				
	 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 deb H. Date of Authority Bond(s) Issuance 	uired Yes Amount: \$0.00 Yes X Percent of Reserve fund: 6.85%				
II. I	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				
II	I. DELINQUENT REPORTING INFORMATI	ION				
	Have delinquent Taxes been reported:	Yes No X				
Delinquent Parcel Information Reported as of Equalized Tax Roll of:10/11/2021A. Delinquency Rate0.00%B. Does this Agency participate in the County's Teeter Plan:YesC. Taxes Due\$345,766.26D. Taxes Unpaid\$0.00						

IV. ISSUE RETIRED

This issue	is retired	and no longer subject to the	Yearly	Fiscal	Status	report filing requirements.	(Indicate reason for retirem	ent)
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

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: