## Submitted:

Friday, October 29, 2021 12:46:39PM CDIAC #: 2013-1197

E-Mail

nehal@financedta.com

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

For Office Use	e 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	ON		
A. Local Obligor Issuer	Poway U	Inified School District CFD No 12	
B. Name/ Title/ Series	of Bond Issue 2013 Spo	ecial Tax Bonds	
C. Project Name	Black Mt	n Ranch Phase II - Southern Village & The Clusters	
D. Date of Bond Issue/ E. Original Principal Ar F. Reserve Fund Minin Part of Authority Re G. Name of Authority th H. Date of Authority Bo	mount of Bonds/Loan num Balance Required serve Fund hat purchased debt	5/22/2013 \$4,430,000.00 Yes Amount: \$0.00 Yes X Percent of Reserve fund: 23.86% Poway Unified School District Public Financing Authority 5/22/2013	No No
II. FUND BALANCE FISCA	L STATUS		
Balances Reported as A. Principal Amount of B. Bond Reserve Fund C. Capitalized Interest D. Administrative Fee (	Bonds/Loan Outstanding I Fund	6/30/2021 \$3,895,000.00 \$0.00 \$0.00	
III. DELINQUENT REPOR	TING INFORMATION		
Have delinquent Taxes	s been reported: Yes	X No	
A. Delinquency Rate	rmation Reported as of Equa 0.45% articipate in the County's Tee \$1,511,765.76 \$6,767.18		
IV. ISSUE RETIRED			
_	d no longer subject to the Ye deemed/Repaid Entirely	early Fiscal Status report filing requirements. (Indicate reason for retire	ement)
If Matured, indicate fina	al maturity date:		
If Redeemed/Repaid Enti	irely, state refunding bond title/ I	_oan, and CDIAC#:	
and redemption/repayr	ment date:		
If Other: and date:			
V. NAME OF PARTY COM	MPLETING THIS FORM		
Title Vice Firm/ Agency DTA Address 5000 City/ State/ Zip New	President District Birch Street, Suite 3000 Port Beach, CA 92660 District Beach, CA 92660 District Beach, CA 92660 District Beach, CA 92660		

10/29/2021

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VI.	COMMENTS:
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