Submitted:

Thursday, October 28, 2021 3:37:26PM CDIAC #: 2013-1198

## 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

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 that all issuers selling Marks-Roos bonds, which is part of the Marks-Roos Local

A. Local Obligor Issuer	Poway Unified School District CFD No 13
B. Name/ Title/ Series of Bond Issue	2013 Spec Tax Bonds
C. Project Name	The Lakes
<ul> <li>D. Date of Bond Issue/Loan</li> <li>E. Original Principal Amount of Bonds/Lo</li> <li>F. Reserve Fund Minimum Balance Requester Part of Authority Reserve Fund</li> <li>G. Name of Authority that purchased deb</li> <li>H. Date of Authority Bond(s) Issuance</li> </ul>	No     No       Ves     X       Percent of Reserve fund:     30.81%
II. 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
III. DELINQUENT REPORTING INFORMATI	ON
Have delinquent Taxes been reported:	Yes 🗶 No 🗌
Delinquent Parcel Information Reported aA. Delinquency Rate1.64%B. Does this Agency participate in the CoC. Taxes Due\$1,559,402.°D. Taxes Unpaid\$25,586.32	unty's Teeter Plan: Yes No X
IV. ISSUE RETIRED	
This issue is retired and no longer subjec Matured Redeemed/Repaid E	t to the Yearly Fiscal Status report filing requirements. <i>(Indicate reason for retirement)</i> ntirely 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: