Submitted:

Thursday, October 28, 2021 11:07:38AM CDIAC #: 2015-1762

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 5			
	B. Name/ Title/ Series of Bond Issue	2015 Spe	cial Tax Ref RBs		
	C. Project Name	Series C			
	 D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Loa F. Reserve Fund Minimum Balance Requested Part of Authority Reserve Fund G. Name of Authority that purchased debted H. Date of Authority Bond(s) Issuance 	ired	8/12/2015 \$1,125,000.00 Yes Amount: \$0.00 Yes Percent of Reserve fund: 0.00% Poway Unified School District Public Financing Authority 8/12/2015	No X 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 Author	ity	6/30/2021 \$800,000.00 \$0.00 \$0.00 \$0.00		
III. DELINQUENT REPORTING INFORMATION Have delinquent Taxes been reported: Yes No					
	Have delinquent Taxes been reported:Delinquent Parcel Information Reported aA. Delinquency Rate0.33%B. Does this Agency participate in the ConC. Taxes Due\$175,079.48D. Taxes Unpaid\$576.29	unty's Teet	 ized Tax Roll of: 10/11/2021		
IV. ISSUE RETIRED					
	This issue is retired and no longer subject Matured Redeemed/Repaid Er If Matured, indicate final maturity date: If Redeemed/Repaid Entirely, state refunding	ntirely	arly Fiscal Status report filing requirements. <i>(Indicate reason for retirer</i> Other	nent)	

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: