Thursday, October 27, 2016 2:31:37PM

CDIAC \#: 2004-1929

STATE OF CALIFORNIA
MELLO-ROOS COMMUNITY FACILITIES DISTRICT (CFD)
For Office Use Only YEARLY FISCAL STATUS REPORT

California Debt and Investment Advisory Commission
Fiscal Year 915 Capitol Mall, Room 400, Sacramento, CA 95814
P.O. Box 942809, Sacramento, CA 94209-0001
(916) 653-3269 Fax (916) 654-7440

## I. GENERAL INFORMATION

A. Issuer
B.Project Name
C. Name/ Title/ Series of Bond Issue
D. Date of Bond Issue
E. Original Principal Amount of Bonds
F. Reserve Fund Minimum Balance Required

Sacramento Development Fee Financing CFD No 95-01
Series C
2005 Special Tax Bonds
12/16/2004
\$5,300,000.00
Yes X Amount \$265,000.00 No
II. FUND BALANCE FISCAL STATUS
Balances Reported as of: 6/30/2016
A. Principal Amount of Bonds Outstanding
B. Bond Reserve Fund
C. Capitalized Interest Fund
\$2,900,000.00
\$265,000.00
D. Construction Fund(s)
$\$ 0.00$
$\$ 0.00$

## III. ASSESSED VALUE OF ALL PARCELS IN CFD SUBJECT TO SPECIAL TAX

A. Assessed or Appraised Value Reported as of: 7/1/2016

X From Equalized Tax RollFrom Appriasal of Property
(Use only in first year or before annual tax roll billing commences)
B. Total Assessed Value of All Parcels
\$115,134,772.00

## IV. TAX COLLECTION INFORMATION

A. Total Amount of Special Taxes Due Annually
\$421,448.76
B. Total Amount of Unpaid Special Taxes Annually
$\$ 2,482.14 \quad \$ 2,842.14$
C. Taxes are Paid Under the County's Teeter Plan?

Y

## V. DELINQUENT REPORTING INFORMATION

Delinquent Parcel Information Reported as of Equalized Tax Roll of:
6/30/2016
A. Total Number of Delinquent Parcels: 5
B. Total Amount of Taxes Due on Delinquent Parcels: $\$ 2,842.14$
(Do not include penalties, penalty interest, etc.)

## VI. FORECLOSURE INFORMATION FOR FISCAL YEAR



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## VII. ISSUE RETIRED

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

Matured $\quad \square$ Redeemed Entirely $\quad \square$ Other $\square$
If Matured, indicate final maturity date:
If Redeemed Entirely, state refunding bond title \& CDIAC \#:
and redemption date:

If Other:
and date:

## VIII. NAME OF PARTY COMPLETING THIS FORM

| Name | David Schroeder |  |
| :--- | :--- | :--- |
| Title | Senior Consultant |  |
| Firm/ Agency | NBS |  |
| Address | 32605 Temecula Parkway, Suite 100 |  |
| City/ State/ Zip | Temecula, CA 92592 | Date of Report |
| Phone Number | $(800) 676-7516$ |  |
| E-Mail | dschroeder@nbsgov.com |  |

## IX. ADDITIONAL COMMENTS:

II. B. Based on market value basis. Based on the value of the surety.

