

City of Novato 2016

Parcel Tax Reporting- Statistical Data
(To Be Completed by Levying Entity)

Fiscal Year 2016

Parcel Tax Name Community Facilities District No. 1994-1 (Hamilton Field)

A. The Type and Rate of Parcel Tax Imposed

(Please Check and Complete All Box(es) that Apply)

Parcel Tax Type	Parcel Tax Rate		Notes
	Dollar Amount	Base	
<input type="checkbox"/> All Property			

All Residential

<input checked="" type="checkbox"/> Single-Family	\$2,586.34	Unit
	\$2,437.71	Unit
	\$2,159.36	Unit
	\$2,072.32	Unit
	\$1,992.30	Unit
	\$2,387.53	Unit

Multi-Family

<input checked="" type="checkbox"/> Condominiums	\$1,496.55	Unit
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Mobile Homes

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Other (Specify)

All Non-Residential

\$4,609.82 Acre
\$1,390.09 Acre

Services-Phase I Parcels
Services-Phase II Parcels

Commercial

\$46,048.18 Parcel (Flat Rate)
\$10,141.56 Parcel (Flat Rate)
\$37,111.02 Parcel (Flat Rate)
\$28,261.00 Parcel (Flat Rate)
\$3,911.00 Parcel (Flat Rate)
\$1,625.19 Parcel (Flat Rate)

Facilities-Offices (7 parcels)
Facilities-Office (1 parcel)
Facilities-Hotel
Facilities-Retail
Facilities-Retail
Facilities-Retail

Industrial

Institutional

Recreational

Other (Specify)

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Unimproved /
Undeveloped

Other (Specify)

Novato 2016

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Parcel Tax Name Community Facilities District No. 1994-1 (Hamilton Field)

B. The Number of Parcels Subject to the Parcel Tax 842

C. The Number of Parcels Exempt from the Parcel Tax 27

D. The Sunset Date of the Parcel Tax, if any. (MM/DD/YYYY)

E. The Amount of Revenue Received from the Parcel Tax (Annually) \$2,249,006

F. The Manner in Which the Revenue Received from the Parcel Tax is Being Used

(Please Check All Box(es) Applicable or the Box(es) with the Closest Description that Apply)

<input type="checkbox"/>	Agriculture and Fair
<input type="checkbox"/>	Air Quality and Pollution Control
<input type="checkbox"/>	Airport Purpose
<input type="checkbox"/>	Ambulance Service and Emergency Medical Services
<input type="checkbox"/>	Amusement
<input type="checkbox"/>	Animal Control
<input type="checkbox"/>	Broadband Services
<input type="checkbox"/>	Cemetery
<input type="checkbox"/>	Conduit Financing
<input checked="" type="checkbox"/>	Drainage and Drainage Maintenance
<input type="checkbox"/>	Electric Purpose
<input type="checkbox"/>	Erosion Control
<input type="checkbox"/>	Financing or Constructing Facilities
<input checked="" type="checkbox"/>	Fire Protection and Fire Prevention
<input checked="" type="checkbox"/>	Flood Control
<input type="checkbox"/>	Gas Purpose
<input type="checkbox"/>	Graffiti Abatement
<input type="checkbox"/>	Harbor and Port Purpose
<input type="checkbox"/>	Hazardous Material Emergency Response
<input type="checkbox"/>	Health
<input type="checkbox"/>	Hospital Purpose
<input type="checkbox"/>	Land Reclamation
<input checked="" type="checkbox"/>	Landscaping
<input type="checkbox"/>	Library Services
<input type="checkbox"/>	Lighting and Lighting Maintenance
<input type="checkbox"/>	Local and Regional Planning or Development
<input type="checkbox"/>	Memorial
<input type="checkbox"/>	Museums and Cultural Facilities
<input type="checkbox"/>	Parking
<input type="checkbox"/>	Pest Control, Mosquito Abatement and Vector Control

<input type="checkbox"/>	Police Protection and Personal Safety
<input checked="" type="checkbox"/>	Recreation and Park, Open Space
<input type="checkbox"/>	Resource Conservation
<input type="checkbox"/>	Snow Removal
<input checked="" type="checkbox"/>	Streets, Roads, and Sidewalks
<input type="checkbox"/>	Television Translator Station Facilities
<input type="checkbox"/>	Trade and Commerce
<input type="checkbox"/>	Transit
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Underground Electric and Communication Facilities
<input type="checkbox"/>	Veterans Buildings and Institutions
<input type="checkbox"/>	Water Conservation
<input checked="" type="checkbox"/>	Waste Management
<input checked="" type="checkbox"/>	Water Services and Irrigation
<input type="checkbox"/>	Weed Abatement

Submitted:
 Tuesday, October 25, 2016
 3:16:48PM
 CDIAC #: 2014-0896

**STATE OF CALIFORNIA
 MELLO-ROOS COMMUNITY FACILITIES DISTRICT (CFD)
 YEARLY FISCAL STATUS REPORT**

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

For Office Use Only
Fiscal Year _____

I. GENERAL INFORMATION

A. Issuer Novato CFD No 1994-1

B. Project Name Hamilton Field

C. Name/ Title/ Series of Bond Issue 2014 Ref Special Tax Note

D. Date of Bond Issue 5/1/2014

E. Original Principal Amount of Bonds \$13,094,690.00

F. Reserve Fund Minimum Balance Required Yes Amount \$450,000.00 No

II. FUND BALANCE FISCAL STATUS

Balances Reported as of: 6/30/2016

A. Principal Amount of Bonds Outstanding \$11,629,975.24

B. Bond Reserve Fund \$452,990.86

C. Capitalized Interest Fund \$0.00

D. Construction Fund(s) \$0.00

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

A. Assessed or Appraised Value Reported as of: 9/30/2016

From Equalized Tax Roll

From Appraisal of Property
(Use only in first year or before annual tax roll billing commences)

B. Total Assessed Value of All Parcels \$734,035,792.00

IV. TAX COLLECTION INFORMATION

A. Total Amount of Special Taxes Due Annually \$2,253,273.88

B. Total Amount of Unpaid Special Taxes Annually \$0.00

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: 9/30/2016

A. Total Number of Delinquent Parcels: 0

B. Total Amount of Taxes Due on Delinquent Parcels: \$0.00
 (Do not include penalties, penalty interest, etc.)

VI. FORECLOSURE INFORMATION FOR FISCAL YEAR

(Aggregate totals, if foreclosure commenced on same date) *(Attach additional sheets if necessary.)*

Date Foreclosure Commenced	Total Number of Foreclosure Parcels	Total Amount of Tax Due on Foreclosure Parcels
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00

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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 Redeemed Entirely Other

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	MAUREEN CHAPMAN	
Title	ACCOUNTING SUPERVISOR	
Firm/ Agency	CITY OF NOVATO	
Address	922 Machin Avenue	
City/ State/ Zip	Novato, CA 94945	
Phone Number	(415) 899-8914	Date of Report 10/25/2016
E-Mail	mchapman@novato.org	

IX. ADDITIONAL COMMENTS: