

NOTICE AND CALL OF ANNUAL MEETING
OF THE BOARD OF DIRECTORS
MOULTON NIGUEL WATER DISTRICT
PUBLIC FACILITIES CORPORATION
27500 La Paz Road, Laguna Niguel
December 15, 2016
6:00 PM

Approximate Meeting Time: 30 Minutes

NOTICE IS HEREBY GIVEN that an Annual Meeting of the Board of Directors of the Moulton Niguel Water District ("MNWD") Public Facilities Corporation has been called by the Chairman of the Board of Directors to be held on December 15, 2016, at 6:00 PM, at MNWD's Administrative Offices located at the address above. The following business will be transacted and is the Agenda for this annual meeting:

- 1. CALL MEETING TO ORDER
- 2. APPROVE THE MINUTES OF THE DECEMBER 17, 2015 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING
- 3. PUBLIC COMMENTS

Persons wishing to address the Board of Directors on matters <u>not listed</u> on the Agenda may do so at this time. "Request To Be Heard" forms are available at the entrance to the Board Room. Comments are limited to five minutes unless further time is granted by the Presiding Officer. Submit form to the Recording Secretary prior to the beginning of the meeting.

Those wishing to address the Board of Directors on any item <u>listed</u> on the Agenda should submit a "Request To Be Heard" form to the Recording Secretary before the Presiding Officer announces that agenda item. Your name will be called to speak at that time.

ACTION ITEMS

4. MNWD PUBLIC FACILITIES CORPORATION AUDITED FINANCIAL STATEMENTS
AND TAX RETURN FOR FISCAL YEAR ENDED JUNE 30, 2016

It is recommended that the Board of Directors receive and file the financial statements and tax return and authorize the General Manager or designee to retain an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2017.

INFORMATION ITEMS

- 5. <u>Late Items (Appropriate Findings to be Made)</u>
 - a. Need to take immediate action; and
 - b. Need for action came to District's attention after Agenda Posting. [Requires 2/3 vote (5 members) or unanimous vote if less than 2/3 are present]

ADJOURNMENT

The Board of Directors' Meeting Room is wheelchair accessible. If you require any special disability related accommodations (i.e., access to an amplified sound system, etc.), please contact the Moulton Niguel Water District Secretary's office at (949) 831-2500 at least seventy-two (72) hours prior to the scheduled meeting. This agenda can be obtained in alternate format upon written request to the Moulton Niguel Water District Secretary at least seventy-two (72) hours prior to the scheduled meeting.

Agenda exhibits and other writings that are disclosable public records distributed to all, or a majority of, the members of the Moulton Niguel Water District Board of Directors in connection with a matter subject to discussion or consideration at an open meeting of the Board of Directors are available for public inspection at the District Office, 27500 La Paz Road, Laguna Niguel, CA ("District Office"). If such writings are distributed to members of the Board less than twenty-four (24) hours prior to the meeting, they will be available in the reception area of the District Office at the same time as they are distributed except that, if such writings are distributed immediately prior to, or during the meeting, they will be available in the Board meeting room and on the District website at www.mnwd.com.



DRAFT MINUTES OF THE ANNUAL MEETING OF THE PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS OF THE MOULTON NIGUEL WATER DISTRICT

December 17, 2015

An Annual Meeting of the Public Facilities Corporation Board of Directors of the Moulton Niguel Water District was held at the District offices, 27500 La Paz Road, Laguna Niguel, California, at 6:00 PM on December 17, 2015. There were present and participating:

DIRECTORS

Duane Cave Director

Scott Colton Vice President

Richard Fiore Director

Donald Froelich Vice President
Gary Kurtz Director

Gary Kurtz Director
Larry Lizotte Director

Brian Probolsky President (arrived at 6:07 p.m.)

Also present and participating were:

STAFF MEMBERS, LEGAL COUNSEL, AND MEMBERS OF THE PUBLIC

Joone Lopez General Manager

Matt Collings Assistant General Manager

Marc Serna Director of Engineering & Operations

Gina Hillary Director of Human Resources

Jeff Ferre Best, Best, & Krieger (General Counsel)

Paige Gulck Board Secretary

Trevor Agrelius MNWD
Drew Atwater MNWD
Tim Bonita MNWD
Johnathan Cruz MNWD
Todd Novacek MNWD
Megan Schneider MNWD
Andrew Zelinko MNWD

Michael Bell Consulting, Inc.

Karen Langer Member of the Public Nancy Lizotte Member of the Public

1. CALL MEETING TO ORDER

The meeting was called to order by Donald Froelich at 6:00 p.m.

2. APPROVE THE MINUTES OF THE DECEMBER 18, 2014 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING

MOTION DULY MADE BY SCOTT COLTON, AND SECONDED BY LARRY LIZOTTE, MINUTES OF THE DECEMBER 18, 2014 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING WERE APPROVED AS PRESENTED. THE VOTE WAS UNANIMOUS WITH DIRECTORS DUANE CAVE. SCOTT COLTON, RICHARD FIORE, DONALD FROELICH, GARY KURTZ, AND LARRY LIZOTTE ALL VOTING 'AYE'. DIRECTOR BRIAN PROBOLSKY WAS ABSENT.

3. PUBLIC COMMENTS

None.

ACTION ITEMS

4. MNWD PUBLIC FACILITIES CORPORATION AUDITED FINANCIAL STATEMENTS AND TAX RETURN FOR FISCAL YEAR ENDED JUNE 30, 2015

It is recommended that the Board of Directors receive and file the financial statements and tax return and authorize the General Manager or designee to retain an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2016.

Brian Probolsky arrived at 6:07 p.m.

MOTION DULY MADE BY SCOTT COLTON, AND SECONDED BY GARY KURTZ, ITEM NUMBER 4 WAS APPROVED AS PRESENTED. THE VOTE WAS UNANIMOUS WITH DIRECTORS DUANE CAVE, SCOTT COLTON, RICHARD FIORE, DONALD FROELICH, GARY KURTZ, LARRY LIZOTTE, AND BRIAN PROBOLSKY ALL VOTING 'AYE'.

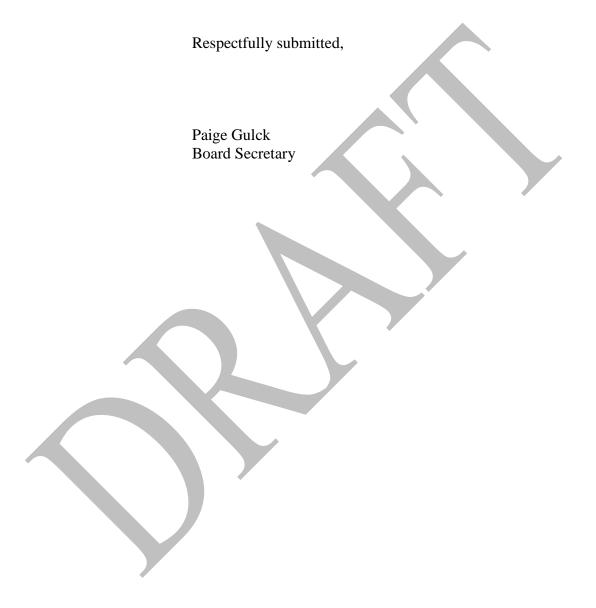
INFORMATION ITEMS

5. Late Items (Appropriate Findings to be Made)

None.

ADJOURNMENT

The meeting was adjourned at 6:07 p.m.





STAFF REPORT

TO: Board of Directors MEETING DATE: December 15, 2016

FROM: Trevor Agrelius, Controller

SUBJECT: MNWD Public Facilities Corporation Audited Financial Statements

and Tax Return for Fiscal Year Ended June 30, 2016

DIVISION: District-wide

SUMMARY:

<u>Issue</u>: Review the MNWD Public Facilities Corporation Audited Financial Statements and Tax Return for Fiscal Year Ended June 30, 2016.

<u>Recommendation:</u> It is recommended that the Board of Directors receive and file the financial statements and tax return and authorize the General Manager or designee to retain an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2017.

<u>Fiscal Impact</u>: No fiscal impact to the District.

BACKGROUND:

The Moulton Niguel Water District Public Facilities Corporation (the "Corporation") was incorporated as a California Nonprofit Public Facilities Corporation on October 12, 1993, and has received exempt-from-tax status from the Internal Revenue Service and California Franchise Tax Board. The Corporation was formed to provide public facility financial assistance to the District in financing public facilities and improvements necessary to provide water and sewer service to existing and future customers within the District.

DISCUSSION:

The Corporation prepares its financial statements to record any debt issued through the Corporation utilizing Certificates of Participation ("COP"). Currently, the District has two outstanding COPs, including the 2010 Refunding Bonds and 2009 Build America Bonds. The Corporation's financial activities in the attached financial

MNWD Public Facilities Corporation Audited Financial Statements and Tax Return for Fiscal Year Ended June 30, 2016
December 15, 2016
Page 2 of 2

statements include interest expense of \$4.0M, including \$0.1M in amortized premiums, and principal payments on the outstanding bonds of \$1.8M.

It is also recommended that the Board of Directors authorize the General Manager or designee to retain an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2017.

Attachments:

- 1. PFC Audited Financial Statements for Fiscal Year Ended June 30, 2016
- 2. PFC Audit Communication letter
- 3. PFC Tax Return for Fiscal Year Ended June 30, 2016

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

BASIC FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2016

This Page Left Intentionally Blank

Basic Financial Statements

Year Ended June 30, 2016

This Page Left Intentionally Blank

Year Ended June 30, 2016

Table of Contents

	Page <u>Number</u>
Independent Auditors' Report	1
Basic Financial Statements:	
Statement of Net Position	3
Statement of Revenues, Expenses, and Changes in Net Position	4
Statement of Cash Flows	5
Notes to Financial Statements	7
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed In Accordance with Government Auditing Standards	15

This Page Left Intentionally Blank

INDEPENDENT AUDITORS' REPORT

Board of Directors Moulton Niguel Water District Public Facilities Corporation Laguna Niguel, California

Report on the Financial Statements

We have audited the accompanying financial statements of the Moulton Niguel Water District Public Facilities Corporation (Corporation), a component unit of the Moulton Niguel Water District, as of and for the year ended June 30, 2016, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Corporation, as of June 30, 2016, and the changes in its financial position and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

Vavinel Trine, Day; Co, Ut

In accordance with *Government Auditing Standards*, we have also issued our report dated December 5, 2016, on our consideration of the Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

Laguna Hills, California

December 5, 2016

Statement of Net Position June 30, 2016

Assets:	
Current: Accrued interest receivable from Moulton Niguel Water District Installment receivable from Moulton Niguel Water District (Notes 2 & 3)	\$ 1,416,725 1,855,000
Total Current Assets	3,271,725
Noncurrent: Installment receivable from Moulton Niguel Water District (Notes 2 & 3)	62,073,642
Total Noncurrent Assets	62,073,642
Total Assets	65,345,367
Liabilities: Current: Accrued interest payable 2010 certificates of participation payable, current (Note 2)	1,416,725 1,855,000
Total Current Liabilities	3,271,725
Long-Term Liabilities: 2010 certificates of participation payable, non-current (Note 2) 2009 certificates of participation payable, non-current (Note 3)	2,073,642 60,000,000
Total Long-Term Liabilities	62,073,642
Total Liabilities	65,345,367
Net Position:	
Total Net Position	
Total Liabilities and Net Position	\$ 65,345,367

Moulton Niguel Water District Public Facilities Corporation Statement of Revenues, Expenses, and Changes in Net Position Year Ended June 30, 2016

Nonoperating Revenues:

Interest income - installment sale receivable	\$ 3,995,523
Total Nonoperating Revenues	3,995,523
Nonoperating Expenses	
Interest expense - certificates of participation payable	3,995,523
Total Nonoperating Expenses	 3,995,523
Change in Net Position	 -
Net Position: Beginning of fiscal year	
End of Fiscal Year	\$

Statement of Cash Flows Year Ended June 30, 2016

Cash Flows from Capital and Related Financing Activities:	
Interest paid on certificates of participation	\$ (3,971,790)
Principal paid on certificates of participation	 (1,907,407)
Net Cash Provided By (Used For) Capital and	
Related Financing Activities	 (5,879,197)
Cash Flows from Investing Activities:	
Interest received on installment sale agreement	3,971,790
Repayment of installment agreement	 1,907,407
Net Cash Provided By (Used For) Investing Activities	 5,879,197
Net Increase (Decrease) in Cash and Cash Equivalents	
Cash and Cash Equivalents, Beginning of Year	
Cash and Cash Equivalents, End of Year	\$ _
Non-cash Investing, Capital, and Financing Activities:	
Amortization of (premiums) discounts	\$ 127,407

This Page Left Intentionally Blank

Notes to Financial Statements Year Ended June 30, 2016

Note 1: Reporting Entity and Summary of Significant Accounting Policies

The Moulton Niguel Water District Public Facilities Corporation (the "Corporation") was incorporated as a California Nonprofit Public Facilities Corporation on October 12, 1993, and has received exempt-from-tax status from the Internal Revenue Service and California Franchise Tax Board. The Corporation was formed to provide public facility financial assistance to the Moulton Niguel Water District (the "District") in financing public facilities and improvements necessary to provide water service to existing and future customers within the District. As such, the Corporation is considered a blended component unit in the District's financial statements. The District's financial statements can be obtained from the District's website at www.mnwd.com.

The accounting policies of the Corporation conform to generally accepted accounting principles ("GAAP"). The following is a summary of the more significant policies:

a. Basis of Accounting

The Corporation prepares its financial statements on the accrual basis of accounting, under which revenues are recognized when earned, and expenses are recorded when liabilities are incurred.

The Corporation records the outstanding obligations related to Certificates of Participation issued by the District pursuant to an installment sale agreement between the Corporation and the District, in which the District covenants to pay the debt service obligations on behalf of the Corporation. As such, the Corporation records the corresponding receivables related to these debt service obligations that are expected to be contributed by the District.

The Corporation distinguishes operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with an enterprise fund's principal operations. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

When both restricted and unrestricted resources are available for use, it is the Corporation's policy to use restricted resources first, then unrestricted resources as they are needed.

Notes to Financial Statements Year Ended June 30, 2016 (Continued)

Note 1: Reporting Entity and Summary of Significant Accounting Policies (Continued)

b. Cash and Cash Equivalents

For the purposes of the Statement of Cash Flows, cash equivalents are defined as short-term, highly liquid investments that are both readily convertible to known amounts of cash, or so near their maturity that they present insignificant risk of changes in value because of changes in interest rates and have an original maturity date of three months or less. Investments held by fiscal agent (excluding money market funds) are classified as long-term assets regardless of the maturity date. These investments are typically held as a covenant for long-term debt service and, therefore, continually re-invested and held until the maturity of the debt service obligation.

According to the bond indentures, the District is obligated to maintain the reserve requirements, so the Corporation does not hold title to the monies deposited with the trustee, and does not report those funds on the Statement of Net Position.

c. Use of Estimates

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 2: 2010 Refunding Certificates of Participation (COP)

On November 1, 2010, the District issued \$8,965,000 of 2010 Refunding Certificates of Participation pursuant to an installment sale agreement with the Corporation to refund the remaining portion of the 1993 COPs, to refinance the 1993 Installment Payments and 1993 Certificates; to fund a debt service reserve fund for the Certificates; and pay certain costs of executing and delivering the Certificates. The interest for the Certificates will be calculated from November 1, 2010 at rates from 2%-4%. Interest is payable semi-annually on March 1 and September 1 of each year, commencing March 1, 2011, and ending on the date of maturity or prepayment, whichever is earlier.

a. Reserve Fund

The Reserve Fund is established under the Trust Indenture and will be funded from proceeds of the Certificates in an equal amount to the Reserve Requirement. Monies in the Reserve Fund are to be used for the payment of Installment Payments to the extent amounts in the Installment Payment Fund are insufficient therefore. To the extent the monies in the Reserve Fund exceed the Reserve Requirement; such excess amount will be transferred annually to the Installment Payment Fund. Any money remaining in the Reserve Fund after all of the principal and interest due with respect to the Certificates has been paid will be transferred to the District.

Notes to Financial Statements Year Ended June 30, 2016 (Continued)

Note 2: 2010 Refunding Certificates of Participation (COP) (Continued)

The term "Reserve Requirement" is defined in the Trust Indenture to mean, as of any date of calculation, the lesser of (a) 10% of the outstanding principal amount of the Certificates, less original issue discount, if any, (b) Maximum Annual Debt Service on the Certificates, or (c) 125% of Average Annual Debt Service on the Certificates.

As of June 30, 2016, the Reserve Requirement for the Certificates was \$378,000. At June 30, 2016, the District had \$555,767 in the reserve account.

b. Continuing Disclosure Covenant

The District covenants and agrees that it shall comply with and carry out all of its obligations under the Continuing Disclosure Agreement (CDA). Notwithstanding any other provision of the Trust Indenture, failure of the District to comply with its obligation under the CDA shall not be considered an event of Default under the Trust Indenture, and the sole remedy, in the event of any failure of the District to comply with the CDA, shall be an action to compel performance thereof.

Installment payments are secured by a first pledge, charge and lien, first, on tax revenue, and, second, to the extent tax revenues are insufficient to pay all required amounts, on net revenues, in amounts sufficient to pay installment payments as they become due and payable by the District.

The Certificates were executed and delivered pursuant to the provisions of a Trust Indenture, dated November 1, 2010, among the District, the Corporation, and US Bank National Association, as trustee.

Funds held by the Trustee are recorded as an asset, income, and expense in the books and on the financial statements of the District.

The annual requirements to repay the Certificates as of June 30, 2016 are as follows:

2010 Refunding Certificates of Participation

Year Ending				
June 30	Principal		 nterest	 Total
2017	\$	1,855,000	\$ 114,100	\$ 1,969,100
2018		1,925,000	 38,500	 1,963,500
Totals	\$	3,780,000	\$ 152,600	\$ 3,932,600

Notes to Financial Statements Year Ended June 30, 2016 (Continued)

Note 3: 2009 Certificates of Participation (Build America Bonds)

2009 Certificates of Participation (COP)

On December 1, 2009, the District issued \$60,000,000 of Certificates of Participation federally taxable "Build America Bonds" pursuant to an installment sale agreement with the Corporation to construct projects that provide greater water supply reliability for the distribution of potable and recycled water. The District adopted a resolution declaring the intention to develop adequate capacity to sustain at least a 31-day average potable water supply outage and be able to sustain a 7-day interruption in Metropolitan Water District deliveries. The certificates accrue interest at rates between 5.982% and 6.970%. Interest is payable on March 1 and September 1 of each year, commencing March 10, 2010.

Under Section 54AA(g)(2) of the Internal Revenue Code of 1986 ("Tax Code"), the District is eligible for a cash subsidy payment from the United States Treasury equal to 35% of the interest payable on the Certificates. The subsidy, when received, is recorded as intergovernmental revenue by the District. Principal is repaid annually on September 1 from 2024 through 2039. The Certificates were issued as a level debt service with the District's other outstanding debt. Level debt service reduces large fluctuations in annual debt obligations by delaying the payment of the principal portion until other debt service principal portions are paid.

a. Optional Prepayment

The Certificates maturing on or after September 1, 2020, are subject to prepayment at the option of the District, in whole or in part in integral multiples of \$5,000 on any date on or after September 1, 2019, at a prepayment price equal to the principal amount to be prepaid, together with accrued interest to the date fixed for prepayment, without premium, from any source of funds, including, but not limited to, the prepayment of the principal component of the Installment Payments.

b. Reserve Fund

The Reserve Fund is established under the Trust Indenture and will be funded from proceeds of the Certificates in an amount equal to the Reserve Requirement. Monies in the Reserve Fund are to be used for the payment of Installment Payments to the extent amounts in the Installment Payment Fund are insufficient therefore. To the extent that monies in the Reserve Fund exceed the Reserve Requirement, such excess amount will be transferred annually to the Installment Payment Fund. Any money remaining in the Reserve Fund after all of the principal and interest due with respect to the Certificates has been paid will be transferred to the District.

The term "Reserve Requirement" is defined in the Trust Indenture to mean, as of any date of calculation, the lesser of (a) 10% of the outstanding principal amount of the Certificates, less original issue discount, if any, (b) Maximum Annual Debt Service on the Certificates, or (c) 125% of Average Annual Debt Service on the Certificates.

Notes to Financial Statements Year Ended June 30, 2016 (Continued)

Note 3: 2009 Certificates of Participation (Build America Bonds) (Continued)

As of June 30, 2016, the Reserve Requirement for the Certificates is \$6,000,000. At June 30, 2016, the District had \$6,033,813 in the reserve account.

c. Mandatory Sinking Fund Prepayment

The Certificates maturing on September 1, 2029, and September 1, 2039, are also subject to mandatory sinking fund prepayment on September 1 of each year, on or after September 1, 2027, and September 1, 2030, respectively. Prepayments are in integral multiples of \$5,000, at a prepayment price equal to the principal amount thereof, without premium, together with accrued interest to the date of prepayment, from the principal component of the Installment Payments to be paid by the District pursuant to the Installment Sale Agreement with respect to each such prepayment date as follows:

\$9,395,000 Certificates Maturing September 1, 2029

	Prin	Principal Amount of Certificates		
Year (September 1)		to be Prepaid		
2027	\$	2,995,000		
2028		3,130,000		
2029 (maturity)		3,270,000		

\$42,340,000 Certificates Maturing September 1, 2039

	Principal Amount of Certificates
Year (September 1)	to be Prepaid
2030	\$ 3,425,000
2031	3,580,000
2032	3,750,000
2033	3,920,000
2034	4,105,000
2035	4,295,000
2036	4,495,000
2037	4,700,000
2038	4,920,000
2039 (maturity)	5,150,000

In the event that the Trustee prepays the Certificates maturing on September 1, 2029, or September 1, 2039, in part but not in whole pursuant to a prepayment prescribed in "Optional Prepayment," the amount of the Certificates to be prepaid on each prepayment date identified above will be modified at the written direction of the District to correspond to the modified principal component of the Installment Payment due on such prepayment date.

Notes to Financial Statements Year Ended June 30, 2016 (Continued)

Note 3: 2009 Certificates of Participation (Build America Bonds) (Continued)

d. Tax Covenants

The District irrevocably elected to apply the provisions of the Section 54AA(d) of the Tax Code to the Installment Sale Agreement and the Certificates and intends that the Installment Sales Agreement and the Certificates be treated as Build America Bonds ("BABs"). In addition, the District irrevocably elected to treat the Installment Sales Agreement and the Certificates as "Qualified Bonds" within the meaning of Section 54AA(d) of the Tax Code such that the Installment Sale Agreement and the Certificates will be eligible for direct payment by the federal government of a refundable credit equal to 35 percent (35%) of interest payable with respect to the Installment Sale Agreement and the Certificates (the "Refundable Credit Payment"). The Refundable Credit Payment is recorded as Intergovernmental Revenue on the part of the District.

Pursuant to the requirements of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, the Federal Government pursued certain automatic sequester reductions that took place starting March 1, 2013. This sequester reduction affected the Build America Bonds refundable credit payments under Internal Revenue Code section 6531. As determined by the Office of Management and Budget, payments to issuers of Build America Bonds are subject to a 6.8% reduction as of October 1, 2015, through September 30, 2016, resulting in a refundable credit equal to 32.62%.

e. Summary

Pursuant to the Installment Sale Agreement, the District covenants and agrees that the payment of the Installment Payments and Parity Debt Service is secured by a first pledge, charge and lien upon, first, the tax revenues and, second, net revenues, and tax revenues and/or net revenues sufficient to pay the installment payments and parity debt service as they become due and payable are pledged by the District for the purpose of securing payment of the installment payments and parity debt service. The Tax revenues and net revenues constitute a trust fund for the security and payment of the prior parity obligations, any additional obligations and the installment payments.

The Certificates are being executed and delivered pursuant to a trust indenture by and among the District, the Corporation, and US National Association, Los Angeles, California, as Trustee, Registrar and Paying Agent (the "Trustee") dated as of December 1, 2009. Funds held by the Trustee are recorded as assets, income, and expense in the books and on the financial statements of the District. Detailed information regarding the issuance of these Certificates can be found in the Official Statement for the 2009 Certificates.

Notes to Financial Statements Year Ended June 30, 2016 (Continued)

Note 3: 2009 Certificates of Participation (Build America Bonds) (Continued)

The annual requirements to repay the Certificates as of June 30, 2016, are as follows:

2009 Certificates of Participation (Build America Bonds)

Year Ending			
June 30	Principal	Interest	Total
2017	\$ -	\$ 4,098,976	\$ 4,098,976
2018	-	4,098,976	4,098,976
2019	-	4,098,976	4,098,976
2020	-	4,098,976	4,098,976
2021	-	4,098,976	4,098,976
2022-2026	5,395,000	20,172,541	25,567,541
2027-2031	15,690,000	16,340,467	32,030,467
2032-2036	19,650,000	10,262,279	29,912,279
3037-2041	19,265,000	2,761,688	22,026,688
Totals	\$ 60,000,000	\$ 70,031,855	\$ 130,031,855

Note 4: Long-Term Liabilities

The changes in long-term liabilities for the year ended June 30, 2016 are as follows:

	Balance at July 1, 2015			Balance at June 30, 2016	Due Within One Year	
2010 COPs 2010 Unamortized Premium	\$ 5,560,000 276.049	\$ -	\$ (1,780,000) (127,407)	\$ 3,780,000 148.642	\$ 1,855,000	
2009 COPs	60,000,000		-	60,000,000		
Total Certificates	\$ 65,836,049	\$ -	\$ (1,907,407)	\$ 63,928,642	\$ 1,855,000	

Note 5: Subsequent Event

Pursuant to the requirements of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, refund payments to certain state and local government filers claiming refundable credits under section 6431 of the Tax Code applicable to certain qualified bonds are subject to sequestration. This event continues to effect the refundable credit of the Build America Bonds of the District. As of October 1, 2016 through September 30, 2017 this sequester rate adjustment will be 6.9%, resulting a refundable credit equal to 32.59%.

This Page Left Intentionally Blank

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors Moulton Niguel Water District Public Facilities Corporation Laguna Niguel, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of the Moulton Niguel Water District Public Facilities Corporation (Corporation), a component unit of the Moulton Niguel Water District, as of and for the year ended June 30, 2016, and the related notes to the financial statements, which collectively comprise the Corporation's basic financial statements and have issued our report thereon dated December 5, 2016.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Corporation's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Corporation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Corporation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Varrinch Txin, Dz; Co, Cll Laguna Hills, California Board of Directors Moulton Niguel Water District Public Facilities Corporation Laguna Niguel, California

We have audited the financial statements of the Moulton Niguel Water District Public Facilities Corporation (Corporation), a component unit of the Moulton Niguel Water District, for the year ended June 30, 2016. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 24, 2016, as well as at our meeting with members of the Ad Hoc Committee on August 16, 2016. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Corporation are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year. We noted no transactions entered into by the Corporation during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated December 5, 2016.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Corporation's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Corporation's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Restriction on Use

This information is intended solely for the use of the Board and management of the Corporation and is not intended to be, and should not be, used by anyone other than these specified parties.

Vavinele Tris, Dog; Co, Cl Laguna Hills, California

December 5, 2016

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Form 8879-EO

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL~1~ , 2015, and ending JUN~30~ ,20 16~

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

MOULTON NIGUEL WATER DISTRICT PUBLIC

Employer identification number

FACILITIES CORPORATION

33-0601459

Name and title of officer MATT COLLINGS

TREASURER

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here Date of Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,995,523.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

X I authorize	VAVRINEK, TRINE, DAY	&	CO.,	LLP	to enter my PIN	14567
		ER	0 firm nam	e		Enter five numbers, bu do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33565600050 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date >

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and endi	ng J	UN 30,	2016		
В	heck if	MOULTON NIGUEL WATER DISTRICT PUBLIC		D Employe	r identifi	cation number	
	Addres change	FACILITIES CORPORATION					
	Name change	Doing business as		•	33-0	601459	
Initial return Final return			n/suite	ite E Telephone number 949-448-4032			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receip		3,995,523.	
Г	Amend			H(a) Is this a	~~~~		
$\overline{\Box}$	Applic				ordinates		
	pendin	SAME AS C ABOVE		1			
	^ov ove	empt status:	527	4		ncluded? Yes No	
		e: NWW.MNWD.COM	327	3		list. (see instructions)	
				H(c) Group			
_	irt I	Summary	_ year (of formation;	1333 N	State of legal domicile: CA	
1 6	STATE OF THE PARTY		ANT	D A DT ONT	7.73 CI .	HOMADI TOURD	
Activities & Governance		Briefly describe the organization's mission or most significant activities: THE ORG					
ä		TO FINANCE THE ACQUISITION AND CONSTRUCTION					
ē	1	Check this box if the organization discontinued its operations or disposed o			1 1		
ģ		Number of voting members of the governing body (Part VI, line 1a)				7	
અ		Number of independent voting members of the governing body (Part VI, line 1b)				7	
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)				0	
₹	6	Total number of volunteers (estimate if necessary)			6	0	
ğ	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.	
Revenue			L	Prior Yea		Current Year	
	8	Contributions and grants (Part VIII, line 1h)	. L_		0.	0.	
	9	Program service revenue (Part VIII, line 2g)	. [0.	0.	
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,018,	475.	3,995,523.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,018,	475.	3,995,523.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
ý,	•	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
ç.		Fotal fundraising expenses (Part IX, column (D), line 25)				10	
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100000000	5,018,	475.	3,995,523.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,018,		3,995,523.	
		Revenue less expenses. Subtract line 18 from line 12			0.1	0.	
inces			7	ginning of Curr	ent Year	End of Year	
35	20	Fotal assets (Part X, line 16)		67,276,		65,345,367.	
Fund Balar	21	Fotal liabilities (Part X, line 26)		67,276,		65,345,367.	
	22	Net assets or fund balances. Subtract line 21 from line 20	•	.,,	0.	0.	
	rt II	Signature Block	<u></u>				
	Common Co	ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the	best of my	knowledge and helief it is	
		, and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	•	momogy and bond, it is	
	1	A second	орагог	nao any miorita	ago.		
Sigr	, 1	Signature of officer		Date			
ler	1	MATT COLLINGS, TREASURER					
ici	٠	Type or print name and title					
		Print/Type preparer's name Preparer's signature	T D.	ate	Check	TT PTIN	
aid	L	CATHERINE L. GRAY			11 _		
		Firm's name VAVRINEK, TRINE, DAY & CO., LLP	L_	Eirm'	self-employe s EIN	95-2648289	
Preparer Jse Only		Firm's address 10681 FOOTHILL BLVD SUITE 300		- - - - - - - - - -	2 ENA	J J ~ 60 x 0 60 J	
-00	····,	RANCHO CUCAMONGA, CA 91730		Dha-		9-466-4410	
	1	S discuss this return with the preparer shown above? (see instructions)		Pnon	E 110. 7 U.	X Yes No	
1	the Im						

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

MOULTON NIGUEL WATER DISTRICT PUBLIC

Pa		S CORPORATION	33-0601459 Page 2
	rt III Statement of Program Service	-	
	Check if Schedule O contains a respor	nse or note to any line in this Part III	
1	Briefly describe the organization's mission:		
	THE ORGANIZATION WAS E	STABLISHED TO FINANCE THE	ACQUISITION AND
	CONSTRUCTION OF WATER	FACILITIES IN ORDER TO PR	OVIDE SERVICE IN AN
		ECTIVE MANNER TO EXISTING	
	WITHIN THE BOUNDRIES O		THE TOTAL CONDUINE
2		nt program services during the year which were no	
			Yes X No
	If "Yes," describe these new services on Sch		
3	Did the organization cease conducting, or ma	ake significant changes in how it conducts, any pi	rogram services? Yes X No
	If "Yes," describe these changes on Schedul	le O.	
4	Describe the organization's program service	accomplishments for each of its three largest pro-	gram services, as measured by expenses.
		are required to report the amount of grants and a	
	revenue, if any, for each program service rep		modulons to others, the total expenses, and
4a		5,523 · including grants of \$	\
"	DEDT CEDVICE DAVMENTO OF	N CERTIFICATES OF PARTICI) (Revenue \$)
	DEBT SERVICE PAIMENT OF	W CERTIFICATES OF PARTICI	PATION.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (Revenue \$)
4b 4c	(Code:) (Expenses \$	including grants of \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$	
	(Code:) (Expenses \$ Other program services (Describe in Scheduk	including grants of \$e O.)) (Revenue \$)
4c	(Code:) (Expenses \$ Other program services (Describe in Scheduk	including grants of \$) (Revenue \$)

532002 12-16-15

Page 3

33-0601459

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> ^-</u>
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ť		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445	l	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	l	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,]		х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-+	
	complete Schedule G, Part III	19	l	х
		<u> </u>		

Form **990** (2015)

FACILITIES CORPORATION

Form 990 (2015) Part IV Checklist of Required Schedules (continued) 33-0601459 Page 4

202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			<u> </u>
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		┝
••	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	 	┝ᢚ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
:3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	 		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			w
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
.0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			**********
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		I	_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X 990 (

	MODION NIGOED WATER DISTRICT POBLIC					
-	990 (2015) FACILITIES CORPORATION		33-0601	459) P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V		••••••			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	<u> </u>		0	Ĭ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and it		ole gaming	1		
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	1000000000	CHIPSPECTO!
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the appointing house appointed havings and it is the			За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	†	t
	At any time during the calendar year, did the organization have an interest in, or a signature or other				1	
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
b	If "Yes," enter the name of the foreign country:	40004	•9•			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	 	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			F-		-
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			Ua		
_	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		***************************************	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nvices n	rovided to the navor?	7a		х
	If the Bodist the committee with the description of the state of the s			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		······	10		
•	to file Form 8282?			7c		х
d	If BV and the state of the stat	7d	*******	76		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		12	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		ļ
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fe					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
•	spongaring organization have evened business heldings at any time during the confi	-				
9	Sponsoring organizations maintaining donor advised funds.		•••••	8		
	Did the appropriate propriation make any toyoble distributions under patient 40000					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•••••••••••	9a 9b		
10	Section 501(c)(7) organizations. Enter:		•••••••	90		
	Initiation fees and capital contributions included on Part VIII, line 12	100				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	10b	······································			
	, , , , , , , , , , , , , , , , , , ,	المدا				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
D	amounts due or received from them.)	442				
	amounts due of received from them.)	11b			367000000000000000000000000000000000000	

Form 990 (2015)

X

12a

13a

14a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand ________13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2015)

FACILITIES CORPORATION

33-0601459

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		• • • • • •	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	o appear of appe			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	700000000000000000000000000000000000000	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the approximation have been been been been been been been be		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	A	
12a	Did the appropriation have a written and the first and a line of the same of t	100	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	$\frac{x}{x}$	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Programme Company
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MATT COLLINGS - 909-448-4032			
	27500 LA PAZ RD, LAGUNA NIGUEL, CA 92677-3402			

Page 7

MOULTON NIGUEL WATER DISTRICT PUBLIC

Form 990 (2015) FACILITIES CORPORATION

33-0601459

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	rage Position						(D) Reportable	(E) Reportable	(F) Estimated
	week (list any hours for related organizations below line)	stee or director	ne ar eatsnul frustere	officer	irecto	Highest compensated may a complete compensated complete compensated compensate	itee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) RICHARD S FIORE DIRECTOR	1.00	x						0.	0.	0.
(2) SCOTT F COLTON	1.00	1	-		╂──	╁	-	0.	٧.	<u> </u>
DIRECTOR		x						0.	0.	0.
(3) DONALD FROELICH	1.00					<u> </u>	 			
VICE PRESIDENT		x		x				0.	0.	0.
(4) LARRY R LIZOTTE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BRIAN S PROBOLSKY	1.00									
PRESIDENT		X		X				0.	0.	0.
(6) DUANE D CAVE	1.00						ŀ	_		
DIRECTOR	4 00	X						0.	0.	0.
(7) GARY R KURTZ	1.00									
DIRECTOR		X	-					0.	0.	<u> </u>
						\vdash				
									i	
				\exists						

532007 12-16-15

Section A. Officers, Directors, Tr	(B)	1)					/ - -\
(A)	Average			•	ر۔ ition			(D)	(E)	(F)
name and title			o not check more than one						•	Estimated amount of
	week							from	•	other
	(list any	ctor	iau					the	organizations	compensation
	3	or dire				ited		organization	(W-2/1099-MISC)	from the
	1	stee	ruste		_	bensat		(W-2/1099-MISC)		organization
	1 -	nal tru	onalt		ploye	E 83				and related
	line)	divid	stitut	fficer	ey em	ighes	ormer			organizations
	-	┢┺	트	٩	×	王司	Œ			
		1								
		 		H		_				
		H	\Box			\neg				
						_				
**************************************		\vdash	\vdash	Н	-		-			
		1				1				
		\vdash	Н			\dashv				
Sub-total)	•	0.		
							>			
								L		. 0.
	not limited to th	iose	liste	ed at	oove) wh	o re	eceived more than \$100	,000 of reportable	
compensation from the organization									·	Yes No
Oid the organization list any former office	r director or tr	ietar	a ka	w en	anlo		or h	nighest compensated a	mnlovee on	163 110
								-		3 X
For any individual listed on line 1a, is the										
	sum of reportab	le co	amo					ner compensation from t	the organization	
and related organizations greater than \$1				ensa	tion	and	oth			
and related organizations greater than \$1 Did any person listed on line 1a receive o	50,000? If "Yes,	" coi	mple	ensa ete S	ition Sche	and <i>dul</i> e	oth J fo	or such individual		
Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	50,000? If "Yes, r accrue comper	" <i>coi</i> nsati	<i>mple</i> ion f	ensa ete S rom	ition Sche any	and <i>dul</i> e unre	oth J fo	or such individual		
Did any person listed on line 1a receive or endered to the organization? If "Yes," co on B. Independent Contractors	50,000? If "Yes, r accrue comper mplete Schedul	" co nsati le J f	mple ion fi or su	ensa ete S rom uch p	ition Sche any pers	and dule unre	oth J fo	or such individualed organization or indivi	dual for services	4 X
Did any person listed on line 1a receive o rendered to the organization? If "Yes," co on B. Independent Contractors Complete this table for your five highest or	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompensat	" <i>coi</i> nsati <i>e J fe</i> depe	mple ion for or su	ensa ete S rom uch j	ition Sche any perso	and dule unre on	oth J for late	or such individualed organization or indivi	dual for services	4 X
Did any person listed on line 1a receive on rendered to the organization? If "Yes," content on B. Independent Contractors Complete this table for your five highest on the organization. Report compensation for	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompensat	" <i>coi</i> nsati <i>e J fe</i> depe	mple ion for or su	ensa ete S rom uch j	ition Sche any perso	and dule unre on	oth J for late	ed organization or indivinative mat received more than the organization's tax y	dual for services	4 X 5 X
Did any person listed on line 1a receive o rendered to the organization? If "Yes," co on B. Independent Contractors Complete this table for your five highest or	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for or su	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or indivinative mat received more than the organization's tax y	dual for services \$100,000 of compe /ear.	4 X 5 X
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X 5 X nsation from
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X s X
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated incompensated incompen	" coi nsati le J fo depe	mple ion for for su ende endir	ensa ete S rom uch j nt co	ition Sche any perso	and dule unre on	oth J for late	ed organization or individual	dual for services \$100,000 of compe /ear.	4 X s X
Did any person listed on line 1a receive on the endered to the organization? If "Yes," contractors Complete this table for your five highest on the organization. Report compensation for (A)	50,000? If "Yes, r accrue comper mplete Schedule compensated inc r the calendar yes address	" connection control c	mpleion fi	ensa rom uch j nt cong w	ation Sche any perso ontra vith o	and dule unrecon	oth J fo	ed organization or indiviously and received more than the organization's tax (B) Description of s	\$100,000 of compered are services	4 X s X
-	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization Did the organization list any former office line 1a? If "Yes," complete Schedule J for	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to the compensation from the organization Did the organization list any former officer, director, or truline 1a? If "Yes," complete Schedule J for such individual	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those compensation from the organization Did the organization list any former officer, director, or truster	Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those liste compensation from the organization) Did the organization list any former officer, director, or trustee, ke	Name and the hours per week (list any hours for related organizations below line) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed at compensation from the organization Did the organization list any former officer, director, or trustee, key en	hours per week (list any hours for related organizations below line) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above compensation from the organization) Did the organization list any former officer, director, or trustee, key employ	hours per week (list any hours for related organizations below line) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who compensation from the organization Did the organization list any former officer, director, or trustee, key employee,	Nours per week (list any hours for related organizations below line) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who recompensation from the organization Did the organization list any former officer, director, or trustee, key employee, or line 1a? If "Yes," complete Schedule J for such individuals [(ist any hours for related organization and a director/trustee)	hours per week (list any hours for related organizations below line) Sub-total Total from continuation sheets to Part VII, Section A Total anumber of individuals (including but not limited to those listed above) who received more than \$100 compensation (do not check more than one officer and a director/trustee)	Name and title hours per week (list any hours for related organizations) below line

FACILITIES CORPORATION

33-0601459 Page 9

	rt VI	II Statement of Reve			/		33 0001	
		Check if Schedule O con	tains a response	e or note to any li	ne in this Part VIII .			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Sa		Membership dues						
ts, An	C	Fundraising events						100
ब्रंह	d	Related organizations	1d					
ns,		Government grants (contribute						
e tio	f	All other contributions, gifts, gran						
듗뙅		similar amounts not included abo						
ig a		Noncash contributions included in lines	***************************************					
<u>0 e</u>	h	Total. Add lines 1a-1f	***************************************					
4	_			Business Code	2			
/ice	2 a				ļ			
Program Service Revenue	b							
	C							
gra Re	d						<u> </u>	
Pro	e	All ablances and a second						
		All other program service reve			-			
	3	Total. Add lines 2a-2f						
	3	Investment income (including						
	4	other similar amounts) Income from investment of ta						
	5	Royalties	•					
	3	noyalies	(i) Real	(ii) Personal				
	6 a	Gross rents		(ii) Personar				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
	!	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	- W-000-11110	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						100
		Net gain or (loss)						
e		Gross income from fundraisin					F 700	
= 1		including \$	of					
ě		contributions reported on line						
F		Part IV, line 18	a					
Other Reve	b	Less: direct expenses	b					
١ ٠	С	Net income or (loss) from fund	draising events	<u></u>				
- 1	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses		L				
ı		Net income or (loss) from gam	-	· <u>,</u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
l		Less: cost of goods sold						
ŀ	c	Net income or (loss) from sale		7				
ŀ		Miscellaneous Revenu COP INTEREST IN		Business Code		2 005 502		
			COME		3,995,523.	3,333,523.		
	b						***************************************	
	C	Λ11						
	d	All other revenue		L	3 005 522			
l		Total Add lines 11a-11d			3,995,523.	3,995,523.	0.	0
•	12	Total revenue. See instructions.		-	IJ,JJJ,J43.	1J . J J J . J Z J . I	U_	() <u>.</u>

Form 990 (2015) FACILITIES CORPORATION

33-0601459 Page 10

Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	nse or note to any line ir	this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic			10.00						
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
C	Accounting	****								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17		also and a second							
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,995,523.	3,995,523.							
20	Interest	3,333,343.	3,995,523.	****						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance Other expenses. Itemize expenses not covered									
24	above. (List miscellaneous expenses in line 24e, If line)									
	24e amount exceeds 10% of line 25, column (A)									
_	amount, list line 24e expenses on Schedule 0.)									
a										
b										
c										
d	All other expenses									
	All other expenses	3,995,523.	3,995,523.	0.	0.					
25 26	Joint costs. Complete this line only if the organization	3,333,343.	3,333,343.	υ.	U •					
26	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	it following SOP 98-2 (ASC 958-720)									

Form **990** (2015)

Form 990 (2015)
Part X Balance Sheet

FACILITIES CORPORATION

33-0601459 Page 11

art	Λ	Balance Sheet Check if Schedule O contains a response or no	te to any line in this Part Y			
		oneck if defleatile of contains a response of no	e to any line in this Part A	(A) Beginning of year	<u> </u>	(B) End of year
Т	1	Cash - non-interest-bearing		Jogiiiiiig or year	1	Life of your
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,440,458.	4	1,416,725
	5	Loans and other receivables from current and for	armer officere directors	= /110/130.		1,410,723
	•	trustees, key employees, and highest compens				
			ated employees. Complete		5	
	6	Loans and other receivables from other disqual				
	_	section 4958(f)(1)), persons described in section	·			
		employers and sponsoring organizations of sec	-			
,		employees' beneficiary organizations (see instr)			6	
	7	Notes and loans receivable, net		65,836,049.	7	63,928,642
!	8	Inventories for sale or use		00,000,015.	8	00,020,012
	9	Prepaid expenses and deferred charges			9	
- [-		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
- -	11	Investments - publicly traded securities			11	
- 1	12	Investments - other securities. See Part IV, line	11		12	
- 1		Investments - program-related. See Part IV, line		13		
- 1	14	Intangible assets		14		
ı	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	67,276,507.	16	65,345,367
1	17	Accounts payable and accrued expenses		1,440,458.	17	1,416,725
1	18	Grants payable		18		
1	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities		65,836,049.	20	63,928,642
2	21	Escrow or custodial account liability. Complete			21	
2	22	Loans and other payables to current and former				
2		key employees, highest compensated employee	es, and disqualified persons.			
		Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·		22	
2	23	Secured mortgages and notes payable to unrela	ited third parties		23	
2		Unsecured notes and loans payable to unrelate			24	
2		Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		67,276,507.	26	65,345,367
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and			
		complete lines 27 through 29, and lines 33 and	d 34.			
2		Unrestricted net assets			27	
2	28	Temporarily restricted net assets			28	
2					29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🐰			
		and complete lines 30 through 34.				
3		Capital stock or trust principal, or current funds		0.	30	0
3		Paid-in or capital surplus, or land, building, or eq		0.	31	0
3 3 3		Retained earnings, endowment, accumulated in		0.	32	0
3	33	Total net assets or fund balances		0.	33	0 .
3	34	Total liabilities and net assets/fund balances		67,276,507.	34	65,345,367

Form 990 (2015)

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Form	990 (2015) FACILITIES CORPORATION	33-	-0601459	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,99	<u>5,5</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5	····	****	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10			0.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit			
Ū	review, or compilation of its financial statements and selection of an independent accountant?			х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	.g.c / tu	3a	s#022701924ED	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1 1		
				990	2015)

532012 12-16-15

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Employer identification number 33-0601459

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
532051
11-02-15

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 FACILIT	IES CORPOR	ATIC)N	.01 101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33-	-060	01459) p	age 2
Pai	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth					
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	ck any of the	following th	at are a s	ignificant use o	of its o	collection	iten	ns
	(check all that apply):		_								
а	Public exhibition	d	· \sqsubseteq	Loan or exc							
b	Scholarly research	е	. []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organiza	tion's exe	mpt purpose ir	ı Part	XIII.		
5	During the year, did the organization solicit of								_		_
	to be sold to raise funds rather than to be ma								Yes	<u> </u>	No
Pai	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	l "Yes" on	ı Form 990, Pai	rt IV, li	ine 9, or		
	reported an amount on Form 990, Pa	·····									
1a	Is the organization an agent, trustee, custod								1		~
	on Form 990, Part X?							L	Yes	L	_l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance				• • • • • • • • • • • • • • • • • • • •		1f		Γ		
	Did the organization include an amount on Fo								Yes	<u> </u>	_ No
Pai	If "Yes," explain the arrangement in Part XIII.										
ı aı	rt V Endowment Funds. Complete i							T	/ \ F=		h = =1.
4	Decimals of wear below as	(a) Current year	(a)	Prior year	(c) Two yea	ars dack	(d) Three years I	Jack	(e) Four y	years	раск
	Beginning of year balance				<u> </u>						
	Contributions Net investment earnings, gains, and losses							\dashv			
	Grants or scholarships							-+			
	Other expenditures for facilities			·····				-+			
•	and programs										
f	Administrative expenses						····	-+			·····
	End of year balance							-+	·····		
2	Provide the estimated percentage of the curr		e (line 1	la column (s	I) held as:	L	***************************************	L			
	Board designated or quasi-endowment	-	%	. g, oo.a (c	,,, mora ao.						
	Permanent endowment	%	·····								
	Temporarily restricted endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administ	ered for tl	he organization	1			
	by:						-		5	/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo									
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 99	0, Part X,	line 10.	·			
	Description of property	(a) Cost or of		(b) Cost	or other	(c) Ac	ccumulated	((d) Book	valu	е
		basis (investn	nent)	basis	(other)	dep	oreciation				
	Land										
	Buildings						***************************************				
	Leasehold improvements					<u> </u>					
d	Equipment										
_	Other	1		i .		1		1			

Schedule D (Form 990) 2015

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

chedule D (Form 990) 2015	FACILITIES	CORPORATION	

3	3 _	Λ	6	n	1	1	5	q	Page 3
J	J –	v	v	v	_	4	J	J	Page 3

(a) Description of security or category (including name of security)	n Form 990, Part IV, lir		valuation: Cost or end-of-year market val
	(5) 5500 14.00	(c) mostod or t	addition. Cost of cha of year market val
) Closely-held equity interests			
Other			
(A) (B)			
(C)			
(D)			***************************************
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market val
(1)			
(2)			·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets. Complete if the organization answered "Yes" o	***************************************	e 11d. See Form 990,	
art IX Other Assets. Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, lir escription	e 11d. See Form 990,	Part X, line 15. (b) Book valu
Complete if the organization answered "Yes" o (a) D	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8)	***************************************	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	e 11d. See Form 990,	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	escription		(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	escription		(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line lart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription	e 11e or 11f. See Forn	(b) Book valu
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line lart X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription	e 11e or 11f. See Forn	(b) Book valu

532053 09-21-15

Schedule D (Form 990) 2015

			, •	
chedule D (Form 990) 2015	FACILITIES	CORPORATION	33-0601459	Page 4

Ра	Reconciliation of Revenue per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV,		ue per Return.	
1	Total revenue, gains, and other support per audited financial statements		1 1 T	3,995,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************	······	
a	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,995,523.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	3,995,523.
Pa	TXII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Returi	Դ.
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	3,995,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			_
е	Add lines 2a through 2d	•••••	2e	0.
3	Subtract line 2e from line 1		3	3,995,523.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
_	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
	Add lines 4a and 4b		4c	0. 3 00E E33
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line TXIII Supplemental Information.	18.)	5	3,995,523.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

Schedule D (Form 990) 2015

CI) Date issued (e) Issue price (f) Description of purpose (g) Defessed (h) On behalf of Issue price (f) Description of purpose (g) Defessed (h) On behalf of Issue price (g) Defessed (SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/fo	plemental Infi ization answered xplanations, and mation about Scl	Supplemental Information on Tax-Exempt Bonds reganization answered "Yes" on Form 990, Part IV, line 24a. Prexplanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions	ax-Exempt Bo 30, Part IV, line 2 mmation in Part 0) and its instru	Supplemental Information on Tax-Exempt Bonds ne organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions is at www.ls.gov/form990.	ptions, .gov/form990.		Q ed O	2015 Open to Public Inspection	5-0047 5
(d) Date issued (e) Issue price (f) Description of purpose (g) Des	ation	NIGUEL WATER I	DISTRICT N N	PUBLIC				Employ 33-	er identific 06014	cation nu 159	qun
(d) Date issued (e) Issue price (f) Description of purpose (g) Description											
12/22/09 6000000. EINANCE ACQ OF FINANCE ACQ OF EINANCE ACQ OF	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		on of purpose	(g) Defeas	ed (h) On b		(i) Pooled financing
12/22/09 60000000.CAPACITY RIGHTS REFUND/REFI 1993 REFUND/REFUND/REFI 1993 REFUND/REFI 1993 REFUND/RE						- 1			Yes	 -	S No
11/01/10 8,965,000, COP & DS FUND	- 1	3-0601459	31845V302	12/22/09	6000000	•	ACQ RIG	×			×
A B C C C C C C C C C C		3-0601459	9AMMF05B2	11/01/10	,965,	•	EFI 1993 FUND	×			×
A B C C C C C C C C C C C C C C C C C C	O										
A	Q										
60,000,000 8,965,000. 6,023,356 896,059. 552,850 123,760.									1		$\frac{1}{2}$
60,000,000 8,965,000. 6,023,356. 896,059. 552,850. 123,760. x				A		æ	O			۵	
552,850	Amount of bonds legally defeased			1 1							
552,850. 123,760.		***************************************		-	,000,	,965,000					
S52,850		'1		-	-	20,					
552,850, 123,760.											
Yes No Yes No Yes No X X X X No Yes No Yes No Yes No 17 X X X X X				552	-	23,					
Yes No Yes No Yes No X X X X X X X X X X X X X X X X X X Yes No Yes No Yes No 17 X X X X X		***************************************									
Yes No Yes No Yes No X X X X X X X X X X X X X X X X X X X X Yes No Yes No Yes No 17 X X X X X		spec		••							
Yes No Yes No Yes No X X X X X X X X X X X X X X X X X X Yes No Yes No Yes No 177 X X X X X											
Yes No Yes No Yes No X X X X X X X X X X X X X X X A B C C Yes No Yes No X X X X 177 177 X X	- 1		***************************************								
Yes No Yes No Yes No X X X X X X X X X X X X X X X X X No Yes No Yes No Yes No 17 X X X X X	Other unspent proceeds		***************************************								
X	Tear of substantial completion			Voc	+	-	700	1	2		
X	1	1		3	+		SD-	0	Sal	Ž	
X X X X X X Yes No Yes No Yes X X X X X X X X X X X X X X X X X X X	1	vance refunding issue?								_	
X X		ו made?									
Yes No Yes No Yes No X X X X X 17 18	0.00	scords to support the final allocation	of proceeds?	X							
Yes No Yes No Yes No X X X X X 17 X X X X				٨		α					
x x x x x x x x x x x x x x x x x x x		nership, or a member of an	LLC,			,		°Z	Yes	2	
Are there any lease arrangements that may result in private business use of the pond-financed property? 2-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 17	which owned property financed by tax-e	xempt bonds?		:							
1.7	2 Are there any lease arrangements that n bond-financed property?	nay result in private busines	s use of	:	×	×		:			
	522121 10-22-15 LHA For Paperwork Reduction Act	Notice, see the Instruction	ns for Form 990.	17				Sci	edule K (Form 99	30)20

Page 2

ŝ

%

%

% %

% %

% % %

%

%

×

×

governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed

c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections

Has the organization established written procedures to ensure that all nonqualified

bonds of the issue are remediated in accordance with the requirements under

8a Has there been a sale or disposition of any of the bond-financed property to a non-

Does the bond issue meet the private security or payment test?

Total of lines 4 and 5

9

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION

Yes % ŝ Yes 33-0601459 % 2× Ω Yes % ₽× × Yes c Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of entities other than a section 501(c)(3) organization or a state or local government counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another Are there any management or service contracts that may result in private section 501(c)(3) organization, or a state or local government business use of bond-financed property? Part III Private Business Use (Continued) Schedule K (Form 990) 2015 D.

Regulations sections 1.141-12 and 1.145-2?		×		×				
Part IV Arbitrage								
		A		æ		ပ		۵
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	SəA	% N	Yes	No	Yes	Ŷ	Yes	°N
Penalty in Lieu of Arbitrage Rebate?		×		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×				***************************************
b Exception to rebate?		×		×				
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×		×				
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×				

Schedule K (Form 990) 2015

d Was the hedge superintegrated? e Was the hedge terminated? 10-22-15

b Name of provider c Term of hedge

1.141-12 and 1.145-2?

o

Page 3 Schedule K (Form 990) 2015 ŝ ŝ Yes Yes ŝ ŝ O Yes Yes 33-0601459 2× No × × m Ω Yes Yes × Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). 원× ŝ × × Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable FACILITIES CORPORATION 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) regulations? Schedule K (Form 990) 2015 b Name of provider section 148? c Term of GIC 532123 10-22-15

MOULTON NIGUEL WATER DISTRICT PUBLIC

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

MOULTON NIGUEL WATER DISTRICT PUBLIC Emplo

Employer identification number

FACILITIES CORPORATION 33-0601459 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORDER TO PROVIDE SERVICE IN AN EFFICIENT AND COST EFFECTIVE MANNER TO EXISTING AND FUTURE CONSUMERS WITHIN THE BOUNDRIES OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 3: EMPLOYEES OF THE MOULTON NIGUEL WATER DISTRICT PROVIDE ADMINISTRATIVE SERVICES TO THE ORGANIZATION AT NO CHARGE. FORM 990, PART VI, SECTION A, LINE 7A: THE MOULTON NIGUEL WATER DISTRICT GOVERNING BOARD IS AUTOMATICALLY THE MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION BOARD UNDER THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11:

THE TAX RETURN IS PREPARED BASED ON THE AUDITED FINANCIAL STATEMENTS THAT ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE TAX RETURN IS REVIEWED AND APPROVED BY SENIOR MANAGEMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, THE BOARD OF DIRECTORS IS PRESENTED WITH A CONFLICT OF INTEREST STATEMENT AND MUST SIGN THE STATEMENT ASSERTING THAT THEY HAVE NO CONFLICT OF INTERESTS IN WORKING AS BOARD MEMBER. IN THE EVENT THAT THEY DO COME ACROSS A CONFLICT OF INTEREST, THE POLICY CALLS FOR THE BOARD MEMBER TO FORMALLY NOTIFY THE BOARD AND TO ABSTAIN FROM ANY DIRECT INFLUENCE OF VOTING ON MOTIONS REGARDING THE RELATED PARTY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization MOULTON NIGUEL WATER DISTRICT PUBLIC	Employer identification number
FACILITIES CORPORATION	33-0601459
EODW 000 DADM UT CECHTON C ITNE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST AT THE BUSINESS ADD	RESS DURING NORMAL
BUSINESS HOURS.	
	WWW. 144-14-14-14-14-14-14-14-14-14-14-14-14-
	······································

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2015 Employer identification number 33-0601459 ٥ Open to Public Inspection OMB No. 1545-0047 × 2015 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity Ξ End-of-year assets **e** status (if section Public charity 501(c)(3)) **e** Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ section ਉ 115 Legal domicile (state or Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. CALIFORNIA MOULTON NIGUEL WATER DISTRICT PUBLIC Primary activity Primary activity WATER DISTRICT FACILITIES CORPORATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. MOULTON NIGUEL WATER DISTRICT - 95-2377983 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 92677 Name of the organization LAGUNA NIGUEL, CA Department of the Treasury Internal Revenue Service 27500 LA PAZ RD SCHEDULER (Form 990) PartII

532161 09-08-15 LHA

22

33-0601459

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

	(b)	k year.	3	(2)	9	177				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y	(e) Predominant income (related, unrelated, excluded from tax under	(1) Share of total income	(g) Share of end-of-year assets	c 5 = -	Code V-UBI amount in box 20 of Schedule	(J) General or managing partner?	General or Percentage managing ownership
		(Anunoo		(110-210 cionas)			Ves No	K-1 (Form 1065)	Ves No	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	is a Corporting the tax	oration or Trust Cor year.	nplete if the organization	on answered "Yes	" on Form 990, P	art IV, line 34	because it had c	ne or mo	e related
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(d) Legal domicile (state or foreign country) (d) (incompliance or foreign country)	rolling Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of Peend-of-year over assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
										-
532162 09-08-15				23			-	Schedul	e R (Forn	Schedule R (Form 990) 2015

33-0601459

Page 3

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule R (Form 990) 2015 FACILITIES CORPORATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2015 Yes No × × × þ 크 40 유 4 9 *****= 1g 두 = 9 욘 후 \$ Method of determining amount involved ¥ 누 Dividends from related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 995,523. ACTUAL AMOUNT 3,995,523.ACTUAL AMOUNT During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity (c) Amount involved 3 (b)
Transaction type (a-s) 24 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) ď Д Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) (1) MOULTON NIGUEL WATER DISTRICT (2) MOULTON NIGUEL WATER DISTRICT Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) 532163 09-08-15 ۵ c <u>@</u> 3 9 গ্র

Schedule R (Form 990) 2015

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION Schedule R (Form 990) 2015 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

			_		
.) ntage rship					
(k) ercent owners					
(j) neral or F naging rrtner?					
General or managing partner?					
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? ownership (Form 1065) Yes No					
(h) Disproportionate allocations?					
Olsp C					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
e partir	 				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

532164 09-08-15

MOULTON NIGUEL WATER DISTRICT PUBLIC 33-0601459 Page 5 FACILITIES CORPORATION Schedule R (Form 990) 2015 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Re	venue Service	► Information about Form 886	i8 and its	instructions is at www.irs.gov/forn	n8868 .				
If you	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box			X		
		itional (Not Automatic) 3-Month Ex							
		ss you have already been granted a							
		u can electronically file Form 8868 if y					oration		
		or an additional (not automatic) 3-mor							
		ns listed in Part I or Part II with the exc							
		which must be sent to the IRS in pap							
		which must be sent to the IRS in pap ick on e-file for Charities & Nonprofits		(see instructions). For more details	on the ele	ctronic filing of this	rorm,		
Part I		3-Month Extension of Time		submit original (no copies no	odod)		****		
		Form 990-T and requesting an autor			•		Г		
Part I on	*	ling 1100 O films) made and in DEM					· L		
	corporations (includ come tax returns.	ling 1120-C filers), partnerships, REM	iCs, and t	rusts must use Form 7004 to reques					
	7					er's identifying nur			
Type or		t organization or other filer, see instru		TDI TO	Employe	r identification num	per (EIN) or		
print	1	NIGUEL WATER DISTRI	ICT P	BPTC					
File by the		ES CORPORATION				33-060145	9		
due date fo		and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity number (SSN	1)		
filing your return. See					<u> </u>				
instructions		st office, state, and ZIP code. For a fo		ress, see instructions.					
····	LAGUNA N	IGUEL, CA 92677-34	102						
Enter the Return code for the return that this application is for (file a separate application for each return)									
							- banamanahananan		
Applicat	tion		Return	Application			Return		
ls For			Code	Is For			Code		
Form 99	0 or Form 990-EZ		01	Form 990-T (corporation)	···		07		
Form 99	0-BL		02	Form 1041-A			08		
Form 47	20 (individual)		03	Form 4720 (other than individual)			09		
Form 99			04	Form 5227		***************************************	10		
Form 99	0-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11		
	0-T (trust other than	······································	06	Form 8870			12		
	<u>-</u>	MATT COLLINGS				(************************************	т		
• The h	ooks are in the care	of > 27500 LA PAZ RI) - LA	AGUNA NIGUEL. CA 9	2677-	3402			
Telen	hone No. ► 909	-448-4032		Fax No.		3 1 0 21			
		ot have an office or place of business	in tha I In						
		rn, enter the organization's four digit (السسسا مامالة عامد مام		
box 🕨		of the group, check this box							
						ers the extension is	ior.		
1 ire	FERRIIARV	3-month (6 months for a corporation	required i	to the Form 990-1) extension of time	unu	77			
		15, 2017 , to file the exempt	. organizai	tion return for the organization name	ed above.	i ne extension			
IS 1	for the organization'								
	calendar year	or		TIN 20 2016					
>	X tax year begin	ning <u>JUL 1, 2015</u>	, an	d ending <u>JUN 30, 2016</u>		•			
				[]					
2 If t	─ , ′	in line 1 is for less than 12 months, ch	neck reaso	on:	Final retur	n			
L				***************************************			-		
3a If t	his application is for	Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any			_		
no	nrefundable credits.	See instructions.			3a	\$	0.		
b If t	his application is for	Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
es	timated tax paymen	ts made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.		
c Ba	lance due. Subtrac	t line 3b from line 3a. Include your pa	yment witl	h this form, if required,					
by	using EFTPS (Electi	ronic Federal Tax Payment System). S	See instru	ctions.	3с	\$	0.		
		make an electronic funds withdrawal			453-EO ar	nd Form 8879-EO fo			
nstructio				· ·					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

#4.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR 2015

California Exempt Organization Annual Information Return

528941 11-25-15 FORM

199

Calendar Yea	r 2015 or fiscal year beginning (mm/dd/yyyy)	07/01/	2015	, and ending	(mm/dd/yy	yy)	0 (6/30/2016 .
•	organization name		***************************************			ifornia corp	oration	number
	ON NIGUEL WATER DISTRICT	PUBLIC						
	TIES CORPORATION	·				1844	749	9
Additional into	ormation. See instructions.				FE	™ 33-0	601	1450
Street address	s (suite or room)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		PMB no.	00.	1409
	LA PAZ RD					1 1112 110.		
City					State	ZIP code		
LAGUNA	NIGUEL				CA	9267	7-3	3402
Foreign count	ry name F	oreign province/stat	e/county		·	Foreign p		
A First Ret	urn		J If exemp	pt under R&TC S	Section 237	01d, has	the or	ganization
	d Return •	Yes X No		d in political acti				
	tion 4947(a)(1) trust	Yes X No	ŧ.	rganization exen	-			
D Final Info	ormation Return?		l	enter the gross	-			***************************************
• 🔲	, , ,	ed/Reorganized		ization is exemp				
	ccounting method: (1) Cash (2) X Accrual	(3)	1	ets the filing fee				
	return filed? (1) • 990T(2) • 990-PF (3) •			quired. rganization a Lin				
	Other 990 series	OGITT(930)		organization file				103 [24] 110
	group filing? See instructions	Yes X No		axable income?				• Yes X No
	rganization in a group exemption	Yes X No		rganization unde				
If "Yes,"	what is the parent's name?			lited in a prior ye				
				eral Form 1023/				Yes X No
	organization have any changes to its guidelines	1 F##1	Date file	d with IRS				
	rted to the FTB? See instructions	Yes X No	trustiana D	and C				
raiti	1 Gross sales or receipts from other sources. Fr				···		1	3,995,523.00
	2 Gross dues and assessments from members a						2	00
.							3	00
Receipts	Gross contributions, gifts, grants, and similar Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than \$	e 1 through line 3. 50,000, see Genera	I Instruction B				4	3,995,523.00
and Revenues						00		
nevenues	5 Cost of goods sold					00		
	7 Total costs. Add line 5 and line 6						7	00
	8 Total gross income. Subtract line 7 from line 4					•	8	3,995,523.00
Expenses	9 Total expenses and disbursements. From Side						9	3,995,523.00
	10 Excess of receipts over expenses and disburse 11 Total payments	ements. Subtract	line 9 from i	ine 8		·······	10 11	00
							12	00
	13 Payment balance. If line 11 is more than line 1						13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11						14	00
-	15 Filing fee \$10 or \$25. See General Instruction						15	10.00
	16 Penalties and Interest. See General Instruction	J					16	00
	17 Balance due. Add line 12, line 15, and line 16. Under penantes of perjury, r declare that r have examined this it is true, correct, and complete. Declaration of preparer (other	Then subtract lin	e 11 from th	e result			17	10.00
Sign	it is true, correct, and complete. Declaration of preparer (other	than taxpayer) is b	ased on all info	rmation of which p	reparer has a	ny knowled	ge.	lowledge and bellel,
Here	Signature -		Title		Date			• Telephone
	Signature of officer		TREAS	URER ate		***************************************		909-448-4032
	Preparer's signature				Check	if aployed		P01294460
Paid	Firm's name			····		.р.о,ош	<u></u>	● FEIN
Preparer's	(or yours, VAVETNER TETNE DAT	Y & CO.	LLP					95-2648289
Use Only	employed) 10681 FOOTHILL BL						***************************************	Telephone
-	and address RANCHO CUCAMONGA,	CA 9173	30					909-466-4410
	May the FTB discuss this return with the preparer sh	iown above? See	instructions			•[X	Yes	No No
		-		F				
	022	365	1154			F	orm 1	199 C1 2015 Side 1

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

33-0601459

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

1 Gross sales or receipts from all business activities. See instructions 2 Interest 3 Dividends Receipts 4 Gross rents		•	1 2	00				
3 Dividends			2	00				
3 Dividends								
Bandala A Ouran mate		•	3	00				
ricocipio 4 diossicino		4	00					
from 5 Gross royalties			5	00				
Other 6 Gross amount received from sale of assets (See Instructions)		•	6	00				
Sources 7 Other income	SEE STA	PEMENT 1 •	7	3,995,523.00				
8 Total gross sales or receipts from other sources. Add line 1 through line	7 Enter here and o	n Side 1 Part I line 1	8	3,995,523.00				
9 Contributions, gifts, grants, and similar amounts paid			9	00				
10 Disbursements to or for members	•••••		10	00				
11 Compensation of officers, directors, and trustees	SEE STA	PEMENT 2	11	0.00				
	, , , , , , , , , , , , , , , , , , , ,							
			12	3,995,523.00				
***************************************			14	00				
			15	00				
ments 16 Depreciation and depletion (See instructions)			16	00				
17 Other Expenses and Disbursements		•	17	3 005 533				
18 Total expenses and disbursements. Add line 9 through line 17. Enter her Schedule L Balance Sheets Beginning of taxable ve			18	3,995,523.00				
			OI LAX	able year				
Assets (a)	(b)	(c)	V46070100	(d)				
1 Cash	440-450			1 116 505				
	440,458.			• 1,416,725.				
	836,049.			63,928,642.				
4 Inventories				•				
5 Federal and state government obligations				•				
6 Investments in other bonds				•				
7 Investments in stock				•				
8 Mortgage loans				•				
9 Other investments				•				
10 a Depreciable assets			新					
b Less accumulated depreciation ()		()					
11 Land				•				
12 Other assets				•				
13 Total assets 67,	276,507.			65,345,367.				
Liabilities and net worth								
	440,458.			 1,416,725. 				
15 Contributions, gifts, or grants payable				•				
	836,049.			• 63,928,642.				
17 Mortgages payable				•				
18 Other liabilities								
19 Capital stock or principal fund				•				
20 Paid-in or capital surplus. Attach reconciliation				•				
21 Retained earnings or income fund				•				
22 Total liabilities and net worth	276,507.			65,345,367.				
Schedule M-1 Reconciliation of income per books with income per return								
Do not complete this schedule if the amount on Schedule L, line 13	, column (d), is less	than \$50,000.						
· · · · · · · · · · · · · · · · · · ·	Income recorded of							
2 Federal income tax		s return.		•				
	Deductions in this							
4 Income not recorded on books this year		ne this year		•				
	Total. Add line 7 a							
	Net income per ret							
6 Total. Add line 1 through line 5	Subtract line 9 from							
1	305 a dot 1810 5 11 01			<u> </u>				

Side 2 Form 199 C1 2015

022

3652154

FORM 199	OTHER	INCOME	STATEMENT	1
DESCRIPTION			AMOUNT	
COP INTEREST INCOM	Ε		3,995,52	23.
TOTAL TO FORM 199,	PART II, LINE 7		3,995,52	33. ===
FORM 199 COMPE	NSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATI	ON
RICHARD S FIORE 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	DIRECTOR 1.00		0.
SCOTT F COLTON 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	DIRECTOR 1.00		0.
DONALD FROELICH 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	VICE PRESIDENT 1.00		0.
LARRY R LIZOTTE 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	DIRECTOR 1.00		0.
BRIAN S PROBOLSKY 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	PRESIDENT 1.00		0.
DUANE D CAVE 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	DIRECTOR 1.00		0.
GARY R KURTZ 27500 LA PAZ RD LAGUNA NIGUEL, CA	92677-3402	DIRECTOR 1.00		0.
TOTAL TO FORM 199,	PART II, LINE 11			0.

FORM 199	NET NOTES RECEIVABLE		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE	C, NET	65,836,049.	63,928,642.
TOTAL TO FORM 199, SCHEDUI	E L, LINE 3	65,836,049.	63,928,642.
FORM 199 BC	ONDS AND NOTES PAYABLE		STATEMENT 4
DESCRIPTION		BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITI	ES	65,836,049.	63,928,642.
TOTAL TO FORM 199, SCHEDUI	E L, LINE 16	65,836,049.	63,928,642.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach youcher below. Enclose, but do not staple, payment with voucher and

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal year - See instructions.

Calendar year corporations - File and Pay by March 15, 2016.

Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

539035 12-09-15

_ _ DETACH HERE _ _ _ _ DETACH HERE _ _ _ DETACH HERE _ _ _

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt **Organizations e-filed Returns** 2015

CALIFORNIA FORM 3586 (e-file)

0000000 MOUL 33-0601459 1844749 15 FORM 07-01-2015 TYE 06-30-2016

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

27500 LA PAZ RD

CA 92677-3402 LAGUNA NIGUEL

(949) 448-4032

Amount of Payment

10.

022

6181156

FTB 3586 2015

022 Date Accep	ted				DO NOT	MAIL T	HIS FORM TO THE F	тв
2015	- Calli	ornia e-file Re npt Organizat		orization 1	or		FORM 8453-E	
Exempt Organiz	zation name						Identifying number	
MOULTC	N NIGUEL W	ATER DISTRIC	T PUBLIC					
FACILI	TIES CORPO	RATION					33-0601459	
Part I E	lectronic Return Inf	ormation (whole dollars	only)					
1 Total g	ross receipts (Form	199, line 4)					1 3,995,523.	
	ross income (Form 1	99, line 8)	***************************************		• • • • • • • • • • • • • • • • • • • •		2 3,995,523.	00
3 Total e	expenses and disbure	sements (Form 199, line	9)		••••••		3 3,995,523.	00
Part II S	ettle Your Account	Electronically for Taxab	ole Year 2015					
4 L E	lectronic funds witho	Irawal 4a Amount		4b W	ithdrawal date (mm/dd/yy	ryy)	
Part III B	anking Information	(Have you verified the ex	cempt organization's	banking informa	tion?)			
5 Routing	number				<u></u>		·	
6 Accoun				7 Type of a	ccount:	Checking	Savings	
	eclaration of Office							
I authorize th on line 4a.	e exempt organization's	s account to be settled as de	signated in Part II. If I	check Part II, Box 4	, I authorize an ele	ectronic fun	ds withdrawal for the amount lis	sted
California ele a balance due organization statements b delayed, I au	ctronic return. To the be e return, I understand th will remain liable for the e transmitted to the FTE	est of my knowledge and be nat if the Franchise Tax Boar	lief, the exempt organiz d (FTB) does not receiv le interest and penalties intermediate service p	ation's return is tru ve full and timely pa s. I authorize the ex- rovider. If the proce the reason(s) for the	e, correct, and co yment of the exer empt organization essing of the exer he delay.	mplete. If the supplement or the supplement of t	exempt organization's 2015 ne exempt organization is filing ation's fee liability, the exempt accompanying schedules and zation's return or refund is	
Sign	Signature of officer		Date	TREASUF	RER			
Here	Signature or officer		Date	1100				
I declare that am only an in accurately rei provided the 1345, 2015 e the exempt o I declare that	I have reviewed the aboutermediate service providects the data on the reorganization officer with file Handbook for Authrganization return is file I have examined the ab	rider, I understand that I am turn.) I have obtained the or n a copy of all forms and info orized e-file Providers. I will d, whichever is later, and I v	eturn and that the entric not responsible for rev ganization officer's sig ormation that I will file keep form FTB 8453-E vill make a copy availat eturn and accompanyi	ss on form FTB 845 viewing the exempt nature on form FTB with the FTB, and I I 0 on file for four ye le to the FTB upon ng schedules and si	organization's reti 8453-EO before t nave followed all c ars from the due request. If I am all	urn. I declar ransmitting other required date of the so the paid	ct to the best of my knowledge. re, however, that form FTB 8453 this return to the FTB; I have ements described in FTB Pub. return or four years from the da preparer, under penalties of per my knowledge and belief, they a	3-EO ate rjury,
ERO sigr	D's- nature	VAVRINEK, TRI	NE DAY & C	Date O., LLP	Check if also paid preparer	Check if self- employe	ERO's PTIN FEIN 95-2648289	
o: if se		10681 FOOTHI					FEIN 33 2040203	
O.g. and		RANCHO CUCAM		1111 300			ZIP code 91730	
•	es of perjury, I declare		ove organization's retu	, ,	•	statements	, and to the best of my knowled	ge
Paid	Paid			I Date	[Chec	:k	Paid preparer's PTIN	
Preparer	preparer's				if sel		P01294460	
Must	Firm's name (or yours	VAVRINEK, T	RINE, DAY &	CO., LLE			FEIN 95-264828	9
Sign	if self-employed) and address	10681 FOOT						**********

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

 $\mathsf{ZIP}\;\mathsf{code}\;9\,1\,7\,3\,0$

529021 12-03-15

Sign

RANCHO CUCAMONGA, CA

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

	,						
State Charity Registration Number: CT 092061	Check if:						
MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION Name of Organization	Change of address Amended report						
27500 LA PAZ RD Address (Number and Street)	Corporate	or Organization No. 1844749					
LAGUNA NIGUEL, CA 92677-3402 City or Town, State and ZIP Code	Federal Er	nployer I.D. No. 33-0601459					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	Fe	<u>e</u>			
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	-	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$25 \$36	25			
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $\frac{07/01/20}{3,995,523}$ Total assets \$		ing 06/30/2016) list: 345,367.					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT					
Note: If you answer "yes" to any of the questions below, you must attach a s and details for each "yes" response. Please review RRF-1 instructions							
During this reporting period, were there any contracts, loans, leases or other f	inancial trar	sactions between the organization	Yes	No			
and any officer, director or trustee thereof either directly or with an entity in will any financial interest?		•		х			
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							
During this reporting period, did non-program expenditures exceed 50% of gross revenues?							
 During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy. 	nalty, fine or	judgment? If you filed a Form 4720		Х			
 During this reporting period, were the services of a commercial fundraiser or for If "yes," provide an attachment listing the name, address, and telephone num 				Х			
During this reporting period, did the organization receive any governmental funame of the agency, mailing address, contact person, and telephone number.	•	, provide an attachment listing the SEE STATEMENT 5	х				
 During this reporting period, did the organization hold a raffle for charitable puthe number of raffles and the date(s) they occurred. 	rposes? If "	yes," provide an attachment indicating		Х			
 Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commerce 		,		х			
9. Did your organization have prepared an audited financial statement in accordance principles for this reporting period?	ance with go	enerally accepted accounting	х				
Organization's area code and telephone number 949-448-4032							
Organization's e-mail address	***************************************						
I declare under penalty of perjury that I have examined this report, including accompanyin correct and complete.	g documents	, and to the best of my knowledge and belief, it	t is tru	e,			
MATT COLLINGS	Т	REASURER					
Signature of authorized officer Printed Name	Tit	le Date					

529291 04-01-15



MOULTON	NIGUEL	WATER	DISTRICT	PUBLIC	FAC
---------	--------	-------	----------	--------	-----

33-0601459

5

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT

MOULTON NIGUEL WATER DISTRICT 27500 LA PAZ RD LAGUNA NIGUEL, CA 92677-3402

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

h If you o						
- II you ai	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
	re filing for an Additional (Not Automatic) 3-Month Ex					
Do not coi	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.	
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a corp	oration
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Fransfers	Associated With Co	ertain
	Benefit Contracts, which must be sent to the IRS in pap					
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits	•			_	
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corporat	tion required to file Form 990-T and requesting an autor					
Part I only						. []
All other c	orporations (including 1120-C filers), partnerships, REM		rusts must use Form 7004 to reques	t an exter	nsion of time	
o file inco	me tax returns.			Enter file	er's identifying nu	nber
Type or	Name of exempt organization or other filer, see instru	ctions.			r identification num	
print	MOULTON NIGUEL WATER DISTRI		UBLIC	. ,		, ,
	FACILITIES CORPORATION		1		33-06014!	59
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social se	curity number (SSI	I).
iling your	27500 LA PAZ RD					-7
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.		······································	
	LAGUNA NIGUEL, CA 92677-34					
					·····	
Enter the F	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
	totally obtain the rotally that the approach to for the	и оорала	to application to odom rotally		*******************	[]
Application	n	Return	Application			Return
s For		Code	is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)	***************************************		07
Form 990-l		02	Form 1041-A			08
) (individual)	03	Form 4720 (other than individual)			09
orm 990-l		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	MATT COLLINGS		,			1
• The hor	oks are in the care of > 27500 LA PAZ RI) - LA	AGUNA NIGUEL. CA 9	2677-	3402	
	one No. ► 909-448-4032		Fax No.			······································
	rganization does not have an office or place of business	in the Un				
If this is	for a Group Return, enter the organization's four digit (Brown Eye	emotion Number (GEN) I		r the whole group	shook this
	for a Group Return, enter the organization's four digit (f this is fo	r the whole group, o	
оох 🕨 🗆	. If it is for part of the group, check this box 🕨 🗔	and atta	ch a list with the names and EINs of	f this is fo all memb		
oox ▶ ☐	. If it is for part of the group, check this box Luest an automatic 3-month (6 months for a corporation	and atta	ch a list with the names and EINs of to file Form 990-T) extension of time	f this is fo all memb until	ers the extension is	
oox ▶ ☐	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017 , to file the exempt	and atta	ch a list with the names and EINs of to file Form 990-T) extension of time	f this is fo all memb until	ers the extension is	
oox ▶ ☐	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for:	and atta	ch a list with the names and EINs of to file Form 990-T) extension of time	f this is fo all memb until	ers the extension is	
oox ▶ ☐ 1 I req is for	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or	and atta required to	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name	f this is fo all memb until	ers the extension is	
oox ▶ ☐ 1 I req is for	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for:	and atta required to	ch a list with the names and EINs of to file Form 990-T) extension of time	f this is fo all memb until	ers the extension is	
1 I req	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or tax year beginning JUL 1, 2015	and atta required torganizati organizati , and	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization named	f this is fo all memb until ed above.	ers the extension is The extension	
1 I req	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or X tax year beginning JUL 1, 2015 et ax year entered in line 1 is for less than 12 months, class	and atta required torganizati organizati , and	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization named	f this is fo all memb until	ers the extension is The extension	
1 req is for	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or X tax year beginning JUL 1, 2015 etax year entered in line 1 is for less than 12 months, cleaning Change in accounting period	and atta required to corganizati , and neck reaso	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name dendingJUN_30, _2016	f this is fo all memb until ed above.	ers the extension is The extension	
1 req is for 2 If the	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for:	and atta required to corganizati , and neck reaso	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name dendingJUN_30, _2016	f this is fo all memb until ed above.	rers the extension is The extension	for.
1 req is for 1 req 3 1 req 3 1 req 1 1 req 3 1 req 3 1 req 1 req	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or tax year beginning JUL 1, 2015 etax year entered in line 1 is for less than 12 months, class change in accounting period application is for Forms 990-BL, 990-PF, 990-T, 4720, refundable credits. See instructions.	and atta required to organizate , and neck reason or 6069, or	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name d endingJUN30_,2016 on: Initial return I enter the tentative tax, less any	f this is fo all memb until ed above.	ers the extension is The extension	
1 I req is for 2 If the 3a If this nonr	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or tax year beginning JUL 1, 2015 et ax year entered in line 1 is for less than 12 months, colors application is for Forms 990-BL, 990-PF, 990-T, 4720, refundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069	and atta required to corganizate , and neck reaso or 6069, of	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name d endingJUN30_,2016 on: Initial return fenter the tentative tax, less any refundable credits and	f this is fo all memb until ed above.	rers the extension is The extension n	0 .
1 I req is for 2 If the nonr b If this estin	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or x tax year beginning JUL 1, 2015 et ax year entered in line 1 is for less than 12 months, clearly change in accounting period application is for Forms 990-BL, 990-PF, 990-T, 4720, refundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overp	and atta required to corganizate , and neck reaso or 6069, of enter any ayment al	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name dendingJUN30_,2016 on: Initial return I enter the tentative tax, less any refundable credits and lowed as a credit.	f this is fo all memb until ed above.	rers the extension is The extension	for.
is for some state of the sound	. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2017, to file the exempter the organization's return for: calendar year or tax year beginning JUL 1, 2015 et ax year entered in line 1 is for less than 12 months, colors application is for Forms 990-BL, 990-PF, 990-T, 4720, refundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069	and atta required to corganizate , and neck reaso or 6069, or enter any ayment al	ch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name of the endingJUN30_,2016 on: Initial return	f this is fo all memb until ed above.	rers the extension is The extension n	0 •

LHA 523841 04-01-15 For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014)

EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 900 and its instructions is at www.irs.gov/form900

11110111	ai rievei	information about Form	990 and its instructions i	s at www.	rs.gov/rorm990	<i>).</i>	mapecno		
A F	or the	2015 calendar year, or tax year beginning JUL	1, 2015 and	ending C	JUN 30,	2016			
Вс	heck if	C Name of organization			D Employe	r identifi	cation number		
a	oplicable	MOULTON NIGUEL WATER DIS	TRICT PUBLIC						
	Addres	FACILITIES CORPORATION							
Γ	Name change				1	33-0	601459		
	initial return	Number and street (or P.O. box if mail is not delivered)	ed to street address)	Room/suite	E Telephon				
	Final	` ·	27500 LA PAZ RD		L releption	E Telephone number 949-448-4032			
	return/ termin- ated		or foreign postal ando		G Gross receip		3,995,5	23.	
	Amend	00000				····		23.	
一	Jreturn]Applic				H(a) Is this a		? Yes X	٦.,.	
£	ation pendin	SAME AS C ABOVE	CODDINGS		4			7	
			(incert no.) 4047(a)(4)	507	4		ncluded? Yes L	No	
		empt status: 501(c)(3) X 501(c)(4) e: WWW.MNWD.COM	(insert no.) 4947(a)(1)	or 527			list. (see instruction:	S)	
		organization: X Corporation Trust Associ	ation Other	T. V			n number	(1)	
		Summary	ation Utilet	L Year	of formation; J	. 9 9 3 N	State of legal domicil	e; CA	
ГС			MITT	ODCANI	7 7 7 M T () NT	TITA CI	DOMANT TOTTE		
ə	1	Briefly describe the organization's mission or most signor FINANCE THE ACQUISITION	nificant activities: ITE	TON OT	LAMITON	WAS .	FOINDLIOUE	<u> </u>	
& Governance									
le.		Check this box if the organization discontinu				1 1	ssets.	7	
é		Number of voting members of the governing body (Pa						$-\frac{7}{7}$	
অ		Number of independent voting members of the govern							
Activities		Total number of individuals employed in calendar year						0	
E.								0	
Ac		Fotal unrelated business revenue from Part VIII, colum						0.	
	b	Net unrelated business taxable income from Form 990	-T, line 34			7b		0.	
				ļ	Prior Yea		Current Year		
e l						0.		0.	
e l			***************************************			0.		0.	
Revenue			estment income (Part VIII, column (A), lines 3, 4, and 7d)					0.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e)		5,018,		3,995,5		
		Total revenue - add lines 8 through 11 (must equal Par			5,018,		3,995,5		
		Grants and similar amounts paid (Part IX, column (A), I				0.		0.	
		Benefits paid to or for members (Part IX, column (A), lir				0.		0.	
es		Salaries, other compensation, employee benefits (Part				0.		0.	
ens		Professional fundraising fees (Part IX, column (A), line				0.		0.	
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25		<u>0.</u>					
"		Other expenses (Part IX, column (A), lines 11a-11d, 11			5,018,				
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, c	olumn (A), line 25)		5,018,		3,995,5		
	19	Revenue less expenses. Subtract line 18 from line 12				0.		<u>0.</u>	
Net Assets or Fund Balances				Be	eginning of Curr		End of Year		
set	20	Fotal assets (Part X, line 16)			67,276,		65,345,3		
59	21	Fotal liabilities (Part X, line 26)			67,276,		65,345,3		
_		Net assets or fund balances. Subtract line 21 from line	20	<u></u>		0.		0.	
11/2-14/01/01	rt II	Signature Block							
	•	ties of perjury, I declare that I have examined this return, incl			•	•	y knowledge and belief	, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of wi	hich preparer	has any knowle	dge.			
		8					· · · · · · · · · · · · · · · · · · ·		
Sign	١	Signature of officer			Date				
Here	Э	MATT COLLINGS, TREASURER							
		Type or print name and title			0.00	·			
		** * *	parer's signature		Date	Check	PTIN	_	
Paid	1	CATHERINE L. GRAY				self-employe			
Prep	1	Firm's name VAVRINEK, TRINE, DAY			Firm'	s EIN 🛌	95-264828	9	
Use	Only	Firm's address 10681 FOOTHILL BLV							
		RANCHO CUCAMONGA,	CA 91730		Phon	e no.90	9-466-4410		
May	the IF	S discuss this return with the preparer shown above?	(see instructions)				X Vas	No	

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

	990 (2015) FACILITIES CORPORATION	33-0601459	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE ORGANIZATION WAS ESTABLISHED TO FINANCE THE ACQUIST		
	CONSTRUCTION OF WATER FACILITIES IN ORDER TO PROVIDE SE		
	EFFICIENT AND COST EFFECTIVE MANNER TO EXISTING AND FUT	TURE CONSUME	RS
	WITHIN THE BOUNDRIES OF THE CORPORATION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Y6	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Y	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other contents.		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,995,523. including grants of \$) (Reve	enue \$)
	DEBT SERVICE PAYMENT ON CERTIFICATES OF PARTICIPATION.		
4b	(Code:) (Expenses \$ including grants of \$) (Reverses \$)	enue \$)
	/ Liverious V	nuc ψ	······································
			
			
		,	

		·	
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)

4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 3,995,523.		
E0000		Form	990 (2015)
53200: 12-16-	2 15		

33-0601459 Page 3 FACILITIES CORPORATION Form 990 (2015) Part IV | Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	9459 Ja - 31	х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		==
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
				
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1

Form 990 (2015) FACILITIES CORPORATION
Part IV Checklist of Required Schedules (continued)

33-0601459 Page 4

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Δ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	X	

orm	990 (2015)	FACILITIES CORPORATION		33-0601	459	P	age 5
Par		nents Regarding Other IRS Filings and Tax Compliance				i	ugo -
	Check if	Schedule O contains a response or note to any line in this Part V					
						Yes	No
1a	Enter the numb	er reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
		er of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C	Ī		
		ation comply with backup withholding rules for reportable payments to vendors and re	port	able gaming	1		
	(gambling) winn	nings to prize winners?			1c		Acetale/Acetar
2a	Enter the numb	er of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the cale	endar year ending with or within the year covered by this return	2a) 0			
b	If at least one is	s reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
	Note. If the sur	n of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organiz	ation have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it f	filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time dur	ing the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial accou	nt in a foreign country (such as a bank account, securities account, or other financial a	accol	ınt)?	4a		X
b	If "Yes," enter t	he name of the foreign country:					
	See instruction	s for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
	_			***********	5a		X
b	Did any taxable	party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction	?	5b		Х
С	If "Yes," to line	5a or 5b, did the organization file Form 8886-T?		*******	5c		
6a	Does the organ	ization have annual gross receipts that are normally greater than \$100,000, and did th	e org	anization solicit			
	-	ns that were not tax deductible as charitable contributions?			6a		<u>X</u>
b		e organization include with every solicitation an express statement that such contributi	ions d	or gifts			
	were not tax de				6b		
7		that may receive deductible contributions under section 170(c).					
		on receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u>X</u>
		e organization notify the donor of the value of the goods or services provided?			7b		
С		ation sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	quired			**
	to file Form 828	1		I	7c		<u> X</u>
		e the number of Forms 8282 filed during the year	7d	<u> </u>			
_		ation receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
f		ation, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
		on received a contribution of qualified intellectual property, did the organization file Fo		* ***	7g		
		on received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		6526645
8		ganizations maintaining donor advised funds. Did a donor advised fund maintained anization have excess business holdings at any time during the year?	by tr	ie			
9		ganizations maintaining donor advised funds.		***************************************	8		3000 2750
		ring organization make any taxable distributions under section 4966?			9a		
	•	ring organization make any taxable distributions under section 4906?		*******************	9a 9b		
		(7) organization make a distribution to a donor, donor advisor, or related persons		***************************************	90		
		· · ·	10a	l			
			10b				
		(12) organizations. Enter:	100	1			
		rom members or shareholders	11a				
		rom other sources (Do not net amounts due or paid to other sources against					
			11b				
)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	49-25-190-60	
		· · · · · · · · · · · · · · · · · · ·	12b				
		(29) qualified nonprofit health insurance issuers.		A			
		ion licensed to issue qualified health plans in more than one state?			13a	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		nstructions for additional information the organization must report on Schedule O.					
		nt of reserves the organization is required to maintain by the states in which the					
		icensed to issue qualified health plans	13b				
		nt of reserves on hand	13c				
		ation unantico must manuscrate for inches tormina and inches distinct the torus and			14a		X
		iled a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		

FACILITIES CORPORATION

33-0601459

Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing		7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other			
	officer, director, trustee, or key employee?		2	10-000-000 inpo	X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	•	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	·	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?	***************************************	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		 		***************************************
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			<u> </u>	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	
b		· -			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13		X
14	Diddle seeming that have a solution decreased at a track of the contract of th		14		X
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-			
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?	*************************	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s only	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.	• • • • • • • • • • • • • • • • • • • •			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:			
	MATT COLLINGS - 909-448-4032				
	27500 LA PAZ RD. LAGUNA NIGUEL. CA 92677-3402				

Form 990 (2015)

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION

33-0601459

Page 7

Part VIII	Compensation of Officers, Directors, Trus	tees, Key Employees	, Highest Compensated	
	Employees, and Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n (A)	(B)			(0	C)			(D)	. (E)	(F)	
Name and Title	Average	Position (do not check more			osition		000	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	 	cer an	uau	reck	Ji/trus	iee)	from	from related	other	
	(list any hours for	irecto				L	ŀ	the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	36 05 6	ag:			satec		(W-2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** ******************************		and related	
	below	vidual	tution	13	Key employee	lest co	ja ja			organizations	
	line)	ğ	Inst	Officer	Key	Ema	Former				
(1) RICHARD S FIORE	1.00							_	_	_	
DIRECTOR		X			L			0.	0.	0	
(2) SCOTT F COLTON	1.00								_		
DIRECTOR		X	<u> </u>		<u> </u>			0.	0.	0	
(3) DONALD FROELICH	1.00								_	_	
VICE PRESIDENT		X		X	L	<u> </u>		0.	0.	0	
(4) LARRY R LIZOTTE	1.00										
DIRECTOR	4 6 6	Х						0.	0.	0	
(5) BRIAN S PROBOLSKY	1.00							•		•	
PRESIDENT	1	X		X		ļ		0.	0.	0	
(6) DUANE D CAVE	1.00				İ			_		_	
DIRECTOR	1 00	Х			ļ			0.	0.	0 .	
(7) GARY R KURTZ	1.00	.,						0	_	_	
DIRECTOR	ļ	Х			ļ			0.	0.	0 .	
		-				<u> </u>					
	ļ	-				-					
		-				_					
		-				_					
						-	-				
	ļ										
						-					
		\vdash				\vdash	_	***			
		\vdash	Н			\vdash		——————————————————————————————————————			
		\vdash	\vdash			\vdash					
	ı										

Form 990 (2015) 532007 12-16-15

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION 33-0601459 Form 990 (2015) Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (D) (F) (E) Position (do not check more than one Name and title Average Reportable Reportable **Estimated** hours per compensation box, unless person is both an officer and a director/trustee) compensation amount of week from from related other (list any the organizations compensation Individual trustee or director hours for (W-2/1099-MISC) organization from the related institutional trustee (W-2/1099-MISC) organization organizations Key employee and related below organizations line) 1b Sub-total 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation

2				

Form 990 (2015)

532008 12-16-15 Form 990 (2015)

FACILITIES CORPORATION

33-0601459

Dago	q
rage	J

Pa	rt VII	80000						
		Check if Schedule O contains a	response	or note to any lii	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Sra Iou	b	Membership dues	1b					
ts, (С	Fundraising events	1c					
Gif	d	Related organizations	1d					
ns,	е	Government grants (contributions)	1e	M-4-14-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				
er S	f	All other contributions, gifts, grants, and						
변 된		similar amounts not included above						
ont nd (_	Noncash contributions included in lines 1a-1f: \$	***************************************					
<u>a C</u>	h	Total. Add lines 1a-1f						
_				Business Code				
/ice	2 a				 			
er ne	b						<u> </u>	
wen	C			<u> </u>				
Program Service Revenue	d							
Pro	f	All other program service revenue						
	g							
	3	Investment income (including divide						
		other similar amounts)						
	4	Income from investment of tax-exem						
	5	Royalties		•				
		i i	Real	(ii) Personal	100			
	6 a	Gross rents						
	b	Less: rental expenses						The state of the s
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of (i) S	ecurities	(ii) Other				
		assets other than inventory			100 PM			
	b	Less: cost or other basis						
		and sales expenses		<u> </u>				
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		·············				
enne	Ва	Gross income from fundraising even including \$	of					
Re		contributions reported on line 1c). Se						
Other Rev		Part IV, line 18						
ᅙ		Less: direct expenses						
		Net income or (loss) from fundraising Gross income from gaming activities		<u></u>				
	9 4	Part IV, line 19						
	h	Less: direct expenses			Bart			
		Net income or (loss) from gaming ac						
		Gross sales of inventory, less returns				1000		
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inv						44.540.540.01.00.01.00.000.000.000.000.000.000.0
		Miscellaneous Revenue		Business Code				
	11 a	COP INTEREST INCOM	E		3,995,523.	3,995,523.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			3,995,523.			
	12	Total revenue. See instructions.			3,995,523.	3,995,523.	0.	0.

FACILITIES CORPORATION

Form 990 (2015) Part IX | Statement of Functional Expenses 33-0601459 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (A) Total expenses (D) Do not include amounts reported on lines 6b, Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): a Management Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,995,523. 3,995,523. Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d e All other expenses 3,995,523. 3,995,523. Ō. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION

33-0601459 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 1,440,458. 1,416,725. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 65,836,049. 63,928,642. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 67,276,507. 16 Total assets. Add lines 1 through 15 (must equal line 34) 65,345,367. 16 1,440,458. 1,416,725. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 65,836,049. 63,928,642. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 67,276,507. 26 65,345,367. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 Capital stock or trust principal, or current funds 30 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 O. Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 33 67,276,507. 65,345,367. 34 Total liabilities and net assets/fund balances

Form 990 (2015)

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION 33-0601459 Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 3,995,523 1 3,995,523. Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 0. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis ___ Separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

532012 12-16-15

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

MOULTON NIGUEL WATER DISTRICT PUBLIC Name of the organization

FACILITIES CORPORATION

Employer identification number 33-0601459

Pa	t I Organizations Maintaining Donor Advise		or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		**************************************
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990. Pa	rt IV. line 7.
1	Purpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	The second secon	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			20220000
	Total acreage restricted by conservation easements		***
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
_	year >	is a second of the second of t	.ga.madon da.m.g uno tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	▶\$		g ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		> \$

532051 11-02-15

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

_		LES CORPOR						601459	
гa	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that a	re a sigr	ificant use of its	s collection i	tems
	(check all that apply):								
а	Public exhibition	c	1 🔲 L	oan or exc	hange program	s			
b	Scholarly research	€	, , , , , , , , , , , , , , , , , , , ,	Other	0 . 0				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how the	ev further t	he organization	'e avamr	t nurnosa in Da	ort YIII	
5	During the year, did the organization solicit o					-		ait Aiii.	
J	to be sold to raise funds rather than to be ma							Yes	
Pa	t IV Escrow and Custodial Arran								No
127.5344	reported an amount on Form 990, Pai		ete ii die t	organizatio	ii alisweleu Te	S OHF	omi 990, Part iv	, line 9, or	
			d: £						
ıa	Is the organization an agent, trustee, custod		-					— —	
	on Form 990, Part X?				• • • • • • • • • • • • • • • • • • • •		L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ıble:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance	**************************		**************			1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or co	ustodial accoun	t liability	?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	n has been	provided on Pa	rt XIII	********		
	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" on Fo	orm 990, Part IV	, line 10.			
		(a) Current year		or year			Three years back	(e) Four ye	ars back
1a	Beginning of year balance	***************************************						1 3 7	
	Contributions							1	***************************************
	Net investment earnings, gains, and losses			·····				-	
	Grants or scholarships								
	Other expenditures for facilities			······································				 	
-									
	and programs							 	
	Administrative expenses								
g	End of year balance							1	
2	Provide the estimated percentage of the curr	ent year end balanc		, column (a	i)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organization	ation that	are held a	nd administered	for the	organization		
	by:							Y	s No
	(i) unrelated organizations			********	***************************************			3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the							· ·	
Par	t VI Land, Buildings, and Equipm	ent.		***************************************				·····	
Name of the last o	Complete if the organization answered	d "Yes" on Form 990), Part IV.	line 11a. S	ee Form 990. P	art X. lin	e 10.		
***************************************	Description of property	(a) Cost or o		(b) Cost			mulated	(d) Book v	2010
	becomplient of property	basis (investr	1	basis (i		ciation	(u) Dook v	aiuc
	Land	`			,				
	Land		<u>-</u>						
D	Buildings								
	Leasehold improvements								
	Equipment						<u> </u>		
	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, columr	n (B), line 1	0c.)		<u> </u>		0.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 FACILITIES CORPORATION 33-0601459 Page 3

Part VII Investments - Other Securities.			Maria Maria
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
The Life And Control of Control o	on Form 000 Port IV	line 11d Cas Farm 000 Dark V line 15	
Complete if the organization answered "Yes"	Description	ille 11d. See Form 990, Part X, line 15.	(b) Book value
(1)	ocompton .		(b) DOOK VAIGE
(2)			
(3)			
(4)		***************************************	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form OOA Dod N	line 11e or 11f Con Form 000 Dart V !!-	o 25
() = (! . ! !! !!	on Form 990, Part IV,	(b) Book value	e 20.
(1) Federal income taxes		(B) DOOK Valide	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		te to the organization's financial stateme	nts that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2015

532053 09-21-15

MOULTON NIGUEL WATER DISTRICT PUBLIC 33-0601459 Page 4 FACILITIES CORPORATION Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,995,523. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 0. e Add lines 2a through 2d 3,995,523. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,995,523. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3,995,523. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

532054 09-21-1

SCHEDULE K (Form 990) Department of the Treasury Internal Service	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www./rs.gov/form	plemental Infiritation answered xplanations, and mation about Sci	Supplemental Information on Tax-Exempt Bonds organization answered "Yes" on Form 990, Part IV, line 24a. Prexplanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions	ax-Exempt E 90, Part IV, line bration in Pari	Supplemental Information on Tax-Exempt Bonds e organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Information about Schedule K (Form 990) and its instructions is at www./rs.gov/form990.	ptions, s. aov/form990.		<u> </u>	OMB No. 1545-0047 2015 Open to Public Inspection	545-0047 15 ublic
ation MOULTO FACILI	SUEL WATER D	DISTRICT N	PUBLIC				Employe 33-	yer identificatio -0601459	fication 459	Employer identification number 33-0601459
Part I Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	(g) Defeased (h) On behalf of issuer	sed (h) Or of is	E .	(i) Pooled financing
							Yes No	o Yes	No	Yes No
A MIWD PFC	33-0601459	31845V302	12/22/09	00000009	•	ACQ OF RIGHTS	×	×		×
B MWWD PFC	33-0601459	9AMMF05B2	11/01/10	8,965,000	•	EFI 1993 FUND	×	×		×
O										
Q										
Part II Proceeds										
9			A		В	S			۵	
			:							
1			000,09	,000,	8,965,000.					
4 Gross proceeds in reserve funds			6,023	,356.	896,059					
5 Capitalized interest from proceeds			-1	·I						
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds			552,	,850.	123,760.					
8 Credit enhancement from proceeds										

12 Utner unspent proceeds 13 Year of substantial completion										
		***************************************	Yes	S S	Yes	Yes	2	Yes		No.
14 Were the bonds issued as part of a current refunding issue?	funding issue?									
15 Were the bonds issued as part of an advance refunding issue?	refunding issue?		:	×	×					
16 Has the final allocation of proceeds been made?	le?			×	×					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	to support the final allocation	of proceeds?	×		×					***************************************
Part III Private Business Use										
			4		В	ပ			۵	
1 Was the organization a partner in a partnership, or a member of an		LLC,	Yes	_	Yes No	Yes	<u>و</u>	Yes		No Pi
-	t bonds?	***************************************		×	×					
2 Are there any lease arrangements that may result in private business use of bond-financed property?	sult in private busines	s use of		×	×					
532121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruction	ns for Form 990.					8	hedule !	(Form	Schedule K (Form 990) 2015

FACILITIES CORPORATION

Page 2 % % ŝ Yes % % % ŝ Yes 33-0601459 % % % 2 ⋈ × × Ω Yes % % % 2 × × × Yes counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonentities other than a section 501(c)(3) organization or a state or local government counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another Are there any management or service contracts that may result in private 7 Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government business use of bond-financed property? Part III Private Business Use (Continued) Schedule K (Form 990) 2015 Total of lines 4 and 5 3a 4 io ဖ

		A		ш	മ		ပ	Ω	_
-	I Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	٥N	Yes	S S	Yes	N _o
l	Penalty in Lieu of Arbitrage Rebate?		×		×				
**	2 If "No" to line 1, did the following apply?								
	a Rebate not due yet?		×		×				
	b Exception to rebate?		×		×				
	c No rebate due?		×		×				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
9	3 Is the bond issue a variable rate issue?		×		×				
4	4a Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		×		×				
1	b Name of provider								
ļ	c Term of hedge								
	d Was the hedge superintegrated?								
ı	e Was the hedge terminated?								
532	532122 10-22-15						Sci	Schedule K (Form 990) 2015	m 990) 2015

1.141-12 and 1.145-2?

6

c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections

Has the organization established written procedures to ensure that all nonqualified

bonds of the issue are remediated in accordance with the requirements under

Regulations sections 1.141-12 and 1.145-2?

Part IV Arbitrage

%

%

%

%

×

Page 3 ŝ ž Ω Yes Yes ŝ ŝ O ပ Yes Yes 33-0601459 2× ŝ × × Ω Yes Yes × Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). ŝ 2 × × × MOULTON NIGUEL WATER DISTRICT PUBLIC Yes Yes × d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable FACILITIES CORPORATION 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2015 b Name of provider section 148? c Term of GIC regulations?

Schedule K (Form 990) 2015

532123 10-22-15

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

MOULTON NIGUEL WATER DISTRICT PUBLIC Emplo

Employer identification number 33-0601459

FACILITIES CORPORATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORDER TO PROVIDE SERVICE IN AN EFFICIENT AND COST EFFECTIVE MANNER TO EXISTING AND FUTURE CONSUMERS WITHIN THE BOUNDRIES OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 3: EMPLOYEES OF THE MOULTON NIGUEL WATER DISTRICT PROVIDE ADMINISTRATIVE SERVICES TO THE ORGANIZATION AT NO CHARGE. FORM 990, PART VI, SECTION A, LINE 7A: THE MOULTON NIGUEL WATER DISTRICT GOVERNING BOARD IS AUTOMATICALLY THE MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION BOARD UNDER THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS PREPARED BASED ON THE AUDITED FINANCIAL STATEMENTS THAT ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE TAX RETURN IS REVIEWED AND APPROVED BY SENIOR MANAGEMENT BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, THE BOARD OF DIRECTORS IS PRESENTED WITH A CONFLICT OF INTEREST STATEMENT AND MUST SIGN THE STATEMENT ASSERTING THAT THEY HAVE NO CONFLICT OF INTERESTS IN WORKING AS BOARD MEMBER. IN THE EVENT THAT THEY DO COME ACROSS A CONFLICT OF INTEREST, THE POLICY CALLS FOR THE BOARD MEMBER TO FORMALLY NOTIFY THE BOARD AND TO ABSTAIN FROM ANY DIRECT INFLUENCE OF VOTING ON MOTIONS REGARDING THE RELATED PARTY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION	Employer identific 33-06014	ation number 459
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST, AND F	INANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST AT THE BUSINESS ADD	RESS DURING	NORMAL
BUSINESS HOURS.		

532161 09-08-15 LHA

Schedule R (Form 990) 2015 (g) Section 512(b)(13) Employer identification number 33-0601459ŝ Open to Public Inspection OMB No. 1545-0047 × controlled 2015 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

MOULTON NIGUEL WATER DISTRICT PUBLIC Total income Related Organizations and Unrelated Partnerships Exempt Code section ত্ত 115 Legal domicile (state or Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. CALIFORNIA Primary activity Primary activity 9 <u>a</u> WATER DISTRICT FACILITIES CORPORATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. MOULTON NIGUEL WATER DISTRICT - 95-2377983 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 92677 Name of the organization LAGUNA NIGUEL, CA Department of the Treasury Internal Revenue Service 27500 LA PAZ RD SCHEDULE R (Form 990) Part Part II

Page 2

33-0601459

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION

Schedule R (Form 990) 2015

General or Percentage managing ownership partner? Schedule R (Form 990) 2015 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 函 Percentage ownership Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 Disproportionate Yes No allocations? Share of total income ε Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ **e** Legal domicile (state or foreign country) ত (d)
(Direct controlling entity Primary activity Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization a) <u>a</u> 532162 09-08-15 PartIII Part IV

Page 3

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule R (Form 990) 2015 FACILITIES CORPORATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2015 ×× x ×× ×× × × Yes × <u>ra</u> 4 ပ္ 7 ᄩ <u>_</u> 19 4 18 Method of determining amount involved *****= 두 粪 ္ 5 두 ÷ e Loans or loan guarantees by related organization(s) Dividends from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 3,995,523. ACTUAL AMOUNT 995,523. ACTUAL AMOUNT Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved n Transaction type (a-s) m Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) ď д Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) (1) MOULTON NIGUEL WATER DISTRICT (2) MOULTON NIGUEL WATER DISTRICT (a)
Name of related organization Purchase of assets from related organization(s) i Exchange of assets with related organization(s) Sale of assets to related organization(s) 532163 09-08-15 Ω. σ **₹** (2) <u></u> <u></u>

33-0601459

Page 4

MOULTON NIGUEL WATER DISTRICT PUBLIC

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

FACILITIES CORPORATION Schedule R (Form 990) 2015 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) er Ves No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportional dineations?	Code V-UBI General or Percentage amount in box 20 partner? Or Schedule K-1 (Form 1065) Yes No	(i) General or managing partner? Yes NO	(k) Percentage ownership
										
								٠		

532164 09-08-15

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 FACILITIES CORPORATION	33-0601459 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
Provide additional information for responses to questions on Schedule in (see instructions).	

