

Approximate Meeting Time: 30 Minutes

THIS BOARD MEETING WILL INCLUDE TELECONFERENCING AT THE FOLLOWING LOCATION: 5117 DOWDELL AVENUE APT#51, ROHNERT PARK, CALIFORNIA

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 21, 2017, 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. <u>CALL MEETING TO ORDER:</u>

2. APPROVE THE MINUTES OF THE DECEMBER 15, 2016 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING (ROLL CALL VOTE)

3. <u>PUBLIC COMMENTS:</u>

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. <u>MNWD PUBLIC FACILITIES CORPORATION AUDITED FINANCIAL STATEMENTS</u> AND TAX FORMS FOR FISCAL YEAR ENDED JUNE 30, 2017 (ROLL CALL VOTE)

It is recommended that the Board of Directors receive and file the financial statements and tax forms 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, 2018

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 <u>www.mnwd.com</u>.



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

December 15, 2016

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 15, 2016. There were present and participating:

DIRECTORS

Duane Cave	Director
Scott Colton	Vice President
Richard Fiore	Director
Donald Froelich	Vice President
Gary Kurtz	Director
Larry Lizotte	Director
Brian Probolsky	President

Also present and participating were:

STAFF MEMBERS, LEGAL COUNSEL, AND MEMBERS OF THE PUBLIC

Joone Lopez	General Manager
Marc Serna	Director of Engineering & Operations
Gina Hillary	Director of Human Resources
Drew Atwater	Director of Planning
Jake Vollebregt	Director of Regional & Legal Affairs
Jeff Ferre	Best, Best, & Krieger (General Counsel)
Paige Gulck	Board Secretary
Tim Bonita	Recording Secretary
Trevor Agrelius	MNWD
Johnathan Cruz	MNWD
Tracy Ingebrigtsen	MNWD
Medha Patel	MNWD
Lindsey Stuvick	MNWD
Rod Woods	MNWD

Carol Gamble
Roger Faubel

Member of the Public Faubel Public Affairs

1. CALL MEETING TO ORDER

The meeting was called to order by Brian Probolsky at 6:34 p.m.

2. APPROVE THE MINUTES OF THE DECEMBER 17, 2015 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING

MOTION DULY MADE BY RICHARD FIORE AND SECONDED BY DUANE CAVE, MINUTES OF THE DECEMBER 17, 2015 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING WERE APPROVED AS PRESENTED. THE VOTE WAS UNANIMOUS WITH DIRECTORS SCOTT COLTON, RICHARD FIORE, DONALD FROELICH, GARY KURTZ, LARRY LIZOTTE, AND BRIAN PROBOLSKY ALL VOTING 'AYE'.

3. PUBLIC COMMENTS

None.

ACTION ITEMS

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

MOTION DULY MADE BY DUANE CAVE AND SECONDED BY SCOTT COLTON, ITEM 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. <u>Late Items (Appropriate Findings to be Made)</u>

None.

ADJOURNMENT

The meeting was adjourned at 6:26 p.m.

Respectfully submitted,

Tim Bonita Recording Secretary

-4-



STAFF REPORT

- TO: Board of Directors MEETING DATE: December 21, 2017
- FROM: Trevor Agrelius, Controller
- SUBJECT: MNWD Public Facilities Corporation Audited Financial Statements and Tax Forms for Fiscal Year Ended June 30, 2017

SUMMARY:

<u>Issue</u>: Review the MNWD Public Facilities Corporation Audited Financial Statements and Tax Forms for Fiscal Year Ended June 30, 2017

<u>Recommendation:</u> It is recommended that the Board of Directors receive and file the financial statements and tax forms 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, 2018.

Fiscal Impact: No fiscal impact to the District.

Reviewed by Legal: N/A

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.

Per the Corporation Bylaws, the financial condition of the Corporation shall be audited annually by an independent certified public accountant. Due to the exempt-from-tax status granted, the Corporation is required to annually file Federal Form 990 and California Form 199.

MNWD Public Facilities Corporation Audited Financial Statements and Tax Forms for Fiscal Year Ended June 30, 2017 December 21, 2017 Page **2** of **2**

DISCUSSION:

The external audit firm, Vavrinek, Trine, Day & Co., LLP, have conducted the independent audit and have issued an unmodified (clean) opinion for the Corporation's financial statements for fiscal year ended June 30, 2017. The letter on internal control contained no significant deficiencies or material weaknesses.

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; the 2010 Refunding Bonds and 2009 Build America Bonds. The Corporation's financial activities in the attached financial statements include interest expense of \$4.1M, including \$0.1M in amortized premiums, and principal payments on the outstanding bonds of \$2.0M.

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, 2018.

Attachments:

- 1. PFC Audited Financial Statements for Fiscal Year Ended June 30, 2017
- 2. PFC Audit Communication letter
- 3. PFC Form 990 and 199 for Fiscal Year Ended June 30, 2017

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

BASIC FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2017

#4.

This Page Left Intentionally Blank

Moulton Niguel Water District Public Facilities Corporation

Basic Financial Statements

Year Ended June 30, 2017

#4.

This Page Left Intentionally Blank

Year Ended June 30, 2017

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 <i>Government Auditing Standards</i>	

#4.

This Page Left Intentionally Blank



VALUE THE difference

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, 2017, 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 auditors' 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, 2017, 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 Matters

Required Supplementary Information

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 8, 2017, 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.

Varinele Treis, Day ; Co, UP

Laguna Hills, California December 8, 2017

Statement of Net Position June 30, 2017

Assets: Current:	ć 1 201 002
Accrued interest receivable from Moulton Niguel Water District Installment receivable from Moulton Niguel Water District (Notes 2 & 3)	\$
Total Current Assets	3,316,992
Noncurrent: Installment receivable from Moulton Niguel Water District (Notes 2 & 3)	60,021,234
Total Noncurrent Assets	60,021,234
Total Assets	63,338,226
Liabilities: Current: Accrued interest payable	1,391,992
2010 certificates of participation payable, current (Note 2)	1,925,000
Total Current Liabilities	3,316,992
Long-Term Liabilities: 2010 certificates of participation payable, non-current (Note 2) 2009 certificates of participation payable, non-current (Note 3)	21,234 60,000,000
Total Long-Term Liabilities	60,021,234
Total Liabilities	63,338,226
Net Position:	
Total Net Position	
Total Liabilities and Net Position	\$ 63,338,226

Moulton Niguel Water District Public Facilities Corporation Statement of Revenues, Expenses, and Changes in Net Position Year Ended June 30, 2017

\$ 4,086,450
 4,086,450
 4,086,450
 4,086,450
 -
\$ -
\$ \$

Statement of Cash Flows Year Ended June 30, 2017

Cash Flows from Capital and Related Financing Activities:	
Interest paid on certificates of participation	\$ (4,061,717)
Principal paid on certificates of participation	 (1,982,408)
Net Cash Provided By (Used For) Capital and	
Related Financing Activities	 (6,044,125)
Cash Flows from Investing Activities:	
Interest received on installment sale agreement	4,061,717
Repayment of installment agreement	 1,982,408
Net Cash Provided By (Used For) Investing Activities	 6,044,125
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	\$ 127,408

#4.

This Page Left Intentionally Blank

Notes to Financial Statements Year Ended June 30, 2017

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.

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 shortterm, 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 is calculated at rates from 2%-4%, payable semi-annually on March 1 and September 1 of each year, commencing March 1, 2011, and end 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. 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.

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, 2017, the Reserve Requirement for the Certificates was \$192,500. At June 30, 2017, the District had \$378,971 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, 2017 are as follows:

Year Ending							
June 30	Principal		<u> </u>	Interest		Total	
2018	\$	1,925,000	\$	38,500	\$	1,963,500	
Totals	\$	1,925,000	\$	38,500	\$	1,963,500	

2010 Refunding Certificates of Participation

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. 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.

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

As of June 30, 2017, the Reserve Requirement for the Certificates is \$6,000,000. At June 30, 2017, the District had \$6,116,159 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:

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

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

	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

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

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.

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 6.9% reduction as of October 1, 2016, through September 30, 2017, resulting in a refundable credit equal to 32.59%.

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.

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

The annual requirements to repay the Certificates as of June 30, 2017, are as follows:

2009 Certificates of Participation (Build America Bonds)							
Year Ending							
June 30		Principal		Interest		Total	
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		-		4,098,976		4,098,976	
2023-2027		8,265,000		19,753,448		28,018,448	
2028-2032		16,400,000		15,248,197		31,648,197	
2033-2037		20,565,000		8,860,787		29,425,787	
3038-2042		14,770,000		1,575,568		16,345,568	
Totals	\$	60,000,000	\$	65,932,880	\$	125,932,880	

Note 4: Long-Term Liabilities

The changes in long-term liabilities for the year ended June 30, 2017 are as follows:

	Balance at July 1, 2016 Additions		Deletions	Balance at June 30, 2017	Due Within One Year	
2010 COPs 2010 Unamortized Premium 2009 COPs	\$ 3,780,000 148,642 60,000,000	\$ - - -	\$ (1,855,000) (127,408) -	\$ 1,925,000 21,234 60,000,000	\$ 1,925,000 - -	
Total Certificates	\$ 63,928,642	\$ -	\$ (1,982,408)	\$ 61,946,234	\$ 1,925,000	

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, 2017 through September 30, 2018 this sequester rate adjustment will be 6.6%, resulting a refundable credit equal to 32.69%.

#4.

This Page Left Intentionally Blank



VALUE THE difference

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, 2017, 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 8, 2017. Our report included an explanatory paragraph stating that the financial statements do not include management's discussion and analysis.

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 opinion 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.

Varinele, Trein, Diz; Co, UN

Laguna Hills, California December 8, 2017



VALUE THE difference

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, 2017. 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 March 15, 2017. 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.

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 8, 2017.

ĦΔ

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.

Varinele Trein, Dry ; Co, Ul Laguna Hills, California

Laguna Hills, Californ December 8, 2017

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

	IRS e-file Signature Authorization	1	OMB No. 1545-1878
Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	-	OMB NO. 1343-1878
	For calendar year 2016, or fiscal year beginning $JUL 1$, 2016, and ending $JUN 30$, 20 17	2016
Department of the Treasury	Do not send to the IRS. Keep for your records.		2010
Internal Revenue Service Name of exempt organization	Information about Form 8879-EO and its instructions is at www.irs.gov/form8		entification number
1 0	L WATER DISTRICT PUBLIC		
FACILITIES CO		33-06	01459
Name and title of officer MATT COLLINGS TREASURER Part I Type of	Return and Return Information (Whole Dollars Only)		
	urn for which you are using this Form 8879-EO and enter the applicable amount, if any, fi	from the return	If you abook the bo
on line 1a, 2a, 3a, 4a, or 5	ia, below, and the amount on that line for the return being filed with this form was blank, lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicat	, then leave lin ble line below.	e 1b, 2b, 3b, 4b, or 5 Do not complete mo
1a Form 990 check here		1b	4,086,450
2a Form 990-EZ check he			
3a Form 1120-POL check	· · · · · · · · · · · · · · · · · · ·		
4a Form 990-PF check here 5a Form 8868 check here	······································		
Part II Declara	tion and Signature Authorization of Officer		
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected	nount in Part I above is the amount shown on the copy of the organization's electronic reder, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in procapplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organizistitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial in proceeding payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic restriction of the organization.	the IRS and t essing the return electronic fur zation's federa S. Treasury Fin I institutions in nd resolve issues	to receive from the IF urn or refund, and (c) nds withdrawal (direc al taxes owed on this nancial Agent at nvolved in the ues related to the
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1.888.353.4537 no later th processing of the electror payment. I have selected organization's consent to	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proc applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz istitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial nic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal.	the IRS and t essing the return electronic fur zation's federa S. Treasury Fin I institutions in nd resolve issues	to receive from the IF urn or refund, and (c ands withdrawal (direc al taxes owed on this nancial Agent at ivolved in the ues related to the
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in pro- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organi- isstitution to debit the entry to this account. To revoke a payment, I must contact the U.S. than 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal.	the IRS and the testing the return electronic fur ization's federa S. Treasury Fin I institutions in the resolve issuereturn and, if a	to receive from the IF urn or refund, and (c ands withdrawal (direc al taxes owed on this nancial Agent at ivolved in the ues related to the ipplicable, the
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proc applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz istitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial nic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal.	the IRS and t essing the return electronic fur zation's federa S. Treasury Fin I institutions in nd resolve issues	to receive from the IF urn or refund, and (c ands withdrawal (direc al taxes owed on this indicated a dent at ivolved in the ues related to the ipplicable, the PIN 14567 Enter five numbers
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed with	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK, TRINE, DAY & CO., LLP	the IRS and the tessing the return electronic fur ization's federa is a construction of the tessing the return sector of the tessing the tessing the tessing the test of t	to receive from the IF urn or refund, and (c nds withdrawal (direc al taxes owed on this nancial Agent at volved in the ues related to the upplicable, the PIN 14567 Enter five numbers do not enter all ze t a copy of the return
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed wit enter my PIN or As an officer of indicated within	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proc- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. nan 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK, TRINE, DAY & CO., LLP ERO firm name	to the IRS and the tessing the return electronic furnization's federa S. Treasury Fin I institutions in and resolve issureturn and, if a to enter my Fitting this return that uthorize the affect of electronically	to receive from the IF urn or refund, and (c) nds withdrawal (direc al taxes owed on this indicated a direct ancial Agent at ivolved in the ues related to the pplicable, the PIN 14567 Enter five numbers do not enter all ze t a copy of the return orementioned ERO to filed return. If I have
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one I authorize VA as my signature is being filed wit enter my PIN or As an officer of indicated within program, I will e	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK, TRINE, DAY & CO., LLP ERO firm name on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charites as part of the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charites consent screen.	to the IRS and the tessing the return electronic furnization's federa S. Treasury Fin I institutions in and resolve issureturn and, if a to enter my Fitting this return that uthorize the affect of electronically	to receive from the If urn or refund, and (c nds withdrawal (dired al taxes owed on this indicated a taxes owed on this indicated a taxes involved in the uses related to the iss related to the ipplicable, the PIN 14567 Enter five number do not enter all ze t a copy of the return orementioned ERO t
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed wite enter my PIN or As an officer of indicated within program, I will e Officer's signature ▶ _ **	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in pro- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. han 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK, TRINE, DAY & CO · , LLP ERO firm name on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charities net my PIN on the return's disclosure consent screen. *** THIS IS NOT A FILEABLE COPY *** Date ►	to the IRS and the tessing the return electronic furnization's federa S. Treasury Fin I institutions in and resolve issureturn and, if a to enter my Fitting this return that uthorize the affect of electronically	to receive from the IF urn or refund, and (c nds withdrawal (direc al taxes owed on this inancial Agent at ivolved in the ues related to the pplicable, the PIN <u>14567</u> Enter five numbers do not enter all ze t a copy of the return orementioned ERO t
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed with enter my PIN or As an officer of indicated within program, I will e Officer's signature ▶ ** Part III Certifica	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organiz- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK, TRINE, DAY & CO · , LLP ERO firm name on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charities and the return's disclosure consent screen.	to the IRS and the tessing the return electronic furnization's federa S. Treasury Fin I institutions in and resolve issureturn and, if a to enter my Fitting this return that uthorize the affect of electronically	to receive from the IF urn or refund, and (c nds withdrawal (direc al taxes owed on this inancial Agent at ivolved in the ues related to the pplicable, the PIN <u>14567</u> Enter five numbers do not enter all ze t a copy of the return orementioned ERO t
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed wite enter my PIN or As an officer of indicated within program, I will e Officer's signature ▶ ** Part III Certifica ERO's EFIN/PIN. Enter yo	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proclapplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an al institution account indicated in the tax preparation software for payment of the organizistitution to debit the entry to this account. To revoke a payment, I must contact the U.S. ana 2 business days prior to the payment (settlement) date. I also authorize the financial lic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic relectronic funds withdrawal. box only VRINEK, TRINE, DAY & CO., LLP ERO firm name on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autor the organization, I will enter my PIN as my signature on the organization's tax year 2016 the return is being filed with a state agency(ies) regulating charities and the return's disclosure consent screen. *** THIS IS NOT A FILEABLE COPY *** Date	o the IRS and the essing the return electronic fur zation's federa 5. Treasury Fin institutions in and resolve issure to enter my Fin this return and, if a to enter my Fin this return that athorize the affect of electronically arities as part of 0	to receive from the IF urn or refund, and (c nds withdrawal (direc al taxes owed on this inancial Agent at ivolved in the ues related to the pplicable, the PIN <u>14567</u> Enter five numbers do not enter all ze t a copy of the return orementioned ERO t
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed with enter my PIN or As an officer of indicated within program, I will e Officer's signature ▶ ** Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nu confirm that I am submitti	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organi- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. nan 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK , TRINE , DAY & CO · , LLP ERO firm name on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charites net re my PIN on the return's disclosure consent screen. *** THIS IS NOT A FILEABLE COPY *** Date *** THIS IS NOT A FILEABLE COPY *** Date *** THIS IS NOT A FILEABLE COPY *** Date ** THIS IS NOT A FILEABLE COPY *** Date ** THIS IS NOT A FILEABLE COPY * ** Date * ** THIS IS NOT A FILEABLE COPY *** Date *	o the IRS and the sessing the return the electronic fur ization's federa is a construction of the sessing the return is federa is a construction of the sessing the return and, if a to enter my for the seturn that is return the affect of the seturn that is a spart of the seturn is a spart of the organization of the organizati	to receive from the IF urn or refund, and (c) ands withdrawal (direc al taxes owed on this nancial Agent at ivolved in the ues related to the upplicable, the PIN 14567 Enter five numbers do not enter all ze t a copy of the return orementioned ERO to filed return. If I have of the IRS Fed/State
intermediate service provi (a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electror payment. I have selected organization's consent to Officer's PIN: check one X I authorize VA as my signature is being filed wite enter my PIN or As an officer of indicated within program, I will e Officer's signature ► ** Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nu	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organi- stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. nan 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal. box only VRINEK , TRINE , DAY & CO · , LLP ERO firm name on the organization's tax year 2016 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax year 2016 this return that a copy of the return is being filed with a state agency(ies) regulating charites net re my PIN on the return's disclosure consent screen. *** THIS IS NOT A FILEABLE COPY *** Date *** THIS IS NOT A FILEABLE COPY *** Date *** THIS IS NOT A FILEABLE COPY *** Date ** THIS IS NOT A FILEABLE COPY *** Date ** THIS IS NOT A FILEABLE COPY * ** Date * ** THIS IS NOT A FILEABLE COPY *** Date *	o the IRS and the sessing the return the electronic fur ization's federa is a construction of the sessing the return is federa is a construction of the sessing the return and, if a to enter my for the seturn that is return the affect of the seturn that is a spart of the seturn is a spart of the organization of the organizati	to receive from the IF urn or refund, and (c) ands withdrawal (direct al taxes owed on this isocial Agent at ivolved in the ues related to the upplicable, the PIN 14567 Enter five numbers do not enter all ze t a copy of the return orementioned ERO to filed return. If I have of the IRS Fed/State

14291208 788454 2000679

2016.050 -32-MOULTON NIGUEL WATER DISTRI 20006791

					IDED TO M	-					#4
For	. 9 9	30	Return of Under section 501(c),				From	n Ince	ome	Tax	OMB No. 1545-0047
FUI					security numbers						Open to Public
Intern	nal Revenu	the Treasury ue Service	Information	ion about F	orm 990 and its i	nstructions		-	•		Inspection
AF	or the	2016 calend	ar year, or tax year beç	ginning .	JUL 1, 20	16 an	d ending	JUN	30,	2017	
Bc	heck if pplicable:		f organization					DE	mploye	r identifica	tion number
	⊐Address	MOOL	TON NIGUEL W			PUBLIC					
	_change Name	FACI	LITIES CORPC	RATIO	N			_		33-06	01150
	_change	v	usiness as and street (or P.O. box if	mail is not de	livered to street add	trace)	Room/si		alanhan	le number	01439
	_return Final return/		0 LA PAZ RD	mail is not ut		11633)	10011/30		elephon		48-4032
	termin- ated		own, state or province, o	country, and	d ZIP or foreign po	stal code		G	iross receip		4,086,450.
	Amende return	d LAGU	NA NIGUEL, C	'A 926	577-3402			H(a) Is this a	a group retu	Im
	Applica- tion pending	F Name a	nd address of principal	officer:MA	TT COLLIN	GS					Yes X No
		SAME	AS C ABOVE								uded? Yes No
		mpt status:	501(c)(3) X 501	(c)(4)◀ (insert no.) ∟	4947(a)(1) or 🛄 :	527			t. (see instructions)
			MNWD • COM X Corporation T	rust A	ssociation	Other 🕨				exemption r	number 🕨 State of legal domicile: CA
		Summary					L Y	ear of for	nation:		State of legal domicile. CA
			e the organization's mis	sion or mos	t significant activi	ties THE	ORGA	NIZA	TION	WAS E	STABLISHED
Governance	' I	CO FINA	NCE THE ACQU		ON AND CO	NSTRUC	TION	OF WZ	ATER	FACIL	ITIES IN
rna	2 0	heck this bo	x 🕨 🗌 if the organi	ization disco	ontinued its opera	tions or disp	posed of m	nore than	25% of	its net asse	ets.
оvе			ting members of the gov		-					1 1	7
8 5	4 N	lumber of inc	lependent voting memb	ers of the g	overning body (Pa	urt VI, line 1b)				7
es	5 T	otal number	of individuals employed	in calendar	year 2016 (Part V	, line 2a) 🛄				5	0
Activities &			of volunteers (estimate i								0
Act			d business revenue fron								0.
	b N	let unrelated	business taxable incom	e from Forn	n 990-T, line 34				<u></u>	7b	0.
								F	rior Yea		Current Year
an			and grants (Part VIII, lin							0.	0.
Revenue			ce revenue (Part VIII, lin							0.	0.
Re			come (Part VIII, column					3	005	,523.	4,086,450.
			e (Part VIII, column (A), lii - add lines 8 through 11							,523.	4,086,450.
			milar amounts paid (Part	· ·		1 (A), III e 12,		5	, , , , , , , , , , , , , , , , , , , ,	0.	<u></u>
			to or for members (Part							0.	0.
s			r compensation, employ			A) lines 5-1(0.	0.
Expenses			undraising fees (Part IX,							0.	0.
ied			ing expenses (Part IX, co				0.				
ŵ			es (Part IX, column (A), li		-			3	,995,	,523.	4,086,450.
			s. Add lines 13-17 (mus					3	,995,	,523.	4,086,450.
	19 R	Revenue less	expenses. Subtract line	18 from line	e 12					0.	0.
Net Assets or Fund Balances									ng of Curr		End of Year
sset	20 T	otal assets (l	Part X, line 16)							,367.	63,338,226.
at As	21 ⊺		, , , , ,					65	,345,	,367.	63,338,226.
	22 N		fund balances. Subtract	t line 21 fror	n line 20					0.	0.
		Signature		ad this ratur	including accome	nving ochod	loc and at-	tomonto	and to the	hast of my l	nowladge and balled it is
			I declare that I have examin . Declaration of preparer (of							-	nowieuge and bellet, it is
u u¢,				טוות מומוז טוות	or j is based uti all ll		winen hieh	urui 1185 d		Jugo.	
Sigr	<u> </u>	Signatur	e of officer						Date		
Her		, .		REASU	RER						
	~		print name and title	001							
		Print/Type pre	parer's name		Preparer's signati	ure		Date		Check] PTIN
Paid			NE L. GRAY							if self-employed	P01294460
Prep			VAVRINEK, T					•	Firm	's EIN	95-2648289
Use	_	Firm's address									

Use Or	y Firm's address	T008T 1	FOOLHTTT	ΒГΛ	D SUITE 30	0			
		RANCHO	CUCAMON	GA,	CA 91730		Phone no. 909 –	466	-441
May th	e IRS discuss this	return with the	preparer shown	above?	? (see instructions)			X	Yes
								_	

Use Only	Firm's address ⊾	10681	FOOI	HILL BLVD SU	JITE 300			
		RANCH	o cuc	HILL BLVD SU CAMONGA, CA 9	1730		Phone no. 909-4	66-4410
May the IF	RS discuss this re	turn with th	e prepare	er shown above? (see in	structions)			X Yes No
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.						ctions.		Form 990 (2016)
S	EE SCHEDU	JLE O I	FOR C	ORGANIZATION	-33- ^{SION}	STATEMENT	CONTINUATIO	N

.	MOULTON NIGUEL WATER DISTRICT PUBLIC		
Form	990 (2016) FACILITIES CORPORATION	33-0601459 _P	Page
	t III Statement of Program Service Accomplishments	00 0002100 1	age
	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 ACQUIS	SITION AND	
	CONSTRUCTION OF WATER FACILITIES IN ORDER TO PROVIDE S	SERVICE IN AN	
	EFFICIENT AND COST EFFECTIVE MANNER TO EXISTING AND FU	JTURE CONSUMERS	
	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?	Yes 🛽	🖸 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 service	es?Yes 🛽	🖸 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,	, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses, and	ł
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4 , 086 , 450 • including grants of \$) (Re	evenue \$ 4,086,45	50.
	DEBT SERVICE PAYMENT ON CERTIFICATES OF PARTICIPATION.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,086,450.	/	
		Form 990	(2016
83200	11-11-16		•
	34 2		

14291208 788454 2000679

2016.050 JULTON NIGUEL WATER DISTRI 20006791

MOULTON	NIGUEL	WATER	DISTRICT	PUBLIC
FACILITI	ES CORI	PORATIO	ON	

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
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	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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			
	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
10	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		х
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		Х
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	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		v	
	Schedule D, Parts XI and XII	12a	X	
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	10		v
40		12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	148		
U	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
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	115		
	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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

632003 11-11-16

Form 990 (2016)

Part IV Checklist of Required Schedules

14291208 788454 2000679

MOULTON NIGUEL WATER DISTRICT PUBLIC

Form	990 (2016) FACILITIES CORPORATION 33-0602	1459	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x
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		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	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		x
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Х	
		24u		<u> </u>
254	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
h		254		
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	054		x
00	Schedule L, Part I	25b		
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,"	00		x
07	complete Schedule L, Part II	26		
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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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? 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	Х	
35a	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	

Form 990 (2016)

632004 11-11-16

14291208 788454 2000679

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

#4.

Par	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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 returns?	. 2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X
b	If "Yes," enter the name of the foreign country: ►	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. 5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>	_	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	. 7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	- 70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	·		
-	If the organization received a contribution of qualified intellectual property, did the organization life rorm 3039 as required ?	-		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	· / ·		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a	a 📃	
	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 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14)	

Form 990	(2016)
-----------------	--------

632005 11-11-16

 $14291208 \ 788454 \ 2000679$

Form 990 (2016)

L

Form 990 (2016)

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

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

eci	tion A. Governing Body and Management			T
	en a su		Yes	+
	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			I
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	,		L
	Enter the number of voting members included in line 1a, above, who are independent 1b	-		L
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
	officer, director, trustee, or key employee?	2		╀
	Did the organization delegate control over management duties customarily performed by or under the direct supervision		37	l
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	╞
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		╞
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		∔
	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a	Х	ļ
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			ſ
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			T
	The governing body?	8a	х	I
b	Each committee with authority to act on behalf of the governing body?	8b	Х	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	T
0a	Did the organization have local chapters, branches, or affiliates?	10a		\dagger
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			$^{+}$
		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^	╞
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	╀
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	ļ
	Did the organization have a written whistleblower policy?	13		ļ
4	Did the organization have a written document retention and destruction policy?	14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			ſ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		I
	Other officers or key employees of the organization	15b		t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I
	taxable entity during the year?	16a		I
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I
		164		I
	exempt status with respect to such arrangements?	16b		1
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	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)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
	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		_	
	27500 LA PAZ RD, LAGONA NIGOEL, CA $52077-5402$			

MOULTON NIGUEL WATER DISTRICT PUBLIC

33-0601459

Page 7

Form 990 (2	2016)	FACILITIES	CORPORATION		33-060
Part VII	Compensation	of Officers, Dire	ctors, Trustees, Ko	ey Employees, Highest	Compensated
	Employoos ar	d Indonondont C	ontractore		

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 a	iny related organization comp	pensated any current officer	r, director, or trustee
--	-------------------------------	------------------------------	-------------------------

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	e than is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	tcom				and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD S FIORE	1.00			0	\leq	еH	E.			
DIRECTOR		x						0.	27,805.	0.
(2) SCOTT F COLTON	1.00									
DIRECTOR		x						0.	37,610.	0.
(3) DONALD FROELICH	1.00					F				
VICE PRESIDENT		x		x				0.	38,235.	0.
(4) LARRY R LIZOTTE	1.00								-	
DIRECTOR		x						0.	24,935.	0.
(5) BRIAN S PROBOLSKY	1.00									
PRESIDENT		X		X				0.	34,775.	0.
(6) DUANE D CAVE	1.00									
DIRECTOR		X						0.	29,980.	0.
(7) GARY R KURTZ	1.00									
DIRECTOR		Х						0.	24,975.	0.
	ļ			<u> </u>		_	<u> </u>			
		-								
			<u> </u>	<u> </u>		_	<u> </u>			
		-								
		<u> </u>		├		\vdash				
		-								
										Eorm 990 (2016)

Form **990** (2016)

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

33-0601459 Page 8

	990 (2016) FACILITIE	ES CORPO	DRA	AT I	ION	1				33-06	<u>;014</u>	159	Pa	.ge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	iHi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C		-		(D)	(E)			(F)	
	Name and title	Average	Average Position Beportable										imate	h
		hours per		not cl , unles					compensation	Reportable compensation			ount c	
		week		cer an					from	from related	'		other	
		(list any	tor						the	organizations		comp		ion
		hours for	direc				-		organization	(W-2/1099-MIS			m the	
		related	e or	stee			Isate		(W-2/1099-MISC)		°,		nizati	
		organizations	ruste	ll tru:		ee,	mper					Ũ	relate	
		below	dualt	tion	_	lold	st co yee	5					nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			-		0	×	노 ə	ш						
											\rightarrow			
											\rightarrow			
											\rightarrow			
						4								
4 10	Cub total		<u> </u>				14		0.	218,31	5			0.
	Sub-total								0.	210,51	0.			0.
	Total from continuation sheets to Part VI									010 01	-			
d	Total (add lines 1b and 1c)		<u></u>	<u></u>					0.	218,31	.5.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed ab	oove	e) wł	no r	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization 🕨													0
												`	Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	v en	npla	vee.	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual					,		0			3		Х
4	For any individual listed on line 1a, is the su													
-	and related organizations greater than \$150									and organization		4		Х
_	c c										···· -	4		
5	Did any person listed on line 1a receive or a	•							•			_		v
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ich p	oers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated in	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of com	pensa	ation fr	om	
	the organization. Report compensation for the	the calendar y	ear	endiı	ng w	/ith	or w	ithi	n the organization's tax	/ear.				
	(A)								(B)			(C)		
	Name and business	address	NC	ONE	C				Description of s	ervices	Co	ompen	satior	า
				-		-	-							
2	Total number of independent contractors (ii	ncluding but n	not lii	miter	d to	tho	se lie	ster	d above) who received m	ore than				
-	\$100,000 of compensation from the organiz	-					0							
	wroo,ooo or compensation nom the organiz						-					- orm 9		010
											F	ា ហា ខា	20 (2	UID)

632008 11-11-16

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

33-0601459 Page 9

#4.

Pa	rt VII	I Statement of Revenue						
		Check if Schedule O contains a	response	or note to any li				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
s, Grant Amount								
, G		Fundraising events						
ifts ar A	d							
s, G		Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and						
	•	similar amounts not included above	1f					
		Noncash contributions included in lines 1a-1f: \$			-			
Con	-	Total. Add lines 1a-1f						
			<u></u>	Business Code				
ø	2 a			Business Code				
vice	z a b							
Ser	u c							
n Ne	d							
Be	u	· · · · · · · · · · · · · · · · · · ·						
Program Service Revenue	e f	All other program service revenue						
	י מ	Total. Add lines 2a-2f						
	3	Investment income (including divide				-		
	U	other similar amounts)						
	4	Income from investment of tax-exem						
	5	Royalties		•				
	5		Real	(ii) Personal				
	6 a		near		-			
	0 a b							
		B (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
	c d	Net rental income or (loss)						
			curities	(ii) Other				
	<i>i</i> a	assets other than inventory	cunties					
	h	Less: cost or other basis						
	D D	and sales expenses						
	~	Gain or (loss)			-			
		Net gain or (loss)						
		Gross income from fundraising even						
Other Revenue	0 4	including \$	of					
Rev		contributions reported on line 1c). Se						
ler		Part IV, line 18			-			
oth		Less: direct expenses		Ļ				
		Net income or (loss) from fundraising		····· ►				
	9 a	Gross income from gaming activities						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming ac		····· >				
	10 a	Gross sales of inventory, less returns						
		and allowances			-			
		Less: cost of goods sold						
	c	Net income or (loss) from sales of inv	entory					
		Miscellaneous Revenue COP INTEREST INCOM	r.	Business Code		1 086 150		
			<u>ت</u>	500033	4,086,450.	±,000,430.		<u> </u>
	b							<u> </u>
	C							<u> </u>
	d				4,086,450.			
		Total. Add lines 11a-11d			4,086,450.		0.	0.
	12	Total revenue. See instructions.		▶	=,000,4 00•	1 ,000,400.	0.	Form 990 (2016)
03200	9 11-1	1-10						

14291208 788454 2000679

Form 990 (2016)

-41- 9 2016.050 vo MOULTON NIGUEL WATER DISTRI 20006791

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

	990 (2016) FACILITIES (t IX Statement of Functional Expens	CORPORATION	SINICI FUBBLI		01459 Page 1
			or organizations must as	malata aaluma (A)	
Sectio	on 501(c)(3) and 501(c)(4) organizations must com		-		
Don	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	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)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal				
	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 0.)				
	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	4,086,450.	4,086,450.		
	Payments to affiliates	_, , 0 0	_,,		
	Depreciation, depletion, and amortization				
	Insurance 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 0.)				
	מחוסטות, ווסג ווווט בדט פארפווספס טוו טטוופטעופ ט.)				
a b					
c d					
d	All other expenses				
	All other expenses	4,086,450.	4,086,450.	0.	(
26	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)				

632010 11-11-16

14291208 788454 2000679

-42- 10 2016.050 Junioulton Niguel Water Distri 20006791

Form **990** (2016)

9 Page 11

Form 990	(2016) FACILITIES CORPORATION		33-	0601459 Pa
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
				1 201 (

	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,416,725.	4	1,391,992.
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr).	-		6	
Assets	7	Notes and loans receivable, net		63,928,642.	7	61,946,234.
As	8	Inventories for sale or use			8	
	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa		65,345,367.	16	63,338,226.
	17	Accounts payable and accrued expenses		1,416,725.	17	1,391,992.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		63,928,642.	20	61,946,234.
	21	Escrow or custodial account liability. Complete I		21		
S	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	s, and disqualified persons.			
abi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		65,345,367.	26	63,338,226.
		Organizations that follow SFAS 117 (ASC 958				
ces		complete lines 27 through 29, and lines 33 an	d 34.			
	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
ЧB	29	Permanently restricted net assets		29		
Fun		Organizations that do not follow SFAS 117 (A				
ح ا		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
SS	31	Paid-in or capital surplus, or land, building, or ec		0.	31	0.
Net Assets or Fund Balan	32	Retained earnings, endowment, accumulated in		0.	32	0.
ž	33	Total net assets or fund balances		0.	33	0.
	34	Total liabilities and net assets/fund balances	65,345,367.	34	63,338,226.	
						Form 990 (2016)

632011 11-11-16

14291208 788454 2000679

шА	
ΠL	

MOULTON NIGUEL WATER DISTRICT PUBLIC

Form	1990 (2016) FACILITIES CORPORATION	33-060	L459	Pag	je 12
Ра	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)		1,086		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,086	5,4	50.
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.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ()	2016)

632012 11-11-16

SC	HEDULE D	Supplementa	al Financial Statements	5		OMB No. 1545-0047
(Forn	n 990)	Complete if the orga	anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	h		
	ment of the Treasury		Attach to Form 990.		000	Open to Public Inspection
	Revenue Service	MOTIT MONT NECTION MAN	m 990) and its instructions is at www.irs ER DISTRICT PUBLIC	s.gov/10/		er identification number
Nam		FACILITIES CORPORA				33-0601459
Par	t I 🛛 Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor advisors in v		od fund	•	
5	-	n's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
•	•	oses and not for the benefit of the donor o	0 0			
	impermissible priva				-	🖸 Yes 📃 No
Par	t II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, I	ine 7.	
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).			
	Preservation	of land for public use (e.g., recreation or e	ducation)	orically i	mportant	land area
	Protection of	f natural habitat	Preservation of a certi	ified his	toric struc	ture
		of open space				
2	•	through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor		
_	day of the tax year					d at the End of the Tax Year
		nservation easements			2a 2b	
b		ricted by conservation easements			20 2c	
d		vation easements included in (c) acquired a			20	
		al Register			2d	
3		vation easements modified, transferred, rel			zation dur	ing the tax
	year 🕨					
4	Number of states v	where property subject to conservation eas	sement is located 🕨			
5	•	tion have a written policy regarding the per				
		orcement of the conservation easements it				Yes I No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servatio	n easeme	nts during the year
7		as insurred in manitoring inspecting, hand	ling of violations, and enforcing concernat	tion and	omonto d	uring the year
7	Amount of expense ► \$	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion eas	ements a	uring the year
8		vation easement reported on line 2(d) abov	re satisfy the requirements of section 170	(h)(4)(B)	(i)	
•		(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				balance sheet, and
	include, if applicab	ele, the text of the footnote to the organizat	ion's financial statements that describes	the orga	anization's	s accounting for
	conservation ease					
Par		ations Maintaining Collections of		ther S	imilar A	Assets.
		the organization answered "Yes" on Form				
1 a		elected, as permitted under SFAS 116 (AS				
		s, or other similar assets held for public exh		nce of p	Sublic serv	vice, provide, in Part XIII,
h		note to its financial statements that descri elected, as permitted under SFAS 116 (AS		and ha	lance she	et worke of art historical
5	-	similar assets held for public exhibition, ec				
	relating to these ite	-		0110 001 4	loo, provi	de the following amounto
	-	ded on Form 990, Part VIII, line 1			▶ \$	
					► \$	
2	If the organization	received or held works of art, historical trea			rovide	
	the following amou	ints required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
		on Form 990, Part VIII, line 1			▶ \$	
-		Form 990, Part X			▶ \$	
		eduction Act Notice, see the Instructions	s for Form 990.		Sch	edule D (Form 990) 2016
632051	08-29-16		13			

14291208 788454 2000679

-45-¹³ 2016.050 JULTON NIGUEL WATER DISTRI 20006791

#4.

Sohod		LTON NIGUEL W ILITIES CORPO			CT PUE	STIC.	-	33-06	01459) ר)~
_	t III Organizations Mainta				easures	or Oth					
	Using the organization's acquisition										
	(check all that apply):			carry of the	ronowing ar	at allo a o	igninoant c	00 01 10	0011000101	i itoii	
а	Public exhibition		d 🗌	l oan or exc	hange progi	rams					
b	Scholarly research										
c	Preservation for future genera	tions									-
	Provide a description of the organiz		olain how th	nev further t	he organizat	tion's eve	mot purpo	se in Par	+ XIII		
	During the year, did the organization			2	0			oo inn ai			
	to be sold to raise funds rather than								Yes		
	t IV Escrow and Custodia reported an amount on Form	Arrangements. Con						, Part IV,			-
	Is the organization an agent, trustee	, custodian or other interr	-						 7.,		-
	on Form 990, Part X?							L	Yes		-
b	If "Yes," explain the arrangement in	Part XIII and complete the	e following t	able:							-
									Amount		-
	Beginning balance										-
	Additions during the year										-
	Distributions during the year										-
	Ending balance						1 f		_		-
	Did the organization include an amo							L	Yes		-
	If "Yes," explain the arrangement in										
Part	t V Endowment Funds. Co							<u> </u>			-
		(a) Current yea	ur (b) P	rior year	(c) Two yea	ars back	(d) Three ye	ears back	(e) ⊦our	years	;
	Beginning of year balance										-
	Contributions										-
	Net investment earnings, gains, and										-
	Grants or scholarships										-
	Other expenditures for facilities										
	and programs										-
f,	Administrative expenses										-
-	End of year balance										-
2	Provide the estimated percentage of	f the current year end bal	ance (line 1	g, column (a	a)) held as:						
al	Board designated or quasi-endowm	ent 🕨	%								
	Permanent endowment	%									
C .	Temporarily restricted endowment	<u>٩</u>	6								
-	The percentages on lines 2a, 2b, an	d 2c should equal 100%.									
3a /	Are there endowment funds not in t	he possession of the orga	inization that	at are held a	nd administ	ered for t	he organiz	ation	F		
I	by:									Yes	
((i) unrelated organizations								. 3a(i)		
((ii) related organizations								3a(ii)		
bl	If "Yes" on line 3a(ii), are the related	organizations listed as re	quired on S	chedule R?					. 3b		
4	Describe in Part XIII the intended us		ndowment	funds.							
Part	t VI Land, Buildings, and I	Equipment.									
	Complete if the organization	answered "Yes" on Form	990, Part I\	/, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost o basis (inve		.,	or other (other)	• • •	ccumulate preciation	d	(d) Book	k valu	1
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment					1					-
	Other										-
e (

Schedule D (Form 990) 2016

632052 08-29-16

MOULTON NIGUEL WATER DISTRICT PUBLIC

#4.

	CORPORATION	3.	3-0601459 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(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 lin	ne 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			,
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) T + + (0 + (1)) + + = + = = = = = = = + + = + + (2) + = + = + = + = + = + = + = + = + = +			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"		a 11d Cas Faura 000 Bart V line 15	
	Description	le 11d. See Forni 990, Part X, line 15.	(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)	*		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir		25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial statements	s that reports the
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2016

4.	MOULTON NIGUEL WATER DIST	TRICT PUBLIC		
	dule D (Form 990) 2016 FACILITIES CORPORATION			0601459 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,086,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,086,450.
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.)	4b		
с	Add lines 4a and 4b			0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,086,450.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	,,	
1	Total expenses and losses per audited financial statements		1	4,086,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,086,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4,086,450.
Pa	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1, and 4; E	Part IV lines 1b and 2b.	Part V line 1: Part	V line 2: Part VI

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.

632054 08-29-16

	(Form	ment of the Treasury I Revenue Service Attach	Complete if the organized to Form 990.	inization answere explanations, and ormation about So	l any additional inf chedule K (Form 99	90, Part IV, ormation in	line 24a. Part VI.	Provide descri				Ор	OMB No. 20 en to l pectio	16 Public	
	Name	e er tre erganization	IGUEL WATER 5 CORPORATIO		PUBLIC						loyer i 3 – 0			n num	ber
	Part	t I Bond Issues (a) Issuer name	(b) Issuer EIN (c) CUSIP # (d)		(d) Date issued	(d) Date issued (e) Issue price		(f) Description of purpose			(g) Defeased (h)			(i) Po finan	
										Yes	No	Yes	No	Yes	-
	A M	INWD PFC	33-0601459	31845V302	12/22/09	6000	0000.	FINANCE CAPACITY	RIGHTS		x	x			x
	вМ	INWD PFC	33-0601459	9AMMF05B2	11/01/10	8,965			EFI 1993 FUND		x	x			X
	С														
	D														
	Part	II Proceeds			A										
		1 Amount of bonds retired					7,	в 040,000.	C				D		
K		Amount of bonds legally defeased													
49-		Total proceeds of issue			60,000			965,000.							
•					6,110	5,159.		378,971.							
											_				
								100 700							
		-			554	552,850. 123,760.					_				
											_				
		Working capital expenditures from proceed	s								_				
											_				
											_				
	-	Other unspent proceeds									_				
	13	Year of substantial completion									_				
					Yes	No	Yes	No	Yes	No	_	Yes		No	
		Were the bonds issued as part of a current				X X	X	X			_		\rightarrow		
		Were the bonds issued as part of an advan	0			X X	Δ				_		+		
		Has the final allocation of proceeds been m			X	~ ~	X	X					+		
		Does the organization maintain adequate books and recor	ds to support the final allocation	on of proceeds?	A		Λ								
	Part	t III Private Business Use				I									
		Was the organization a partner in a partners			A Yes	No	Yes	B No	C Yes	No		Yes	D	No	
		which owned property financed by tax-exer				X		X			_		+		
		bond-financed property?	·			x		x							
	000101	1 10 10 16 I HA For Paperwork Reduction	Act Notice, see the la	estructions for Eq	rm 000 17						Scho	dulo K	(Form		2016

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ↓ /

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

33-0601459

	t III Private Business Use (Continued)	Α	\	E	3		c	D	
20	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
Ja	business use of bond-financed property?	165	X	165	X	165	NO	163	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of bond-financed property?		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								•
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		x				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		Ť				1		•
	of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		, -		, .				
-	1.141-12 and 1.145-2?								
9	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?		Х		x				
Par	t IV Arbitrage								
	•	A		E	3	(c		
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?						1		
	Rebate not due yet?		Х		X				
	Exception to rebate?		Х		X				
	No rebate due?		Х		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was				1		1		
	performed								
3	Is the bond issue a variable rate issue?		Х		X				
	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		х		x				
b	Name of provider								1
	Term of hedge								
	Was the hedge superintegrated?								
	Wee the hedre to wein stad?								
6	was the heage terminated?			1			1		1

Schedule K (Form 990) 2016

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule K (Form 990) 2016 FACILITIES CORPORATION			33-	0601459	ð			Page 3
Part IV Arbitrage (Continued)								
		4		В		ç	[2
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		x		X				
Part V Procedures To Undertake Corrective Action								
		4		В		0		2
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х		Х					
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See instr	uctions	•	•		•	
								<u> </u>

ъ -

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.	ons on ZUT
Name of the organization	MOULTON NIGUEL WATER DISTRICT PUBLIC	Employer identification r
	FACILITIES CORPORATION	33-0601459
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
ORDER TO PROV	IDE SERVICE IN AN EFFICIENT AND COST EFF	ECTIVE MANNER TO
EXISTING AND	FUTURE CONSUMERS WITHIN THE BOUNDRIES OF	THE CORPORATION.
FORM 990, PAR	T VI, SECTION A, LINE 3:	
EMPLOYEES OF	THE MOULTON NIGUEL WATER DISTRICT PROVID	E ADMINISTRATIVE
SERVICES TO T	HE ORGANIZATION AT NO CHARGE.	
	T VI, SECTION A, LINE 7A:	
-		
	IGUEL WATER DISTRICT GOVERNING BOARD IS .	
	L WATER DISTRICT PUBLIC FACILITIES CORPO	RATION BOARD UNDER
BYLAWS.		
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
THE TAX RETUR	N IS PREPARED BASED ON THE AUDITED FINAN	CIAL STATEMENTS TH
ARE REVIEWED .	AND APPROVED BY THE BOARD OF DIRECTORS.	THE TAX RETURN IS
REVIEWED AND	APPROVED BY SENIOR MANAGEMENT BEFORE FIL	ING.
FORM 990, PAR	T VI, SECTION B, LINE 12C:	
EACH YEAR, TH	E BOARD OF DIRECTORS IS PRESENTED WITH A	CONFLICT OF INTER
STATEMENT AND	MUST SIGN THE STATEMENT ASSERTING THAT	THEY HAVE NO CONFL
OF INTERESTS	IN WORKING AS BOARD MEMBER. IN THE EVENT	THAT THEY DO COME
ACROSS A CONF	LICT OF INTEREST, THE POLICY CALLS FOR T	HE BOARD MEMBER TO
FORMALLY NOTI	FY THE BOARD AND TO ABSTAIN FROM ANY DIR	ECT INFLUENCE OF
VOTING ON MOT	IONS REGARDING THE RELATED PARTY.	

14291208 788454 2000679

-52-20 2016.050 JULTON NIGUEL WATER DISTRI 20006791

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization MOULTON NI FACILITIES	GUEL WATER DISTRICT PUBLIC CORPORATION	Employer identification number 33-0601459
FORM 990, PART VI, SECTI	ON C, LINE 19:	
THE ORGANIZATION'S GOVER	NING DOCUMENTS, CONFLICT OF I	NTEREST, AND FINANCIA
STATEMENTS ARE AVAILABLE	UPON REQUEST AT THE BUSINESS	ADDRESS DURING NORMA
BUSINESS HOURS.		
32212 08-25-16	-53- ²¹ 2016.050	Schedule O (Form 990 or 990-EZ) (201

SCHEDULE R		Deleted Organization	o and University of De-	da a kabina		I	OMB No. 1545	-0047	
(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.									
Internal Revenue Service	► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. MOULTON NIGUEL WATER DISTRICT PUBLIC Employer in								
Name of the organization	FACILITIES CO					Employer ident 33-060		eam	
Part I Identificatio	on of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	i.					
	(a)	(b)	(c)	(d)	(e)		(f)		
	ess, and EIN (if applicable) disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total inco	ne End-of-year a	assets Direc	t controlling entity		
		-							
Part II Identificatio	on of Related Tax-Exempt Organia is during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990,	, Part IV, line 34 b	ecause it had one o	r more related tax-e	xempt		
	(a) e, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled	
			0 ,,		501(c)(3))			N	
	TER DISTRICT - 95-2377983								
7500 LA PAZ RD		4							
AGUNA NIGUEL, CA	92677	WATER DISTRICT	CALIFORNIA	115				X	
		-							

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

Schedule R (Form 990) 2016

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Schedule R (Form 990) 2016

33-0601459 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	^{I or} Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	1										

ς Υ

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	i) b)(13) rolled tity?
		country)				400010		Yes	No
]								
	1								
	1								
	1								
	1								
	1								
	1								

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule R (Form 990) 2016 FACILITIES CORPORATION

33-0601459 Page 🕻 🖣

#

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
				x
Ť	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h	──	A X
	Exchange of assets with related organization(s)	1i		A X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
				v
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
ο	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		X
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.			
	(a) (b) (c) (d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOULTON NIGUEL WATER DISTRICT	A	4,086,450.	ACTUAL AMOUNT
(2) MOULTON NIGUEL WATER DISTRICT	P	4,086,450.	ACTUAL AMOUNT
(3)			
(4)			
(5)			
(6)	21		0.4.4.4.1.0 (From 000) 0040

-56-

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Schedule R (Form 990) 2016

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.

(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) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop tionat allocatio Yes I	or- amount in box 20 ns? of Schedule K-1	(j) General o managing partner? Yes NO	(k) Percentage ownership

-57 -

Schedule R (Form 990) 2016	FACILITIES CORPORATION	33-0601459 Page 5
Schedule R (Form 990) 2016 Part VII Supplemental	Information.	
Provide additional	information for responses to questions on Schedule R. See instructions.	
632165 09-06-16	- <u>58-</u> 26	Schedule R (Form 990) 2016

OMB No. 1545-1709

Enter filer's identifying number

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Form **8868** (Rev. January 2017)

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

is For Code is For Code Form 990 or Form 990-EZ 01 Form 990 f(corporation) 07 Form 990-BL 02 Form 1041A 08 Form 720 (individual) 03 Form 4720 (other than individual) 09 Form 990-FE 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 MATT COLLINGS Fax No. ▶ ▶ ■ If the organization does not have an office or place of business in the United States, check this box ↓ ↓ If the organization does not have an office or place of business in the United States, check this box ↓ ↓ If the organization does not have an office or place of business in the United States, check this box ↓ ↓ If the organization four digit Group Exemption Number (GEN) ↓ If this is for the whole group, check this box It request an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: If the ax year entered in line 1 is for less than 12 months, check reason: ↓						a sidentinyi	ng number
File by He wide ater for Market and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 27500 LA PAZ RD City, town or post office, state, and ZIP code. For a foreign address, see instructions. Social security number (SSN) City, town or post office, state, and ZIP code. For a foreign address, see instructions. Application Return Application Return Application for each return) 0 1 Application Return Application for each return) 07 Form 990 or Form 990 FZ 01 Form 990.1 (corporation) 07 Form 990 FG Code Is For Code Form 990 FIG 04 Form 4720 (other than individual) 09 Form 990 F (sec. 401(a) or 408(a) trust) 05 Form 5827 10 Form 990 F (sec. 401(a) or 408(a) trust) 05 Form 6870 12 MATT COLLINGS Ithus to for the areor of ≥ 27500 LA PAZ RD → LAGUNA NIGUEL, CA 92677-3402 Telephone No. > 909-448-4032 Fax No. > . If the organization for a droup Return, enter the organization's for ugit Group Exerture (GEN)	••	MOULTON NIGUEL WATER DISTR		UBLIC	Employe		
Aumeric street, and room or sulfe no. If a P.O. box, see instructions. Social security number (SSN) Previous City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAGUNA NIGUEL, CA 92677-3402 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990 (forporation) 07 Form 990-BL 02 Form 1041A 08 Form 990-F 04 Form 5227 10 Form 990-T (sec: 401(a) or 408(a) trust) 05 Form 6870 12 MATT COLLINGS Form 8870 12 12 The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Telephone No. ▶ 909-448-4032 Fax No. ▶	File by the	FACILITIES CORPORATION		33-06	01459		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAGUNA NIGUEL, CA 92677-3402 0 1 Application Return SFor Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-FL 02 Form 1041.A. 08 Form 990-FL 04 Form 990-T (corporation) 07 Form 990-FL 04 Form 4720 (other than individual) 09 Form 990-FL 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 870 12 MATT COLLINGS Form 800-F 16 Form 800-F If the organization four data above) 06 Form 870 12 MATT COLLINGS Form 800-F 14 Form 800-F If the organization does not have an office or place of business in the United States, check this box 12 MATT COLLINGS Form 807 12 If the organization four data for op cope Exerption Number (GEN)	due date for filing your		see instruc	tions.	Social se	curity numbe	er (SSN)
Application Return Application Return Application Return Is For Code Is For Code Soft Corporation) Of Form 990 or Form 990-EZ 01 Form 990-T (corporation) Of Of Form 990-T (corporation) Of Form 4720 (individual) 02 Form 1041-A 08 09 Form 990-FE 04 Form 5927 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box I frequest an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: If this application is for Forms 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$0 a If this application is for Forms 990-FF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax				Iress, see instructions.			
Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990.7 (corporation) 07 Form 390-BL 02 Form 4720 (other than individual) 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-TF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 06 Form 6069 12 Form 990-T (sec. 401(a) or 408(a) trust) 06 Form 8870 12 The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Telephone No. ▶ 909-448-4032 Fax No. ▶	Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			01
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041A 08 Form 720 (individual) 03 Form 1720 (other than individual) 09 Form 990-PF 04 Form 8227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS Fax No. ►	Applicati	on	Return	Application			Return
Form 990-BL 02 Form 1041.A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 111 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS If the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 16 Telephone No.▶ 909-448-4032 Fax No.▶	Is For		Code	Is For			Code
Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS 05 Form 8870 12 The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Telephone No. ▶ 909-448-4032 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this for a Group Returm, enter the organization's four dig Group Exemption Number (GEN) If this for part of the group, check this box It request an automatic 6-month extension of time until for the organization's return for: MAY 15, 2018 , to file the exempt organization returm Calendar year or Change in accounting period 3a ft this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS 05 Form 8870 12 Image: The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Fax No. ▶	Form 990	·BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS 06 Form 8870 12 The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 12 Telephone No. ▶ 909-448-4032 Fax No. ▶	Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990 T (trust other than above) 06 Form 8870 12 MATT COLLINGS MATT COLLINGS 12 • The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Telephone No. ▶ 909-448-4032 Fax No. ▶ •	Form 990	-PF	04	Form 5227			10
 MATT COLLINGS The books are in the care of ▶ 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Telephone No. ▶ 909-448-4032 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box	Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
 The books are in the care of > 27500 LA PAZ RD - LAGUNA NIGUEL, CA 92677-3402 Telephone No. > 909-448-4032 Fax No. >	Form 990		06	06 Form 8870			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. 3c \$ 0	 If the c If this box [1 I re for 	organization does not have an office or place of busines s for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or tax year beginning JUL_ 1, 2016 ne tax year entered in line 1 is for less than 12 months,	t Group Exe and atta MA e organizati	hited States, check this box emption Number (GEN) I uch a list with the names and EINs o Y 15, 2018 , to file on's return for: d ending _JUN 30, 2017	f this is fo f all memb the exen	r the whole g pers the exter npt organizat	nsion is for.
nonrefundable credits. See instructions. 3a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. 3c \$ 0			0 or 6069	enter the tentative tax less any			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. 3c \$ 0			o, or occoo,		3a	\$	0.
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.			9. enter an	v refundable credits and		÷	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. 3c \$ 0			,	<i>,</i>	3b	\$	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.							
instructions.	by	using EFTPS (Electronic Federal Tax Payment System)	. See instru	ctions.	3c	\$	0.
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-201	instructio	ns.		•	453-EO a		

623841 01-11-17

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 California Exempt Organization	I	628941 11-30-16 FORM
201	6 Annual Information Return		199
Calendar Yea	$^{ m r}$ 2016 or fiscal year beginning (mm/dd/yyyy) $07/01/2016$, and ending (mm/dd/yyyy) 0 6	5/30/2017 .
	•	rnia corporation	number
	N NIGUEL WATER DISTRICT PUBLIC TIES CORPORATION 1	844749	2
	rmation. See instructions. FEIN		<i>,</i>
		3-0601	L459
Street address		PMB no.	
27500	LA PAZ RD		
City		ZIP code	
		2677-3	
Foreign countr	y name Foreign province/state/county F	Foreign postal c	ode
A First Ret	Irn Yes X No J If exempt under R&TC Section 23701	1d_has the or	nanization
	I Return Yes X No engaged in political activities? See ins		
C IRC Sect	ion 4947(a)(1) trust Yes X No K Is the organization exempt under R&		
D Final Info	rmation Return? If "Yes," enter the gross receipts from	n nonmember	sources \$
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is exempt under R&TC	C Section 237	01d
	(mm/dd/yyyy) • and meets the filing fee exception, ch		
	counting method: (1) \Box cash (2) \mathbf{X} Accrual (3) \Box Other fee is required.		
	eturn filed? (1) ● 990T(2) ● 990-PF (3) ● Sch H (990) M Is the organization a Limited Liability Other 990 series N Did the organization file Form 100 or		• Yes 🖪 No
()	group filing? See instructions		• Yes X No
	ganization in a group exemption Yes X No 0 Is the organization under audit by the		······ <u> </u>
	vhat is the parent's name?		
,	P Is a federal Form 1023/1024 pending		
	rganization have any changes to its guidelines Date filed with IRS		
not repo	ted to the FTB? See instructions		
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.		4 000 450
	Gross sales or receipts from other sources. From Side 2, Part II, line 8		4,086,450. ₀₀
	Cross dues and assessments from members and affiliates Cross contributions gifts grapts and similar amounts received		00
Receipts	 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B 	• 4	00 4,086,450.00
and	5 Cost of goods sold	00	1,000,1000,00
Revenues	6 Cost or other basis, and sales expenses of assets sold 6	00	
	7 Total costs. Add line 5 and line 6		00
	8 Total gross income. Subtract line 7 from line 4	● 8	4,086,450. ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		4,086,450. ₀₀
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		00
	11 Total payments		00
	 12 Use tax. See General Instruction K 13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11 		00
Filing Fee	 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 		00
Thing tee	15 Filing fee \$10 or \$25. See General Instruction F		10.00
	16 Penalties and Interest. See General Instruction J		00
0!~~	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	he best of my kr v knowledge.	nowledge and belief,
Sign Here	Title Date		Telephone
	Signature of officer		909-448-4032
	Preparer's		
D .14	Preparer's signature self-emp	bioyed	P01294460
Paid Bronoror'o	Firm's name (or yours, VAVRINEK, TRINE, DAY & CO., LLP		95-2648289
Preparer's Use Only	employed) VAVRINER, IRINE, DAY & CO., LLP 10681 FOOTHILL BLVD SUITE 300		• Telephone
Job Only	and address RANCHO CUCAMONGA, CA 91730		909-466-4410
	May the FTB discuss this return with the preparer shown above? See instructions	• X Yes	
	022 3651164	Form	199 C1 2016 Side 1

J	U	J	Τ.	т.
		-6	51	-

3651164 I

MOULTON	NIGUEL	WATER	DISTRICT	PUBLIC
FACILIT	IES COR	PORATIO	ON	

628951 11-30-16

		1	Gross sales or receipts from all b	usine	ss activitie	s. See instruc	tions		•	1		00
		2	Interest						•	2		00
			Dividends							3		00
Receip	ots		Gross rents		4		00					
from			Gross royalties			00						
Other		6	Gross amount received from sale	of as	sets (See	Instructions)			•	6	<u> </u>	00
Source	es		Other income			,		SEE STA	TEMENT 1 \bullet	7	4,	086,450.00
		8	Total gross sales or receipts from	n othe	er sources	. Add line 1 th	rough	line 7. Enter here and	on Side 1, Part I, line 1	8	4,	086,450.00
		9	Contributions, gifts, grants, and s				-			9		00
			Disbursements to or for members							10	+	00
		11	Compensation of officers, directo	rs. ar	nd trustees			SEE STA	TEMENT 2 •	11	+	0.00
		12	Other salaries and wages	,					•	12	<u> </u>	00
Expen	ses		Interest							13	4,	086,450.00
and			Taxes							-		00
Disbur	se-		Rents								1	00
ments			Depreciation and depletion (See i								+	00
			Other Expenses and Disbursemer									00
			Total expenses and disbursemen							18		086,450.00
Sche	edul					Beginning of					xable ye	
Assets					(a)			(b)	(C)			(d)
											•	
			s receivable					1,416,725.			•	1,391,992.
3 Ne	et note	es rec	ceivable STMT 3				6	3,928,642.			• 6	1,946,234.
											•	
			state government obligations								•	
6 In [.]	vestm	ients	in other bonds								•	
7 In	vestm	ients	in stock								•	
8 M											•	
			nents								•	
10 a	Depre	eciabl	le assets									
		accu	mulated depreciation	()			()		
11 La											•	
12 Ot	her as	ssets									•	
13 To	otal as	ssets					6	5,345,367.			6	3,338,226.
			et worth									
			yable					1,416,725.			•	1,391,992.
			s, gifts, or grants payable								•	
			otes payable STMT 4				6	3,928,642.			• 6	1,946,234.
			ayable								•	
			es									
			or principal fund								•	
			tal surplus. Attach reconciliation nings or income fund									
			ies and net worth				6	5,345,367.			• 6	3,338,226.
			-1 Reconciliation of income p	er hr	oke with i			5,515,507.				5,550,220.
oone	Juur		Do not complete this sched			•		e 13. column (d), is les	ss than \$50.000.			
1 Ne	et inco	ome n	per books		•			7 Income recorded				
			ne tax		•				his return.		•	
			pital losses over capital gains		•				is return not charged			
			ecorded on books this year		•				ome this year		•	
			corded on books this year not					9 Total. Add line 7				
			this return		•			10 Net income per r				
			ne 1 through line 5					Subtract line 9 fr				
											<u> </u>	

3652164 -62-

L

022

STATEMENT(S) 1, 2

FORM 199	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
COP INTEREST INCOME		4,086,450.

TOTAL TO FORM 199, PART II, LINE 7

FORM 199	COMPENSATION	OF	OFFICERS,	DIRECTORS	AND	TRUSTEES	STATEMENT	2
----------	--------------	----	-----------	-----------	-----	----------	-----------	---

NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
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.

33-0601 **#4**.

4,086,450.

#4. ILTON NIGUEL WATER DISTRICT PUBLIC FAC

33-0601459

= =

FORM 199 NET NOTES RECEIV	/ABLE	STATEMENT 3
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	63,928,642.	61,946,234.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	63,928,642.	61,946,234.
FORM 199 BONDS AND NOTES PAYA	ABLE	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	63,928,642.	61,946,234.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	63,928,642.	61,946,234.

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
	"2016 FTB 3586" on the check or money order. Detach voucher
	below. Enclose, but do not staple, payment with voucher and
	mail to:
	FRANCHISE TAX BOARD
	PO BOX 942857
	SACRAMENTO CA 94257-0531
Make all checks or mone	y orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:	Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
	S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
	Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
is extended to the nex Due to the federal Ema	Is on a weekend or holiday, the deadline to file and pay without penalty t business day. ancipation Day holiday observed on April 17, 2017, tax returns filed and payments n April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

639035 12-08-16

_ DETACH HERE _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ DETACH HERE _ _ _ **CAUTION:** You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM **Organizations e-filed Returns** 2016 3586 (e-file) 0000000 MOUL 33-0601459 1844749 16 FORM 3 07-01-2016 06 - 30 - 2017TYB TYE MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION 27500 LA PAZ RD LAGUNA NIGUEL CA 92677-3402 (949) 448-4032Amount of Payment 10. 6181166 022 FTB 3586 2016 -65-

022 Date Accepted

TAXABLE 201	6 Ca	lifornia e-file Re empt Organizat		zation fo	r			FORM 8453-1	
Exempt Orga	nization name						Identifyir	ng number	
	ON NIGUEL	WATER DISTRIC PORATION	T PUBLIC				33-	0601459	
Part I	Electronic Return	Information (whole dollars	only)						
1 Tota	l gross receipts (Fo	rm 199, line 4)	••				1		
2 Tota	I gross income (For								
3 Tota	l expenses and dis	oursements (Form 199, line	9)				3	4,086,450.	• 00
Part II	Settle Your Acco	Int Electronically for Taxa	ble Year 2016						
4	Electronic funds w	ithdrawal 4a Amount		4b With	drawal da	ate (mm/dd/y	ууу)		
Part III	Banking Informat	i on (Have you verified the e	xempt organization's ba	nking information	n?)				
5 Routir	ng number				_	_		1	
	unt number			7 Type of acc	ount: L	Checking		Savings	
	Declaration of Of								
l authorize on line 4a.	the exempt organizat	on's account to be settled as de	esignated in Part II. If I chec	k Part II, Box 4, I a	uthorize a	n electronic fur	nds with	drawal for the amount li	listed
transmitter California e a balance d organizatio statements	; or intermédiate serv electronic return. To th lue return, I understai n will remain liable fo be transmitted to the	are that I am an officer of the al ce provider and the amounts in le best of my knowledge and be nd that if the Franchise Tax Boa the fee liability and all applicab FTB by the ERO, transmitter, o disclose to the ERO or interme	Part I above agree with the lief, the exempt organizatio rd (FTB) does not receive fu le interest and penalties. I a r intermediate service provi	amounts on the c n's return is true, c Il and timely paym uthorize the exempter. If the process	orrespond correct, an ent of the pt organiza ing of the	ling lines of the d complete. If t exempt organiz ation return and	exemp he exen ation's I accom	t organization's 2016 npt organization is filing fee liability, the exempt panying schedules and)
Sign				TREASURE	R				
Here	Signature of officer		Date	le					
		ctronic Return Originator							
am only an accurately provided th 1345, 2016 the exempt I declare th	intermediate service reflects the data on th e organization officer 5 e-file Handbook for t organization return is at I have examined th	above exempt organization's r provider, I understand that I an e return.) I have obtained the o with a copy of all forms and in Authorized e-file Providers. I wil filed, whichever is later, and I e above exempt organization's ke this declaration based on all	not responsible for review rganization officer's signatu formation that I will file with I keep form FTB 8453-EO o will make a copy available to return and accompanying s	ng the exempt org re on form FTB 84 the FTB, and I hav n file for four years o the FTB upon req chedules and state	anization's 53-EO bef e followed s from the uest. If I a	s return. I decla ore transmitting all other requi due date of the m also the paid	re, how g this re rements return prepar	ever, that form FTB 845 turn to the FTB; I have described in FTB Pub. or four years from the d er, under penalties of pe	53-EO date erjury,
	ERO's- signature			a	Check if Ilso paid preparer	Check if self- employe	ed	ERO'S PTIN	
	Firm's name (or yours	VAVRINEK, TRI					FEIN	95-2648289	
	f self-employed) and address	10681 FOOTHI RANCHO CUCAM	LL BLVD SUIT	E 300			7IP.com	e 91730	
		are that I have examined the ab and complete. I make this decl	ove organization's return a						dge
and bellet,	Paid	and complete. I make this deci	arauon baseu on an miorma	ION OF WHICH I HAV	I KIIOWIOC	Ige. Check	I P:	aid preparer's PTIN	
Prepare	preparer's			Daio		if self- employed	ר ו'	P01294460	
Must	Firm's name (or you	rs VAVRINEK , T	RINE, DAY & C	O., LLP			FEIN	95-264828	89
Sign	if self-employed) and address	10681 FOOT	HILL BLVD SU	ITE 300					
			AMONGA, CA				ZIP cod	ie 91730	
For Priva	cy Notice, get FTE	1131 ENG/SP						FTB 8453-EO 2	2016

For Privacy Notice, get FTB 1131 ENG/SP.

629021 11-17-16

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	Chec	Check if:						
MOULTON NIGUEL WATER DISTRIC FACILITIES CORPORATION	T PUBLIC	Amended report						
27500 LA PAZ RD Address (Number and Street)	Corpo	rate or Organization No.	1844749					
LAGUNA NIGUEL, CA 92677-340 City or Town, State and ZIP Code	2 Feder	al Employer I.D. No.	33-0601459					
ANNUAL REGISTRATION RENEWAL Make Check Payab	FEE SCHEDULE (11 Cal. Code le to Attorney General's Registry		07, 311 and 312)					
Gross Annual Revenue Fee Gross	Annual Revenue Fee	Gross Annual F	levenue	Fee	<u>e</u>			
	en \$100,001 and \$250,000 \$50 en \$250,001 and \$1 million \$75		0,001 and \$10 million 00,001 and \$50 million 50 million	\$15 \$22 \$30	25			
PART A - ACTIVITIES								
For your most recent full accounting period (be Gross annual revenue $4,086,4$		ending 06/30/ 3,338,226 •	2017_) list:					
PART B - STATEMENTS REGARDING ORGANIZATIO	N DURING THE PERIOD OF THIS	S REPORT						
Note: If you answer "yes" to any of the questions be and details for each "yes" response. Please r			explanation					
1. During this reporting period, were there any contra	cts, loans, leases or other financia	l transactions between	the organization	Yes	No			
and any officer, director or trustee thereof either di any financial interest?					x			
2. During this reporting period, was there any theft, e or funds?	mbezzlement, diversion or misuse	of the organization's ch	naritable property		x			
3. During this reporting period, did non-program expe	nditures exceed 50% of gross rev	enues?			x			
 During this reporting period, were any organization with the Internal Revenue Service, attach a copy. 	funds used to pay any penalty, fir	e or judgment? If you 1	filed a Form 4720		х			
5. During this reporting period, were the services of a If "yes," provide an attachment listing the name, as			ble purposes used?		х			
6. During this reporting period, did the organization re name of the agency, mailing address, contact pers		· •	nment listing the TATEMENT 5	x				
 During this reporting period, did the organization he the number of raffles and the date(s) they occurred 		? If "yes," provide an a	ttachment indicating		х			
8. Does the organization conduct a vehicle donation operated by the charity or whether the organization		-			х			
9. Did your organization have prepared an audited fin principles for this reporting period?		th generally accepted a	accounting	x				
Organization's area code and telephone number $949 - 44$	8-4032							
Organization's e-mail address								
I declare under penalty of perjury that I have examined this r correct and complete.	eport, including accompanying docun	nents, and to the best of r	my knowledge and belief, it	t is true	e,			
MATT COL	LINGS	TREASURER						
Signature of authorized officer Printed Name		Title	Date					
329291								

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

5 STATEMENT

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

OMB No. 1545-1709

Enter filer's identifying number

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Form **8868** (Rev. January 2017)

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

						ing number
Type or print	Name of exempt organization or other filer, see instru MOULTON NIGUEL WATER DISTR	Employe		n number (EIN) or		
	FACILITIES CORPORATION		33-0601459			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 27500 LA PAZ RD	Social se	curity numbe	er (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a LAGUNA NIGUEL, CA 92677-3		Iress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			01
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above) MATT COLLINGS	06	Form 8870			12
box 1 I re for	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2016 the tax year entered in line 1 is for less than 12 months,	and atta MA organizati , an	Ach a list with the names and EINs or Y 15, 2018, to file on's return for:	f all memb	pers the exter npt organizat	nsion is for.
	Change in accounting period					
3a Iftł	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 606		-			•
	imated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your p		, , ,			0
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	868 (Rev. 1-2017)

ŀ.				EXTEN	DED TO MAY	15,	2018			
	0	90			ization Exer					OMB No. 1545-0047
Forr	n J	JU	Under section 501(c),				-			^{is)} 2016
		of the Treasury			ecurity numbers on th		-	-		Open to Public
		nue Service			rm 990 and its instru					Inspection
			dar year, or tax year be	ل ginning	JL 1, 2016	and	lending u	JUN 30,		
3 C a	heck if pplicab		of organization LTON NIGUEL V	WATER D	ISTRICT PUB	LIC		D Employ	er identific	ation number
	Addre		LITIES CORPO							
	Name chang		ousiness as					1	33-06	501459
	Initial return Final return	2750	er and street (or P.O. box i DO LA PAZ RD	if mail is not deli	vered to street address)		Room/suite	E Telepho		48-4032
	termir ated	City or	town, state or province,	country, and	ZIP or foreign postal c	ode	•	G Gross rece	eipts \$	4,086,450
	Amen	ded LAGU	JNA NIGUEL, (77-3402			H(a) Is this	a group ret	turn
	Applic tion pendi	F Name a	and address of principal	officer:MAT	r collings				bordinates?	
		SAME	AS C ABOVE	/				_		sluded? Yes No
		empt status: l		1(c)(4)·	(insert no.) 49	47(a)(1)	or 52			ist. (see instructions)
			MNWD . COM	Frust As	Other					number > State of legal domicile: C 2
		Summary			sociation Other		L Yea	r of formation:	M	State of legal domicile: C2
ГС			/ be the organization's mi			Ͳជច	OPCAN	ΤΖΆΨΤΟΝ	WACE	
e G	1		ANCE THE ACQU	ISSION OF MOST			TON O	F WATTR	FACTI	TULES IN
Governance										
veri			ox 🕨 🛄 if the organ		-				1 1	Sets.
ĝ			oting members of the go					2		
ŏ			dependent voting memb							
tie			of individuals employed							
Activities &			of volunteers (estimate							0
Ac			ed business revenue from							0
	d	Net unrelated	d business taxable incon	ne from Form	990-1, line 34		<u> </u>			
							-	Prior Ye	ear 0.	Current Year
ne			s and grants (Part VIII, lir			/			0.	
/en		•	vice revenue (Part VIII, lir	•						0
Revenue			ncome (Part VIII, column						0.	0
_			e (Part VIII, column (A), I					3,995		4,086,450
	12	Total revenue	e - add lines 8 through 1	1 (must equal	Part VIII, column (A), li	ine 12)		3,995		4,086,450
			imilar amounts paid (Par						0.	0
			l to or for members (Part						0.	0
es			er compensation, employ						0.	0
sue	16a	Professional 1	fundraising fees (Part IX	i, column (A), li	ne 11e)		L		0.	0
Expenses	b	Total fundrais	sing expenses (Part IX, c	column (D), line	e 25) 🕨		0.			
ш	17	Other expens	ses (Part IX, column (A),	lines 11a-11d,	11f-24e)			3,995	,523.	4,086,450
	18	Total expense	es. Add lines 13-17 (mus	st equal Part I	K, column (A), line 25)		L	3,995		4,086,450
	19	Revenue less	s expenses. Subtract line	e 18 from line	12				0.	0
Fund Balances							В	eginning of Cu	rrent Year	End of Year
alar	20	Total assets ((Part X, line 16)					65,345		63,338,226
E B B	21	Total liabilities	s (Part X, line 26)					65,345		63,338,226
			r fund balances. Subtrac	ct line 21 from	line 20				0.	0
		Signatur								
			, I declare that I have exami						-	knowledge and belief, it is
rue,	correc	t, and complete	e. Declaration of preparer (c	other than office	r) is based on all informa	tion of w	hich prepare/	er has any know	/ledge.	
			no of officer							
Sig	n		re of officer					Dat	e	
Her	е			TREASUR:	ER					
		,	print name and title					Data		
		Print/Type nre	narer'e name		Prenarer's signature			Date	Check	PTIN

	Print/Type preparer's name	Preparer's signature	Dato					
Paid	CATHERINE L. GRAY			self-employed P01294460				
Preparer	Firm's name 🕞 VAVRINEK, TRINE, D		Firi	m's EIN 95-2648289				
Use Only	Firm's address ▶ 10681 FOOTHILL B							
	RANCHO CUCAMONGA	, CA 91730	Ph	one no.909-466-4410				
May the IRS discuss this return with the preparer shown above? (see instructions)								
632001 11-1	•			Form 990 (2016)				
S	EE SCHEDULE O FOR ORGANIZ	ATION _70_SION STATEM	ENT CON	TINUATION				

1 11-11-10	End Tor Taper work freduction Act house, see the separate instructions.								
SEE	SCHEDULE	0	FOR	ORGANIZATION	-70- ^{SION}	STATEMENT	CONTINUATIO		

	MOULTON NIGUEL WATER DISTRICT PUBLIC 990 (2016) FACILITIES CORPORATION 33-0601459 Page 2
	t 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 ACQUISITION AND
	CONSTRUCTION OF WATER FACILITIES IN ORDER TO PROVIDE SERVICE IN AN
	EFFICIENT AND COST EFFECTIVE MANNER TO EXISTING AND FUTURE CONSUMERS
	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,086,450. including grants of \$) (Revenue \$4,086,450.)
	DEBT SERVICE PAYMENT ON CERTIFICATES OF PARTICIPATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,086,450.
	Form 990 (2016)
632002	: 11-11-16
	74

14291208 788454 2000679 2016.050 -71-2016.050 - HOULTON NIGUEL WATER DISTRI 20006791

#4 _
$\pi - \pi$

Form 990 (2016)

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Pa	t IV Checklist of Required Schedules			0
			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	–		
Ŭ	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	-		
0	-	8		х
9	Schedule D, Part III	0		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			v
	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			v
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			37
	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		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2016)

632003 11-11-16

MOULTON NIGUEL WATER DISTRICT PUBLIC FACTLITTES CORPORATION

Form	990 (2016) FACILITIES CORPORATION 33-060	1459	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		x
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d	х	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26		250		
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? <i>If</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of the second second of Ware II complete Cale adult 1. Dart III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	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		x
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? 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		х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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		Х	
		_	000	

Form **990** (2016)

632004 11-11-16

14291208 788454 2000679

#4.

#4.	
π	

Form 990 (2016)

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Pa	Check if Schedule O contains a response or note to any line in this Part V								
		1 1		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u>0</u>						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and								
	(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		0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				37				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			 	X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	 					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•							
	financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	4a		X				
b	If "Yes," enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial.		_		v				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans				X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	-			v				
	any contributions that were not tax deductible as charitable contributions?		6a	┨───┦	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	-							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	anviana providad to the power	? 7a		x				
	 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 								
			7b	+					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?		7c		x				
A	If "Yes," indicate the number of Forms 8282 filed during the year		10		- 23				
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, or pay premiums on a personal benefit con			+					
g	If the organization received a contribution of qualified intellectual property, did the organization file F								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			╉──┦					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine								
•	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.		-						
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-						
11	Section 501(c)(12) organizations. Enter:		_						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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	13b							
	Enter the amount of reserves on hand	13c							
			14a	\parallel	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O	14b						

Form **990** (2016)

632005 11-11-16

14291208 788454 2000679

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

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

33-0601459 Page **6**

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response	е
	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	Х

Sec	tion A. Governing Body and Management							
4-	Enter the number of voting members of the governing body at the and of the tay very	4-	1 5	/	Yes	No		
ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>	· · · · · · · · · · · · · · · · · · ·					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	-	,				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other	1				
-	officer, director, trustee, or key employee?			2		х		
3	Did the organization delegate control over management duties customarily performed by or under th							
•	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 9			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х		
6								
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	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
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	ched	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b	X			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
				12a 12b	X X			
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y							
	in Schedule O how this was done			12c	X	Х		
13	Did the organization have a written whistleblower policy?			13		X		
14 45	Did the organization have a written document retention and destruction policy?			14				
15	Did the process for determining compensation of the following persons include a review and approva- persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		idependent					
~				15a		Х		
	The organization's CEO, Executive Director, or top management official			15a		X		
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent v	with a					
100	taxable entity during the year?			16a		х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			Tou				
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-						
	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 $\blacktriangleright ext{CA}$							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	- (Sect	ion 501(c)(3)s only)	availab	ole			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain	in Sci	hedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, an	d 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 aı	nd records:					
	MATT COLLINGS - 909-448-4032							
	27500 LA PAZ RD, LAGUNA NIGUEL, CA 92677-3402							
332000	5 11-11-16			Form	9 90	(2016)		
	75							

Form 990 (2016)

2016.050 JUN MOULTON NIGUEL WATER DISTRI 20006791

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

33-0601459 Page 7

Form 990 (2	2016)	FACILITIES	CORPORATION	33-0
Part VII	Compensation	of Officers, Dire	ectors, Trustees, Key Employees,	Highest Compensated
	Employees, an	d Independent C	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

FACILITIES CORPORATION

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)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-10130)		and related
	below	d ual t	itiona		nploy	st cor	-			organizations
	line)	ndivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) RICHARD S FIORE	1.00			_						
DIRECTOR		x						0.	27,805.	0.
(2) SCOTT F COLTON	1.00									
DIRECTOR		x						0.	37,610.	0.
(3) DONALD FROELICH	1.00									
VICE PRESIDENT		X		Х				0.	38,235.	0.
(4) LARRY R LIZOTTE	1.00					7				
DIRECTOR		х						0.	24,935.	0.
(5) BRIAN S PROBOLSKY	1.00									
PRESIDENT		Х		Х				0.	34,775.	0.
(6) DUANE D CAVE	1.00									
DIRECTOR		X	ľ					0.	29,980.	0.
(7) GARY R KURTZ	1.00									_
DIRECTOR		Х						0.	24,975.	0.
		<u> </u>								
		-					-			
		1								
		1								

632007 11-11-16

Form 990 (2016)

MOULTON	NIGUEL	WATER	DISTRICT	PUBLIC
FACTLTT	LES CORI	PORATT	N	

Directors Trustees Key Employees, and Highest Compensated Employ	loos (continued)	
ACILITIES CORPORATION	33-0601459	Page 8
CODION NIGODE WAIER DISTRICT TODETC		

Form 990 (2016) FACILITIE	ES CORPO	DRA	λTΙ	ION	1				33-06	014	59	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, anc	l Hi	ghe	st C	compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not cl , unles	(C Posi heck r ss per d a di	tion nore son i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatior from related		(F Estim amou oth	nated unt of ner
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe from organi and re organiz	n the ization elated
					4							
1b Sub-total								0.	218,31	5.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.	218,31	0.		0.
2 Total number of individuals (including but n compensation from the organization ►								eceived more than \$100),000 of reportable	9		C
3 Did the organization list any former officer,								•		E	Ye	
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportab	le co	ompe	ensa	tion	n and	d otl	her compensation from	the organization		3 4	X
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> 	accrue comper	nsati	ion f	rom	any	unr			idual for services		5	x
Section B. Independent Contractors 1 Complete this table for your five highest co							ors t	hat received more than	\$100,000 of com	pensa		n
the organization. Report compensation for (A)	the calendar y	ear e	endii	ng w				n the organization's tax (B)	year.		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Co	mpensa	ation
							+					
							\dashv					
2 Total number of independent contractors (in \$100,000 of compensation from the organized)	-	ot lir	nite	d to		se li:)	sted	above) who received m	nore than			

Form **990** (2016)

632008 11-11-16

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

		(2016) FACILITIES CO	RPORATIO	N		33-0601	459 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin	e 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
nts nts	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
S, C		Fundraising events					
lar Iar	c	d Related organizations 1d					
ini,	e	e Government grants (contributions) 1e					
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f					
d d d	ç	Noncash contributions included in lines 1a-1f: \$					
a C	ł	Total. Add lines 1a-1f	►				
			Business Code				
e	2 4	a					
Program Service Revenue	k						
enu Se	c	;					
ran ?ev	c	1					
5 E	e						
ā	f	All other program service revenue					
	ç	g Total. Add lines 2a-2f	►				
	3	Investment income (including dividends, intere	,				
		other similar amounts)	🕨				
	4	Income from investment of tax-exempt bond p	roceeds 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
		a Gross rents					
		b Less: rental expenses					
		Rental income or (loss)					
	C	Net rental income or (loss)	🕨				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	k	b Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
θ		I Net gain or (loss) Gross income from fundraising events (not	►				
nue		including \$ of					
lev.		contributions reported on line 1c). See					
Ъ		Part IV, line 18 a					
Ę	k	b Less: direct expenses b					
Ŭ	c	Net income or (loss) from fundraising events	►				
Other Revenu	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 a					
	k	b Less: direct expenses b					
	C	Net income or (loss) from gaming activities	►				
	10 a	a Gross sales of inventory, less returns					
		and allowances a					
		b Less: cost of goods sold b					
ļ	C	Net income or (loss) from sales of inventory					
ļ			Business Code	4 006 450	4 006 450		
	11 a	A COP INTEREST INCOME	900099	4,086,450.	4,086,450.		
	k	»					
	C						
		All other revenue					
		• Total. Add lines 11a-11d		4,086,450.	1 006 450	^	
	12	Total revenue. See instructions.	🕨	4,000,450.	4,086,450.	0.	0.
63200	9 11-1	1-16					Form 990 (2016)

632009 11-11-16

2016.050 -78-MOULTON NIGUEL WATER DISTRI 20006791

MOULTON NIGUEL WATER DISTRICT PUBLIC Form 990 (2016) FACILITIES CORPORATION Part IX | Statement of Functional Expenses

33-0601459 Page 10

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All of	her organizations must co	omplete column (A)	
2000	Check if Schedule O contains a respon	•			
	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				
	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				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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					
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	4,086,450.	4,086,450.		
20	Interest	4,000,450.	4,000,430.		
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22					
23 24	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.)				
а					
b					
С					
d					
е	All other expenses	4 000 450	4 000 450		
25	Total functional expenses. Add lines 1 through 24e	4,086,450.	4,086,450.	0.	0.
26	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)				

632010 11-11-16

Form **990** (2016)

Form 990 (2016)

Part X Balance Sheet

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

33-0601459 Page 11

Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part X			
	(A) Beginning of year		(B End of
		──┤	

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u> </u>	1	
	2	Cash - non-interest-bearing Savings and temporary cash investments		2	
	3			3	
		Pledges and grants receivable, net	1,416,725.	4	1,391,992.
	4	Accounts receivable, net	1,410,723.	4	1,351,552.
	5	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			
ets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L	63,928,642.	6	61,946,234.
Assets	7	Notes and loans receivable, net	03,920,042.	7	01,940,234.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	~	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,345,367.	16	63,338,226.
	17	Accounts payable and accrued expenses	1,416,725.	17	1,391,992.
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	<u> </u>
	20	Tax-exempt bond liabilities	63,928,642.	20	61,946,234.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
les	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
.iat		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	65,345,367.	26	63,338,226.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright and			
sec		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright X			
ğ		and complete lines 30 through 34.	<u>^</u>		^
šets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
2	33	Total net assets or fund balances	0.	33	0.
	34	Total liabilities and net assets/fund balances	65,345,367.	34	63,338,226.
					Form 990

632011 11-11-16

MOULTON	NIGUEL	WATER	DISTRICT	PUBLIC
FACTLTT	LES CORI	PORATT	N	

#4.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 22) 2 4,086,450. 2 2,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 2 4,086,450. 3 0. 4 0. 5 6 6 0. 7 7 8 0 9 0. 9 0. 10 0 9 0. 10 0. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Casl <x< td=""> Accrual Other - financial Statements audited Va an independent accountant? Ve</x<>	Form	990 (2016) FACILITIES CORPORATION	33-060	1459	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4,086,450. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4,086,450. 3 8 0. 4 0.8 0. 5 1 0.0 6 0.0 7 6 9 0.0 9 0.0 9 0.0 9 0.0 9 0.0 9 0.0 9 0.0 9 0.0 9 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 <	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 086, 450. 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 unselized gains (losses) on investments 5 6 6 0. 7 6 7 7 7 7 8 9 0. 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. Part XII Financial Statements and Reporting 7 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule 0. 2 Were the organization's financial statements compiled or reviewed by an independent accountar? 2a X 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule 0. 2a Were the organization's financial statements compiled or reviewed by an independent accountar? 2a X 1 Yees No		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 086, 450. 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 unselized gains (losses) on investments 5 6 6 0. 7 6 7 7 7 7 8 9 0. 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. Part XII Financial Statements and Reporting 7 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule 0. 2 Were the organization's financial statements compiled or reviewed by an independent accountar? 2a X 1 Accounting method used to prepare the Form 990: Cash Accrual Other," explain in Schedule 0. 2a Were the organization's financial statements compiled or reviewed by an independent accountar? 2a X 1 Yees No						
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 5 6 7 6 7 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 0. 9 0. 10 0. 10 0. Part XII Financial Statements and Reporting 10 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 He organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Yes inducate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.<	1	Total revenue (must equal Part VIII, column (A), line 12)				
4 0. 5 5 6 5 7 6 7 7 8 7 9 0. 10 9 10 0. 9 0. 10 10 11 10 12 10 13 10 14 10 14 10 15 10	2	Total expenses (must equal Part IX, column (A), line 25)	2	4,086	5,4	50.
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 network 8 Prior period adjustments 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, column (B)) 10 0. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	3	Revenue less expenses. Subtract line 2 from line 1	3			0.
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. Part XIII Financial Statements and Reporting 10 0. Check if Schedule O contains a response or note to any line in this Part XII 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 O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements and separate basis Consolidated basis Both consolidated and separate basis	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
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. Part XIII Financial Statements and Reporting 10 0. Check if Schedule O contains a response or note to any line in this Part XII 10 0. 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 O. 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: 2a X 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: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X Image: Separate basis <	5	Net unrealized gains (losses) on investments	5			
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. Part XII Financial Statements and Reporting 10 0. Check if Schedule O contains a response or note to any line in this Part XII 10 0. 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 O. 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: 2a X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis, or both: 2b X	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 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. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 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 oundergo an audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the o	7	Investment expenses	7			
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. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)) 10 0. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 O. 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: 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 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X 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: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X </td <td>9</td> <td>Other changes in net assets or fund balances (explain in Schedule O)</td> <td>9</td> <td></td> <td></td> <td>0.</td>	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a X 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, or both: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X 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? 2c X If the organization changed either its oversight process or selection process during the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes 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 O. 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, or both: 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, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant? 2c X 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? 2c X If			10			0.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or compilation of its financial statements and selection of an independent accountant? Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated basis Both cons					Yes	No
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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X 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: 2b X 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: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not 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 3b	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 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 Act and OMB Circular A-133? 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 	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 4 4 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X 3a X 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 3b 4		separate basis, consolidated basis, or both:				
b Wore the organization of indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X 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 Act and OMB Circular A-133? 3a X 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 3b 4b	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 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 Act and OMB Circular A-133? 3a X 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 3b 4		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? 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 Act and OMB Circular A-133? 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 3b		X Separate basis Consolidated basis Both consolidated and separate basis				
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 Act and OMB Circular A-133? 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	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
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 3a X Act and OMB Circular A-133? 3a X 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 3b 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133? 3a X 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 3b		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
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 3b		Act and OMB Circular A-133?		3a		X
	b		ired audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
Form 330 (2018)				Form	990 ((2016)

Depart	HEDULE D n 990) ment of the Treasury I Revenue Service	► C Part I	IV, line 6, 7, 8, 9, 10, 11a, 1 Attach	Dancial Stateme on answered "Yes" on Form 1b, 11c, 11d, 11e, 11f, 12a, o to Form 990. and its instructions is at ww		2016 Open to Public Inspection		
	e of the organizatio	on MOULTON N	NIGUEL WATER D	ISTRICT PUBLIC			loyer identification	
Par	rt I Organiza		ES CORPORATION	d Ids or Other Similar Fu	inds or A		33-06014	
rai		-	Form 990, Part IV, line 6.			ccou	IIIS. Complete if the	;
	organization			(a) Donor advised funds	(b) Func	ds and other accour	its
1	Total number at en	id of year		(-)		,		
2		f contributions to (durin						
2		f grants from (during ye						
4		end of year			_			
5				that the assets held in donor a	 advised fun	ds		
Ŭ	-		-	ve legal control?			Yes	
6				in writing that grant funds ca				
Ŭ	-	-		advisor, or for any other purp		•		
	impermissible priva					ing	Yes	
Par				on answered "Yes" on Form 9		line 7		
1			eld by the organization (che		<u></u>			
•			(e.g., recreation or education		historically	import	ant land area	
		f natural habitat	(e.g., recreation of coucatio	Preservation of a		•		
		of open space			Certified III	310110 3	liuciure	
2		• •	nization hold a qualified cor	convotion contribution in the	form of a cc	neorua	tion assamant on th	
2			nization neiù a qualmeu con	servation contribution in the f			Held at the End of the	
~	day of the tax year		-					1 0 1
						2a		
b						2b		
c				ncluded in (a)		2c		
d				17/06, and not on a historic st				
_						2d		
3		ation easements modi	lified, transferred, released,	extinguished, or terminated b	y the organ	lization	during the tax	
	year ►	<u> </u>						
4			t to conservation easement		<u> </u>			
5				onitoring, inspection, handling	-			
•				? 				
6	Staff and volunteer	hours devoted to mor	initoring, inspecting, handlin	ng of violations, and enforcing	conservation	on ease	ements during the y	ear
_				violations, and enforcing cons	servation ea	semen	ts during the year	
7	Amount of expense	es incurred in monitorii	ing, inspecting, nandling of					
	▶\$							
7 8	► \$ Does each conserv	vation easement report	rted on line 2(d) above satisf	fy the requirements of section			—	
8	► \$ Does each conserv and section 170(h)	vation easement report (4)(B)(ii)?	rted on line 2(d) above satisf	fy the requirements of section				
	► \$ Does each conservand section 170(h) In Part XIII, describ	vation easement report (4)(B)(ii)? 	rted on line 2(d) above satisf on reports conservation ease	ty the requirements of section	ense stater	nent, ai	nd balance sheet, a	nd
8	► \$ Does each conserv and section 170(h) In Part XIII, describ include, if applicab	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr	rted on line 2(d) above satisf on reports conservation ease	fy the requirements of section	ense stater	nent, ai	nd balance sheet, a	nd
8 9	► \$ Does each conservation and section 170(h) In Part XIII, describ include, if applicab conservation easer	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments.	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir	fy the requirements of section ements in its revenue and exp nancial statements that descr	ense stater ibes the org	nent, ai ganizati	nd balance sheet, a ion's accounting for	nd
8 9	S Does each conservation and section 170(h) In Part XIII, describ include, if applicab conservation easer tt III Organization	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir ig Collections of Art,	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c	ense stater ibes the org	nent, ai ganizati	nd balance sheet, a ion's accounting for	nd
8 9 Par	\$	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir Ig Collections of Art, vered "Yes" on Form 990, P	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8.	ibes the org	nent, ar ganizati Simila	nd balance sheet, a ion's accounting for ar Assets.	
8 9 Par	\$	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, Pr under SFAS 116 (ASC 958),	ty the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s	bense stater ibes the org or Other statement ar	ment, ar ganizati Simila nd balar	nd balance sheet, a ion's accounting for ar Assets. ince sheet works of	art,
8 9 Par	\$	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition,	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt	bense stater ibes the org or Other statement ar	ment, ar ganizati Simila nd balar	nd balance sheet, a ion's accounting for ar Assets. ince sheet works of	art,
8 9 Par 1a	 \$ Does each conservation and section 170(h) In Part XIII, describinclude, if applicability conservation ease till Organization Complete if If the organization of the text of the foot 	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items.	tatement ar	nent, ar ganizati Simila nd balar public s	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l	art, Part
8 9 Par 1a	 \$ Does each conservation 170(h) In Part XIII, describinclude, if applicabing conservation easer T III Organization Complete if If the organization historical treasures the text of the foot If the organization of the organization of the organization of the organization of the text of the foot 	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta elected, as permitted u	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the under SFAS 116 (ASC 958),	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items. , to report in its revenue state	ense stater ibes the org or Other s tatement ar therance of ment and b	nent, ar ganizati Simila nd balar public s alance	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l sheet works of art,	art, Part
8 9 Par 1a	 \$ Does each conservation 170(h) In Part XIII, describing include, if applicabing conservation ease till Organization Complete if If the organization of the text of the foot If the organization of the treasures, or other 	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta elected, as permitted u similar assets held for	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the under SFAS 116 (ASC 958),	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items.	ense stater ibes the org or Other s tatement ar therance of ment and b	nent, ar ganizati Simila nd balar public s alance	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l sheet works of art,	art, Part
8 9 Par 1a	\$	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta elected, as permitted u similar assets held for ems:	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir ig Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the under SFAS 116 (ASC 958), r public exhibition, education	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items. , to report in its revenue state n, or research in furtherance c	ense stater ibes the org or Other s tatement ar therance of ment and b of public ser	ment, ar ganizati Simila nd balar public s alance rvice, pr	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l sheet works of art, provide the following	art, Part histo
8 9 Par 1a	\$	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta elected, as permitted u similar assets held for ems:	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir ig Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the under SFAS 116 (ASC 958), r public exhibition, education	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items. , to report in its revenue state	ense stater ibes the org or Other s tatement ar therance of ment and b of public ser	ment, ar ganizati Simila nd balar public alance rvice, pr	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in sheet works of art, provide the following	art, Part histo
8 9 Par 1a	 \$ Does each conservation and section 170(h) In Part XIII, describing include, if applicabing conservation ease organization of the organization of the organization of the text of the foot If the organization of the asures, or other relating to these ite (i) Revenue include (ii) Assets include 	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answer elected, as permitted u s, or other similar asset note to its financial state elected, as permitted u similar assets held for ems: ded on Form 990, Part X	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), its held for public exhibition, atements that describes the under SFAS 116 (ASC 958), r public exhibition, education t VIII, line 1	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt use items. , to report in its revenue state n, or research in furtherance c	ense stater ibes the org or Other s tatement ar therance of ment and b of public ser	ment, ar ganizati Simila nd balar publics alance rvice, pr \$ \$ \$	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in sheet works of art, provide the following	art, Part histe
8 9 Par 1a	 \$ Does each conservation and section 170(h) In Part XIII, describing include, if applicabing conservation ease organization of the organization of the organization of the text of the foot If the organization of the text of the foot If the organization of the org	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answer elected, as permitted u s, or other similar asset note to its financial state elected, as permitted u similar assets held for ems: ded on Form 990, Part X	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), its held for public exhibition, atements that describes the under SFAS 116 (ASC 958), r public exhibition, education t VIII, line 1	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items. , to report in its revenue state n, or research in furtherance c	ense stater ibes the org or Other s tatement ar therance of ment and b of public ser	ment, ar ganizati Simila nd balar publics alance rvice, pr \$ \$ \$	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l sheet works of art, provide the following	art, Part histe
8 9 Par 1a b	 \$ Does each conservation and section 170(h) In Part XIII, describing include, if applicability conservation ease organization complete if If the organization of the text of the foot If the organization of the surface (i) Assets include If the organization of the organization of the organization of the organization of the surface (ii) Assets include If the organization of the following amount of	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta elected, as permitted u similar assets held for ems: ded on Form 990, Part X received or held works ints required to be repo	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the under SFAS 116 (ASC 958), r public exhibition, education t VIII, line 1	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items. , to report in its revenue state n, or research in furtherance c or other similar assets for fina C 958) relating to these items:	ense stater ibes the org or Other S tatement ar therance of ment and b of public ser ancial gain,	ment, ar ganizati Simila nd balar public alance rvice, pr s provide	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l sheet works of art, provide the following	art, Part histe
8 9 Par 1a b	 \$ Does each conservation and section 170(h) In Part XIII, describing include, if applicability conservation ease organization complete if If the organization of the text of the foot If the organization of the surface (i) Assets include If the organization of the organization of the organization of the organization of the surface (ii) Assets include If the organization of the following amount of	vation easement report (4)(B)(ii)? be how the organization le, the text of the footr ments. Itions Maintaining the organization answ elected, as permitted u s, or other similar asset note to its financial sta elected, as permitted u similar assets held for ems: ded on Form 990, Part X received or held works ints required to be repo	rted on line 2(d) above satisf on reports conservation ease note to the organization's fir g Collections of Art, vered "Yes" on Form 990, P under SFAS 116 (ASC 958), ts held for public exhibition, atements that describes the under SFAS 116 (ASC 958), r public exhibition, education t VIII, line 1	fy the requirements of section ements in its revenue and exp nancial statements that descr Historical Treasures, c art IV, line 8. , not to report in its revenue s education, or research in furt ese items. , to report in its revenue state n, or research in furtherance c or other similar assets for fina	ense stater ibes the org or Other S tatement ar therance of ment and b of public ser ancial gain,	ment, ar ganizati Simila nd balar public alance rvice, pr s provide	nd balance sheet, a ion's accounting for ar Assets. Ince sheet works of service, provide, in l sheet works of art, provide the following	art, Part histo amo

14291208 788454 2000679

2016.050 -82-MOULTON NIGUEL WATER DISTRI 20006791

MOULTON NIGUEL WATER DISTRICT PUBLIC Schedule D (Form 990) 2016 FACILITIES CORPORATION 33-060145 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continue)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection	,
(check all that apply):	
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	or
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X? Yes	L No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amou	nt
c Beginning balance 1c	
d Additions during the year 1d	
e Distributions during the year1e	
f Ending balance 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) For	ır years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment	
b Permanent endowment > %	
c Temporarily restricted endowment > %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	Yes No
(i) unrelated organizations 3a(i)	
(ii) related organizations <u>3a(ii</u>	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
 4 Describe in Part XIII the intended uses of the organization's endowment funds. 	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Bo	ok value
basis (investment) basis (other) depreciation	
1a Land b Definitions	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	
total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	U

Schedule D (Form 990) 2016

632052 08-29-16

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION Schedule D (Form 990) 2016 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (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 or 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L

Schedule D (Form 990) 2016

632053 08-29-16

(6) (7) (8)

MOULTON NIGUEL WATER DISTRICT PUBLIC

0 C 0 1 4 E 0

_	dule D (Form 990) 2016 FACILITIES CORPORATION			0601459 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	venue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	4,086,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,086,450.
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.)	4b		
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.)			4,086,450.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per Retu	r n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	4,086,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,086,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,086,450.
Pa	rt XIII Supplemental Information.			
Due	ide the descriptions required for Part II, lines 2, 5, and 0; Part III, lines 1a and 4; Part	N/ lines the and	Oh: Daut V line 4. Daut	

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.

632054 08-29-16

Schedule D (Form 990) 2016

	IEDULE K	•	Su Complete if the orga	pplemental Int						tiono					. 1545-00 D16	047	
	m 990) tment of the Treasury			explanations, and	l any	additional inf	ormation in	Part VI.	-				Ор	en to	Public	;	
	tment of the Treasury al Revenue Service		to Form 990. ▶ Info GUEL WATER				90) and its i	nstructio	ons is at www.irs	.gov/form990.				Inspection Ientification number			
Nam	ne of the organization		CORPORATIO		PUI	рптс							identii 601			ber	
Par	rt I Bond Issue		0000100000110	1								5 0	001				
r ai		ssuer name	(b) Issuer EIN	(c) CUSIP #	(d	Date issued	(e) Issu	e price	(f) Description of purpose		(a) De	(g) Defeased (I		behalf	(i) Po	oled	
				(0) 000		,	(0) 1000	- p			(3) -		of is		finan		
											Yes	No	Yes	No	Yes	No	
									FINANCE .								
A	MNWD PFC		33-0601459	31845V302	12	2/22/09	6000	0000.	CAPACITY	RIGHTS		X	Х			Х	
									REFUND/R								
В	MNWD PFC		33-0601459	9AMMF05B2	1	1/01/10	8,965	,000.	COP & DS	FUND		X	Х			X	
С																	
									Ť.								
D																	
Par	Part II Proceeds B																
									B	С	D						
								<u> </u>	040,000.								
	2 Amount of bonds legally defeased					60.000	,000 .	0	965,000.								
3		f issue					5,159.		<u>378,971.</u>								
4	•	n reserve funds				0,110	5,159.		570,971.								
		•															
6	Proceeds in refu	v				55	552,850.		123,760.								
	Issuance costs fi								125,700.								
8		· · · · · · · · · · · · · · · · · · ·															
9	• ·	expenditures from proceeds															
<u>10</u> 11	Other spent proc	•															
12	Other unspent proc																
13	· · ·	al completion															
10	Tear of Substant					Yes	No	Yes	No	Yes	No		Yes		No		
14	Were the bonds	ssued as part of a current r	efunding issue?				X	100	X	100	110		100				
		ssued as part of an advanc					X	Х									
16		cation of proceeds been ma					Х		X								
17		maintain adequate books and record				X		Х									
_	t III Private Bus																
						Α			В	С				D			
1	Was the organiza	ation a partner in a partners	hip, or a member of ar	n LLC,	Ī	Yes	No	Yes	No	Yes	No		Yes		No		
			tax-exempt bonds?				Х	_	X								
2	Are there any lea	se arrangements that may r	result in private busine	ess use of													
	bond-financed pr	operty?					Х		X								

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

33-0601459

Page **2**

	Part	III Private Business Use (Continued)								
				Ą	l	3	(2	1	2
	3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
		business use of bond-financed property?		X		X				
	b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
		counsel to review any management or service contracts relating to the financed property?								
	с	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
	d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
		counsel to review any research agreements relating to the financed property?								
	4	Enter the percentage of financed property used in a private business use by								
		entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
	5	Enter the percentage of financed property used in a private business use as a result of								
		unrelated trade or business activity carried on by your organization, another								
		section 501(c)(3) organization, or a state or local government		%		%		%		%
	6	Total of lines 4 and 5		%		%		%		%
	7	Does the bond issue meet the private security or payment test?		Х		X				
	8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
_		governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
	b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
		of		%		%		%		%
-8 7.9	с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
' _		1.141-12 and 1.145-2?								
	9	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?		X		X				
	Part	IV Arbitrage								
				A	I	3	(<u>c</u>	[2
	1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
		Penalty in Lieu of Arbitrage Rebate?		X		X				
	2	If "No" to line 1, did the following apply?								i
	a	Rebate not due yet?		X		X				
	b	Exception to rebate?		X		X				
	C	No rebate due?		X		X				
		If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
		performed								
		Is the bond issue a variable rate issue?		X		X				
	4a	Has the organization or the governmental issuer entered into a qualified								
		hedge with respect to the bond issue?		X		X				
		Name of provider								
	C	Term of hedge				,				
	d	Was the hedge superintegrated?								
	e	Was the hedge terminated?								

Schedule K (Form 990) 2016

MOULTON NIGUEL WATER DISTRICT	POBLIC							
chedule K (Form 990) 2016 FACILITIES CORPORATION			33-0	0601459)			Pag
art IV Arbitrage (Continued)								
-	<u>A</u>			3		Ç	<u>ا</u>	
-	Yes	No	Yes	No	Yes	No	Yes	No
a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х		X				
Has the organization established written procedures to monitor the requirements of								
section 148?		Х		X				
rt V Procedures To Undertake Corrective Action					_			
	ļ		E	3		2)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х		X					
rt VI Supplemental Information. Provide additional information for responses to questions	on Schedule	- K. See instr	uctions					

-88-

#Δ OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) D Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service MOULTON NIGUEL WATER DISTRICT PUBLIC Name of the organization 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 11B: 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. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

2016.050 JULTON NIGUEL WATER DISTRI 20006791

#4.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization MOULTON NIGUEL WATER DISTRICT PUBLIC	Page Employer identification numbe
FACILITIES CORPORATION	33-0601459
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTE	REST, AND FINANCIA
STATEMENTS ARE AVAILABLE UPON REQUEST AT THE BUSINESS AD	DRESS DURING NORMA
BUSINESS HOURS.	
632212 08-25-16 Sch	edule O (Form 990 or 990-EZ) (20
291208 788454 2000679 2016.050 -90- MOULTON NIGUEL WAY	TER DISTRI 2000679

SCHEDULE R (Form 990)	► Com	Related Organization		201	6				
Department of the Treasury Internal Revenue Service	► Infe	ormation about Schedule R (Form		Open to Public Inspection					
Name of the organiza		L WATER DISTRICT P	PUBLIC			Emp 3	loyer identi 3-0601	ification n	
Part I Identificat	tion of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
	(a) dress, and EIN (if applicable) f disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total incon	(e) End-of-year	assets		(f) t controlling entity	g
		-							
		-							
		-							
Part II Identification	tion of Related Tax-Exempt Organiz	zations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34 be	ecause it had one o	or more re	elated tax-e>	empt	
	(a) me, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) controlling entity	cont	g) 512(b)(13) trolled tity?
					501(c)(3))			Yes	No
MOULTON NIGUEL W	ATER DISTRICT - 95-2377983								
27500 LA PAZ RD									
LAGUNA NIGUEL, C	A 92677	WATER DISTRICT	CALIFORNIA	115					X
		-							
		-							
								1	
									<u> </u>
		4							
									1

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

OMB No. 1545-0047

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Schedule R (Form 990) 2016

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.

		-	(-1)	(2)	(6)	()		b)	(1)	(3)	(1.)								
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of		h) ortionate	(i) Code V-UBI	(j) General	(k) Percentage								
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	managir partner	^g ownership								
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	>								

-92-

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	1								
	1								
									<u> </u>
	1								
	1								
									<u> </u>
	-								
	4								
									<u> </u>
	-								
	4								
]								
]								
]								



MOULTON NIGUEL WATER DISTRICT PUBLIC FACTLITTES CORPORATION

000 2016

33 - 0601459Page 3

Schedule R (Form 990) 2016 FACILITIES CORPORATION	33-0601459		Page
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)	10		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)			X
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses	1p	x	
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)			x
s Other transfer of cash or property from related organization(s)	1s		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOULTON NIGUEL WATER DISTRICT	A	4,086,450.	ACTUAL AMOUNT
(2) MOULTON NIGUEL WATER DISTRICT	Р	4,086,450.	ACTUAL AMOUNT
(3)			
(4)			
(5)			
<u>(6)</u>			

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Schedule R (Form 990) 2016

33-0601459 Page 4

#4

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.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)) (f)	(g)	()	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a partners	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage	
of entity		(state or foreign	(related, unrelated, excluded from tax under	501(c) orgs.	(3) total	end-of-year	tior alloca	nate tions?	amount in box 20 of Schedule K-1	managin partner?	ownership	
		country)	sections 512-514)	Yes	No income	assets	Yes	No	(Form 1065)	Yes NO	,	
											+	
				$\left \right $							+	
								<u> </u>				

Schedule R (Form 990) 2016

-94-

#4.

9 Page 5
n

14291208 788454 2000679 2016.050 -95-HOULTON NIGUEL WATER DISTRI 20006791

-96-