

NOTICE AND CALL OF ANNUAL MEETING
OF THE BOARD OF DIRECTORS
MOULTON NIGUEL WATER DISTRICT
PUBLIC FACILITIES CORPORATION
26880 Aliso Viejo Pkwy, Suite 150, Aliso Viejo
December 10, 2020
6:00 PM

Approximate Meeting Time: 30 Minutes

IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), AND IN ACCORDANCE WITH THE GOVERNOR'S EXECUTIVE ORDER N-29-20, THERE WILL BE NO PUBLIC LOCATION FOR THE PUBLIC TO ATTEND THIS BOARD MEETING IN PERSON. MEMBERS OF THE PUBLIC MAY LISTEN AND PROVIDE PUBLIC COMMENT TELEPHONICALLY BY CALLING THE FOLLOWING NUMBER:

DIAL: 1-669-900-9128 MEETING ID: 942-941-7034# PASSCODE: 26161#

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 10, 2020, at 6:00 PM. The following business will be transacted and is the Agenda for this annual meeting:

- 1. CALL MEETING TO ORDER
- 2. APPROVE THE MINUTES OF THE DECEMBER 12, 2019 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING
- 3. PUBLIC COMMENTS

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

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

ACTION ITEMS

4. MNWD PUBLIC FACILITIES CORPORATION AUDITED FINANCIAL STATEMENTS AND TAX FORMS FOR FISCAL YEAR ENDED JUNE 30, 2020

It is recommended that the Board of Directors receive and file the financial statements and tax forms and authorize the General Manager or Assistant General Manager to engage an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2021.

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 Moultor 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, 26880 Aliso Viejo Parkway, Suite 150, Aliso Viejo, CA ("District Office"). If such writings are distributed to members of the Board less than twenty-four (24) hours prior to the meeting, they will be available in the reception area of the District Office at the same time as they are distributed except that, if such writings are distributed immediately prior to, or during the meeting, they will be available in the Board meeting room and on the District website at www.mnwd.com.



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

December 12, 2019

An Annual Meeting of the Public Facilities Corporation Board of Directors of the Moulton Niguel Water District was held at the District offices, 26880 Aliso Viejo Pkwy, Suite 150, Aliso Viejo, California, at 6:00 PM on December 12, 2019. There were present and participating:

DIRECTORS

Duane Cave Vice President/Chair

Richard Fiore Director
Donald Froelich President
Kelly Jennings Director
Gary Kurtz Director

Also present and participating were:

STAFF MEMBERS, LEGAL COUNSEL, AND MEMBERS OF THE PUBLIC

Joone Lopez General Manager

Matt Collings Assistant General Manager
Gina Hillary Director of Human Resources

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

Paige Gulck Board Secretary

Todd Novacek Director of Operations

Drew Atwater Director of Finance & Water Resources

Tim Bonita Recording Secretary

Medha Patel MNWD Matt Brown MNWD

Sherry Wanninger CAC Member

1. CALL MEETING TO ORDER

The meeting was called to order by Duane Cave at 6:05 p.m.

2. APPROVE THE MINUTES OF THE DECEMBER 20, 2018 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING

MOTION DULY MADE BY DONALD FROELICH AND SECONDED BY KELLY JENNINGS, MINUTES OF THE DECEMBER 20, 2018 PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING WERE APPROVED AS PRESENTED. THE VOTE WAS UNANIMOUS WITH DIRECTORS DUANE CAVE, RICHARD FIORE, DONALD FROELICH, KELLY JENNINGS, AND GARY KURTZ ALL VOTING 'AYE'.

3. APPROVE THE MINUTES OF THE OCTOBER 10, 2019 SPECIAL PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING

MOTION DULY MADE BY DONALD FROELICH AND SECONDED BY GARY KURTZ, MINUTES OF THE OCTOBER 10, 2019 SPECIAL PUBLIC FACILITIES CORPORATION BOARD OF DIRECTORS' MEETING WERE APPROVED AS PRESENTED. THE VOTE WAS UNANIMOUS WITH DIRECTORS DUANE CAVE, RICHARD FIORE, DONALD FROELICH, KELLY JENNINGS, AND GARY KURTZ ALL VOTING 'AYE'.

4. PUBLIC COMMENTS

None.

ACTION ITEMS

5. MNWD PUBLIC FACILITIES CORPORATION AUDITED FINANCIAL
STATEMENTS AND TAX FORMS FOR FISCAL YEAR ENDED JUNE 30, 2019

It is recommended that the Board of Directors receive and file the financial statements and tax forms and authorize the General Manager or Assistant General Manager to engage an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2020.

Matt Collings provided a brief introduction on the item.

MOTION DULY MADE BY DONALD FROELICH AND SECONDED BY GARY KURTZ, ITEM 5 WAS APPROVED AS PRESENTED. THE VOTE WAS UNANIMOUS WITH DIRECTORS DUANE CAVE, RICHARD FIORE, DONALD FROELICH, KELLY JENNINGS, AND GARY KURTZ ALL VOTING 'AYE'.

ADJOURNMENT

The meeting was adjourned at 6:08pm

Respectfully submitted,





STAFF REPORT

TO: Board of Directors MEETING DATE: December 10, 2020

FROM: Trevor Agrelius, Controller

Matt Collings, Assistant General Manager

SUBJECT: MNWD Public Facilities Corporation Audited Financial Statements

and Tax Forms for Fiscal Year Ended June 30, 2020

SUMMARY:

<u>Issue</u>: The MNWD Public Facilities Corporation Audited Financial Statements and Tax Forms for Fiscal Year Ended June 30, 2020 are being presented for the Boards Consideration.

<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 Assistant General Manager to engage an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2021.

Fiscal Impact: No fiscal impact to the District.

Reviewed by Legal: Yes

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.

#4.

MNWD Public Facilities Corporation Audited Financial Statements and Tax Forms for Fiscal Year Ended June 30, 2020 December 10, 2020 Page 2 of 2

DISCUSSION:

The Corporation's financial statements have been audited by Eide Bailly, LLP, a firm of independent certified public accountants that merged with the accounting firm Vavrinek, Trine, Day and Co., LLP, with whom the Corporation contracted to perform audit services. The external audit firm has issued an unmodified (clean) opinion for the Corporation's financial statements for fiscal year ended June 30, 202. The letter on internal control contained no significant deficiencies or material weaknesses.

The Corporation prepares its financial statements by recording debt issued through the Corporation utilizing Certificates of Participation ("COP"). As of June 30, 2020, the only debt outstanding for the Corporation was the 2019 Certificates of Participation. The details for that issuance are discussed in Notes 2 and 3 in the Notes to Financial Statements in the Corporation's financial statements.

It is also recommended that the Board of Directors authorize the General Manager or Assistant General Manager to engage an auditor to examine the financial statements for the Corporation for fiscal year ending June 30, 2021. The Corporation will be issuing a request for proposals in preparation for next year's audit.

Attachments:

- 1. PFC Audited Financial Statements for Fiscal Year Ended June 30, 2020, including the Letter on Internal Control
- 2. PFC Form 990 and 199 for Fiscal Year Ended June 30, 2020

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

BASIC FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2020



Basic Financial Statements

Year Ended June 30, 2020

#4.

This Page Left Intentionally Blank

Year Ended June 30, 2020

Table of Contents

| | Page umber |
|---|---------------|
| Independent Auditor's 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 | 6 |
| Independent Auditor's 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> | 9 |

#4.

This Page Left Intentionally Blank



Independent Auditor's Report

Board of Directors Moulton Niguel Water District Public Facilities Corporation Aliso Viejo, 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, 2020, 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.

Auditor's Responsibility

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

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

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

#4.

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, 2020, 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 a report dated December 4, 2020, 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 solely 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 the effectiveness of the Corporation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Corporation's internal control over financial reporting and compliance.

Laguna Hills, California

Esde Sailly LLP

December 4, 2020

Statement of Net Position June 30, 2020

| Assets: | |
|--|-----------------------|
| Current: | ¢ 727 277 |
| Accrued interest receivable from Moulton Niguel Water District Installment receivable from Moulton Niguel Water District | \$ 727,277 910,000 |
| | |
| Total Current Assets | 1,637,277 |
| Noncurrent: | |
| Installment receivable from Moulton Niguel Water District | 67,644,646 |
| Total Noncurrent Assets | 67,644,646 |
| Total Assets | 69,281,923 |
| Liabilities: | |
| Current: | |
| Accrued interest payable | 727,277 |
| 2019 certificates of participation payable, current | 910,000 |
| Total Current Liabilities | 1,637,277 |
| Long-Term Liabilities: | |
| 2019 certificates of participation payable, non-current | 67,644,646 |
| Total Long-Term Liabilities | 67,644,646 |
| Total Liabilities | 69,281,923 |
| Net Position: | |
| Total Net Position | |
| Total Liabilities and Net Position | \$ 69,281,923 |

Moulton Niguel Water District Public Facilities Corporation Statement of Revenues, Expenses, and Changes in Net Position Year Ended June 30, 2020

Nonoperating Revenues:

| Interest income - installment sale receivable | \$ 1,882,014 |
|--|--------------|
| Total Nonoperating Revenues | 1,882,014 |
| Nonoperating Expenses | |
| Interest expense - certificates of participation payable | 1,259,936 |
| Debt issuance costs - 2019 certificates of participation | 622,078 |
| Total Nonoperating Expenses | 1,882,014 |
| Change in Net Position | <u> </u> |
| Net Position: | |
| Beginning of fiscal year | |
| End of Fiscal Year | \$ - |

Statement of Cash Flows Year Ended June 30, 2020

| Cash Flows from Capital and Related Financing Activities: | |
|---|-------------------|
| Interest paid on certificates of participation | \$ (1,987,213) |
| Proceeds from debt issuance | 68,634,112 |
| Cash paid for debt issuance costs | (622,078) |
| Net Cash Provided By (Used For) Capital and | |
| Related Financing Activities | 66,024,821 |
| Cash Flows from Investing Activities: | |
| Interest received on installment sale agreement | 2,609,291 |
| Assignment of proceeds per installment sale agreement | (68,634,112) |
| Net Cash Provided By (Used For) Investing Activities | (66,024,821) |
| Net Increase (Decrease) in Cash and Cash Equivalents | |
| Cash and Cash Equivalents, Beginning of Year | <u>-</u> |
| Cash and Cash Equivalents, End of Year | \$ |
| Non-cash Investing, Capital, and Financing Activities: Amortization of Premium | \$ 79,466 |

Notes to Financial Statements Year Ended June 30, 2020

Note 1: Reporting Entity and Summary of Significant Accounting Policies

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

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

a. Basis of Accounting

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

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

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

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

Notes to Financial Statements Year Ended June 30, 2020 (Continued)

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

b. Cash and Cash Equivalents

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

According to the bond indentures, the District is obligated to maintain applicable 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: 2019 Certificates of Participation

On November 6, 2019, the District issued \$64,570,000 of 2019 Certificates of Participation ("2019 Certificates") pursuant to an installment sale agreement with the Corporation. The 2019 Certificates were issued to finance the acquisition and construction of certain capital improvements and pay for the costs of issuance. The 2019 Certificates accrue interest at rates between 2% and 5% and mature between September 1, 2020, and September 1, 2049. Interest is payable on September 1 and March 1 of each year.

The Certificates maturing on September 1, 2044 and September 1, 2049, are also subject to mandatory sinking fund prepayment on September 1 in each year on or after September 1, 2040 and September 1, 2045, respectively, by lot, in integral multiples of \$5,000, at a prepayment price equal to the principal amount thereof, without premium, together with accrued interest on 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, as follows:

Notes to Financial Statements Year Ended June 30, 2020 (Continued)

Note 2: 2019 Certificates of Participation (Continued)

Certificates Maturing September 1, 2044

| | Princi | pal Amount of |
|-----------------|--------|----------------|
| Year | Cert | ificates to be |
| (September 1) | | Prepaid |
| | | |
| 2040 | \$ | 2,490,000 |
| 2041 | | 2,565,000 |
| 2042 | | 2,645,000 |
| 2043 | | 2,725,000 |
| 2044 (Maturity) | | 2,805,000 |

Certificates Maturing September 1, 2049

| | Principal Amount o | f | |
|-----------------|--------------------|---|--|
| Year | Certificates to be | | |
| (September 1) | Prepaid | | |
| | | | |
| 2045 | \$ 2,890,000 | C | |
| 2046 | 2,975,000 | C | |
| 2047 | 3,065,000 | C | |
| 2048 | 3,155,000 | C | |
| 2049 (Maturity) | 3,250,000 | 0 | |

Note 3: Long-Term Liabilities

The changes in long-term liabilities for the year ended June 30, 2020, are as follows:

| Balance at July 1, 2019 | | | Additions | | Deletions | | Balance at June 30, 2020 | | Due Within One Year | |
|----------------------------|----|---|-----------|------------|-----------|----------|-----------------------------|------------|------------------------|---------|
| 2019 COPs | \$ | - | \$ | 64,570,000 | \$ | - | \$ | 64,570,000 | \$ | 910,000 |
| Add: Premium | - | - | | 4,064,112 | | (79,466) | | 3,984,646 | | |
| Total Certificates | \$ | - | \$ | 68,634,112 | \$ | (79,466) | \$ | 68,554,646 | \$ | 910,000 |

| COPs Payable | | | | | | | |
|--------------|----|---------------------|----|------------|--------------|------------|-----------|
| | | Interest | | Total | | | |
| 2021 | \$ | 910,000 | \$ | 2,159,081 | \$ | 3,071,102 | |
| 2022 | | 1,215,000 | | 2,105,956 | | 3,322,978 | |
| 2023 | | 1,275,000 | | 2,043,706 | | 3,320,729 | |
| 2024 | | 1,340,000 1,978,331 | | 1,340,000 | | | 3,320,355 |
| 2025 | | 1,405,000 | | 1,909,706 | | 3,316,731 | |
| 2026-2030 | | 8,155,000 | | 8,393,531 | | 16,548,531 | |
| 2031-2035 | | 10,150,000 | | 6,439,928 | 16,589,928 | | |
| 2036-2040 | | 11,555,000 | | 5,040,956 | 6 16,595,956 | | |
| 2041-2045 | | 13,230,000 | | 3,316,200 | | 16,546,200 | |
| 2046-2050 | | 15,335,000 | | 1,177,125 | | 16,512,125 | |
| | \$ | 64,570,000 | \$ | 34,564,522 | \$ | 99,144,637 | |



Independent Auditor's 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 Aliso Viejo, California

We have audited, 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, 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, 2020, 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 4, 2020. 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) as a basis for designing 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.

#4.

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 financial statements. 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*.

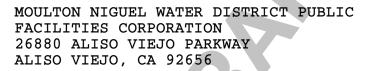
Purpose of this Report

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 Corporation'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 Corporation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Laguna Hills, California December 4, 2020

Esde Sailly LLP

EIDE BAILLY LLP 10681 FOOTHILL BLVD., STE. 300 RANCHO CUCAMONGA, CA 91730-3831



Halaaalalallaadalaallaaalall

#4.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.





November 16, 2020

Moulton Niguel Water District Public Facilities Corporation 26880 Aliso Viejo Parkway Aliso Viejo, CA 92656

Moulton Niguel Water District Public Facilities Corporation:

Enclosed are the 2019 Exempt Organization returns, as follows...

2019 Form 990

2019 California Form 199

2019 California Form RRF-1

2019 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Catherine L. Gray of Eide Bailly, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Moulton Niguel Water District Public Facilities Corporation 26880 Aliso Viejo Parkway Aliso Viejo, CA 92656

Prepared By:

Eide Bailly LLP 10681 Foothill Blvd., Ste. 300 Rancho Cucamonga, CA 91730-3831

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020

Form **8879-EO**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning $\underline{JUL} \ \underline{1}$, 2019, and ending $\underline{JUN} \ \underline{30}$, 20 $\underline{20}$

OMB No. 1545-1878

| epartment of the Treasury ternal Revenue Service ame of exempt organization IOULTON NIGUEI 'ACILITIES COF | <u> </u> | | | | | |
|--|--|---|---|--|--|--|
| OULTON NIGUEI ACILITIES COF | | Go to www.ir | s.gov/Form8879EO for th | ne latest information. | | |
| 'ACILITIES COF | | | | | Employer i | dentification number |
| | | STRICT E | PUBLIC | | | |
| 1 1111 2 22 | RPORATION | | | | 33-06 | 501459 |
| AME and title of officer ATT COLLINGS REASURER | | | | | | |
| | Return and Ret | turn Informa | ntion (Whole Dollars On | ly) | | |
| n line 1a, 2a, 3a, 4a, or 5 a | a, below, and the a | mount on that I | ine for the return being file | applicable amount, if any, fro d with this form was blank, t en enter -0- on the applicable | hen leave li | ne 1b, 2b, 3b, 4b, or 5b , |
| a Form 990 check here | ▶X b To | otal revenue. if | any (Form 990 Part VIII o | column (A), line 12) | 1h | 1.882.014. |
| a Form 990-EZ check he | | | | e 9) | | |
| Form 1120-POL check | | | | | | |
| a Form 990-PF check he | | | | rm 990-PF, Part VI, line 5) | | |
| a Form 8868 check here | | | | | | |
| | | | 5555, 5 55, | | | |
| Part II Declarati | ion and Signat | ure Authoriz | zation of Officer | | | |
| eturn, and the financial ins 888-353-4537 no later tha rocessing of the electronic | stitution to debit the an 2 business days c payment of taxes personal identifica | e entry to this a prior to the pay to receive conf ation number (Pl | ccount. To revoke a paymy ment (settlement) date. I a didential information neces | for payment of the organiza ent, I must contact the U.S. also authorize the financial ir sary to answer inquiries and organization's electronic ref | Treasury Firnstitutions in resolve issu | nancial Agent at nvolved in the ues related to the |
| | | | | | | |
| officer's PIN: check one b | oox only | | | | | |
| fficer's PIN: check one b X I authorize EII | - | LLP | | | to enter my | PIN 14567 |
| | - | | ERO firm name | | to enter my | PIN 14567 Enter five numbers, to do not enter all zeros |
| as my signature of is being filed with enter my PIN on As an officer of the indicated within the program, I will enter its program, I will enter its program. | on the organization a state agency(ies the return's discloss the organization, I withis return that a conter my PIN on the | n's tax year 2019 s) regulating cha sure consent sc vill enter my PIN opy of the return return's disclos | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the on is being filed with a state ure consent screen. | . If I have indicated within the ed/State program, I also authorganization's tax year 2019 or agency(ies) regulating chari | is return tha norize the af electronically | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to |
| as my signature of is being filed with enter my PIN on As an officer of the indicated within the program, I will enter my PIN on I will e | on the organization a state agency(ies the return's discloss the organization, I withis return that a conter my PIN on the | n's tax year 2019 s) regulating cha sure consent sc vill enter my PIN opy of the return return's disclos | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the on is being filed with a state | . If I have indicated within the ed/State program, I also authorganization's tax year 2019 or agency(ies) regulating chari | is return tha norize the af electronically | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to |
| as my signature of is being filed with enter my PIN on As an officer of the indicated within the program, I will enter signature ***: | on the organization a state agency(ies the return's discloss the organization, I withis return that a conter my PIN on the | n's tax year 2019 s) regulating cha sure consent so will enter my PIN opy of the return return's disclos | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the on is being filed with a state ure consent screen. | . If I have indicated within the ed/State program, I also authorganization's tax year 2019 or agency(ies) regulating chari | is return tha norize the af electronically | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to |
| as my signature of is being filed with enter my PIN on As an officer of the indicated within the program, I will enter its signature *** Part III Certificate *** | on the organization a state agency(ies the return's disclosine organization, I withis return that a conter my PIN on the *** THIS I | n's tax year 2019 s) regulating chasure consent so vill enter my PIN opy of the return return's disclos IS NOT A | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the on is being filed with a state ure consent screen. FILEABLE COPY | . If I have indicated within the ed/State program, I also authorganization's tax year 2019 eragency(ies) regulating charions and the state of the end of | is return tha norize the af electronically ties as part | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to |
| as my signature is being filed with enter my PIN on As an officer of the indicated within the program, I will enter in the program of the pr | on the organization in a state agency(ies the return's disclosine organization, I withis return that a conter my PIN on the *** THIS I | n's tax year 2019 s) regulating chasure consent so vill enter my PIN opy of the return return's disclos IS NOT A entication aic filing identific | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the on is being filed with a state ure consent screen. FILEABLE COPY | . If I have indicated within the ed/State program, I also authorganization's tax year 2019 or agency(ies) regulating chari | is return tha norize the af electronically ties as part | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to by filed return. If I have |
| as my signature is being filed with enter my PIN on As an officer of the indicated within the program, I will enter signature Part III Certificate RO's EFIN/PIN. Enter you umber (EFIN) followed by certify that the above numer is being as my signature. | on the organization a state agency(ies the return's disclosine organization, I withis return that a conter my PIN on the *** THIS I | n's tax year 2019 s) regulating chasure consent so will enter my PIN ppy of the return return's disclose SOT A pentication selected PIN. N, which is my services and selected PIN. | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the one is being filed with a state ure consent screen. FILEABLE COPY Estation | . If I have indicated within the ed/State program, I also authorganization's tax year 2019 eragency(ies) regulating charions and the state of the end of | is return tha norize the af electronically ties as part | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to by filed return. If I have of the IRS Fed/State |
| as my signature of is being filed with enter my PIN on As an officer of the indicated within the program, I will enter its signature Part III Certificate RO's EFIN/PIN. Enter you can be a signature be a signature be a signature. Pert (EFIN) followed by the certify that the above number of its meaning that I am submitting its being as meaning that I am submitting its being the signature. | on the organization a state agency(ies the return's disclosine organization, I withis return that a conter my PIN on the *** THIS I | n's tax year 2019 s) regulating chasure consent so will enter my PIN ppy of the return return's disclose SOT A pentication selected PIN. N, which is my services and selected PIN. | 9 electronically filed return arities as part of the IRS Foreen. I as my signature on the one is being filed with a state ure consent screen. FILEABLE COPY Estation | If I have indicated within the ed/State program, I also aution and a second agency (ies) regulating charical agency Date 81199300050 Bound of the enter all zeros are editionally filed return for the | is return tha norize the af electronically ties as part organization | Enter five numbers, to do not enter all zeros at a copy of the return forementioned ERO to by filed return. If I have of the IRS Fed/State |

Form **8879-EO** (2019)

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection JUL 1, 2019 and ending JUN 30, A For the 2019 calendar year, or tax year beginning

| B (| Check if applicabl | C Name of organization MOULTON NIGUEL WATER DISTRICT PUBLIC | D Employer identific | cation number |
|---------------|--------------------|--|-------------------------------|-------------------------------|
| | Addre chang | SS DAGTI TETEG GODDODAETON | | |
| | Name chang | e Doing business as | 33-06014 | 59 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/si | uite E Telephone numbe | r |
| | Final return | 26880 ALISO VIEJO PARKWAY | 949-448- | 4032 |
| | termir ated | | G Gross receipts \$ | 1,882,014. |
| | Amen- return | ded ATTCO VITETO CA 02656 | H(a) Is this a group re | eturn |
| | Application | Finame and address of principal officer: MAII COLLINGS | for subordinates | ? Yes X No |
| | pendi | SAME AS C ABOVE | H(b) Are all subordinates in | cluded? Yes No |
| | | | 527 If "No," attach a | list. (see instructions) |
| J١ | Nebsi | te: > WWW.MNWD.COM | H(c) Group exemptio | |
| | | | ear of formation: 1993 | I State of legal domicile; CA |
| Pa | art I | Summary | _ | |
| e | 1 | Briefly describe the organization's mission or most significant activities: THE ORGATO FINANCE THE ACQUISITION AND CONSTRUCTION CONSTRU | | |
| Governance | 2 | Check this box if the organization discontinued its operations or disposed of m | | |
| /err | 3 | | | 7 |
| é | 4 | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | 7 |
| જ | 1 ' | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 0 |
| ties | | | | 0 |
| Activities & | | Total number of volunteers (estimate if necessary) | | 0. |
| Ac | 1 | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39 | | 0. |
| | | Net differenced business taxable income from 1 offit 990-1, fille 99 | Prior Year | Current Year |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 0. | 0. |
| | 1 | | 0. | 0. |
| Ver | 1 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| Be | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,732,650. | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,732,650. | 1,882,014. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 1 | D (1) 11 (D 1) (D 1) (A) (1) (A) | 0. | 0. |
| | 4- | Salaries, other compensation, employee benefits (Part IX, column (A), line 4) | 0. | 0. |
| ses | 162 | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Expenses | h | Total fundraising expenses (Part IX, column (D), line 25) | | |
| Ě | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,732,650. | 1,882,014. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,732,650. | 1,882,014. |
| | | Revenue less expenses. Subtract line 18 from line 12 | 0. | 0. |
| 7.0 | | Toveride less expenses. Cubitast line 10 from line 12 | Beginning of Current Year | End of Year |
| ets (| 20 | Total assets (Part X, line 16) | 0. | 69,281,923. |
| Net Assets or | 21 | Total liabilities (Part X, line 26) | 0. | 69,281,923. |
| Net I | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 0. | 0. |
| Pa | art II | Signature Block | | |
| Und | er pena | lties of perjury, I declare that I have examined this return, including accompanying schedules and stat | ements, and to the best of my | knowledge and belief, it is |
| true | , correc | et, and complete. Declaration of preparer (other than officer) is based on all information of which prep | arer has any knowledge. | |
| | | | | |
| Sig | n | Signature of officer | Date | |
| Her | e | MATT COLLINGS, TREASURER | | |
| | | Type or print name and title | | |
| | | Print/Type preparer's name Preparer's signature | Date Check | PTIN |
| Paid | | CATHERINE L. GRAY | 11/16/20 self-employ | |
| | parer | Firm's name EIDE BAILLY LLP | Firm's EIN | 45-0250958 |
| Use | Only | Firm's address 10681 FOOTHILL BLVD., STE. 300 | | 0 466 4410 |
| | | RANCHO CUCAMONGA, CA 91730-3831 | Phone no. 90 | 9-466-4410 |
| May | / the II | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No |

| | MOULION NIGOEL WALES DISTRICT FUBLIC | _ |
|------|--|-----|
| Form | 990 (2019) FACILITIES CORPORATION 33-0601459 Page 2 | 2 |
| Pai | 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? |) |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |) |
| | 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 \$1,882,014. including grants of \$) (Revenue \$1,882,014. DEBT SERVICE PAYMENT ON CERTIFICATES OF PARTICIPATION. | .) |
| | DEBT SERVICE PAIMENT ON CERTIFICATES OF PARTICIPATION. | _ |
| | | _ |
| | | _ |
| | | - |
| | | _ |
| | | - |
| | | - |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | _ |
| |) (Librariae 4 | , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ | ,) |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | |

4d Other program services (Describe on Schedule O.)

including grants of \$ (Expenses \$

1,882,014. Total program service expenses

) (Revenue \$

33-0601459

Form 990 (2019) FACILITIES C
Part IV Checklist of Required Schedules

| | | | Yes | No |
|------------|---|------------|-----|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | <u>X</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u>X</u> |
| 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 | | _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 | | | 7.7 |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| | 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, | | | 37 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | 37 |
| | Schedule D, Part III | 8 | | <u> </u> |
| 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? | | | 37 |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | 37 |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 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, | | | 37 |
| | Part VI | 11a | | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| 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 | | <u>X</u> |
| 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 | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | $\frac{x}{x}$ |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| | 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? | | | v |
| | 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 | | <u>X</u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| 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 | 4.41- | | Х |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | 45 | | Х |
| 46 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 16 | | 46 | | y |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | | Х |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | -21 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 18 | | х |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | -21 |
| 19 | | 19 | | Х |
| 20- | complete Schedule G, Part III | 20a | | X |
| 20a h | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 20b | | |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| <u>~ 1</u> | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| | domestic government out rait in, column (-y, into 1: II res. complete scriedule I, Parts rand II | <u> </u> | | |

Page 3

Form 990 (2019) FACILITIES CORPORA
Part IV Checklist of Required Schedules (continued) FACILITIES CORPORATION 33-0601459 Page 4

| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
|-------------|--|------------|-----|--------------|
| 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 | | <u>X</u> |
| 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 | | 37 | |
| | Schedule K. If "No," go to line 25a | 24a | X | - 37 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> X</u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04- | | х |
| | any tax-exempt bonds? | 24c 24d | | X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | |
| 2 5a | 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 | | х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 23a | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L. Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _X_ |
| 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | _ <u>X</u> _ |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | _X_ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | 77 |
| | "Yes," complete Schedule L, Part IV | 28c | | <u>X</u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | х |
| 31 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 32 | Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| UZ. | Schedule N, Part II | 32 | | Х |
| 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 | | 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 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Par | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | L |
| · ui | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Chook it Constitute O contains a response of note to any line in this Fart v | | Voc | No |
| 19 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | 140 |
| | Enter the number reported in Box 3 of Form 1030. Enter 40- in lot applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 932004 | 1 01-20-20 | Form | 990 | (2019) |

Form 990 (2019)

33-0601459

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 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 X 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 e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с **d** If "Yes." indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X 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 file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 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? 9b 10 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: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 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. a 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. 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 Х Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

MOULTON NIGUEL WATER DISTRICT PUBLIC

Form 990 (2019)

FACILITIES CORPORATION 33-0601459 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 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 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a

| b | Other officers or key employees of the organization | 15b |
|-----|--|-----|
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | |
| | taxable entity during the year? | 16a |
| | 16 IVA a III all all the annual adding to the control of the contr | |

| exempt status with respect to such arrangements? | 16b | ı |
|--|-----|---|
| exempt status with respect to such arrangements? | 16h | • |

| 18 | Section 6104 requires | s an organization to make its F | orms 1023 (1024 or 1024-) | A, if applicable), 990, and 990-T (Section 501(c)(| 3)s only) available |
|----|------------------------|---------------------------------|------------------------------|--|---------------------|
| | for public inspection. | Indicate how you made these | available. Check all that ap | pply. | |
| | Own website | Another's website | X Upon request | Other (explain on Schedule O) | |

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

| 20 | State the name, address, and telephone nu | umber of the person who possesses | the organization's books and records | | | | | |
|----|---|-----------------------------------|--------------------------------------|--|--|--|--|--|
| | MATT COLLINGS - 949-448-4032 | | | | | | | |
| | 26880 ALISO VIEJO PARI | KWAY, ALISO VIEJO, | CA 92656 | | | | | |

Form **990** (2019)

Х

Other officers or key employees of the organization

MOULTON NIGUEL WATER DISTRICT PUBLIC

FACILITIES CORPORATION 33-0601459 Page 7

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

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

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

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

See instructions for the order in which to list the persons above.

| Check this box if neither the organization n | Check this box if neither the organization nor any related organization compensated any current officer, director, | | | | | | | | irector, or trustee. | r |
|--|--|--------------------------------|--------------------------------------|--|--------------|--|--------|---------------------|----------------------------------|-----------------------|
| (A) | (B) | | | _ ((| C) | _ | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | | 1 than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per nd a d | rson i | is bot | h an | compensation | compensation | amount of |
| | week | | T T | | Π | T | T | from | from related | other |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or 0 | stee | | | satec | | (W-2/1099-MISC) | (***2/1099*****100) | organization |
| | organizations | truste | al trus | | yee | m per | | (** 27 1000 141100) | | and related |
| | below | Individual trustee or director | Institutional trustee | <u></u> | Key employee | Highest compensated employee | e. | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highe | Former | | | - |
| (1) DONALD R. FROELICH | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | L | | | 0. | 27,203. | 268. |
| (2) BILL B MOOREHEAD | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | L | | | | 0. | 26,961. | 53. |
| (3) BRIAN S PROBOLSKY | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | X | | | | 0. | 25,226. | 557. |
| (4) KELLY A JENNINGS | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | 1 | 0. | 22,220. | 27,626. |
| (5) RICHARD S FIORE | 1.00 | 4 | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 20,801. | 22,058. |
| (6) DUANE D CAVE | 1.00 | | | | 1 | | | | | |
| PRESIDENT | 1 | Х | | Х | \vdash | _ | | 0. | 20,614. | 49. |
| (7) GARY R KURTZ | 1.00 | | | | | | | | 0 605 | 16 105 |
| DIRECTOR | - | Х | | _ | ⊢ | - | | 0. | 9,625. | 16,127. |
| | | | | | | | | | | |
| | | | _ | | ⊢ | - | | | | |
| | | | | | | | | | | |
| | <u> </u> | | \vdash | ┢ | ├ | | | | | |
| | | | | | | | | | | |
| | | | \vdash | | ┢ | | | | | |
| | | | | | | | | | | |
| | | | | \vdash | | 1 | | | | |
| | | • | | | | | | | | |
| | | | | | \vdash | | | | | |
| | | - | | | | | | | | |
| | | | | | t | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Page 8 33-0601459

| | Section A. Officers, Directors, Trus | tees, Key Emp | DIOY | ees, | and | IПI | gnes | St C | ompensated Employee | s (continued) | | | | |
|--------|--|--|--------------------------------|---------------------------|---|------------------------|------------------------------|--------|--|--|---|-------------------------|--|----------------|
| | (A) Name and title | (B) Average hours per week | box, | not c , unle: | Posi Posi heck r ss per id a di | ition more son i | than dis both | n an | (D) Reportable compensation from | (E) Reportable compensation from relate | on | an | (F) stimate nount other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MI | าร | com fr org and | pensa om the anizat d relate anization | e ion ed |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | - | | | | | R | | | | | | |
| | | | - | | | | | 7 | | | | | | |
| 1b | Subtotal | | <u>ш</u> | | | | | | 0. | 152,6 | | 6 | 6 , 7 | 38. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | 150 6 | 0. | | <u> </u> | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | 0.10 | 0. | 152,6 | | 6 | 6,7 | 38. |
| | compensation from the organization | ot illilited to til | USE | liste | u ab | OVE |) WII | 0 16 | ceived more than \$100, | 000 of reportable | | | V | 0 |
| 3 | Did the organization list any former officer, | director, trust | ee, k | кеу е | emple | oye | e, or | hig | hest compensated emp | loyee on | | | Yes | No |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| Car | rendered to the organization? If "Yes." com | plete Schedule | ∋ J fo | or su | ıch r | ers | on | | | | | 5 | | X |
| 1 | tion B. Independent Contractors Complete this table for your five highest co | mnensated inc | lene | nder | nt co | ntra | acto | rs th | at received more than \$ | \$100,000 of com | nensat | tion fro | om. | |
| | the organization. Report compensation for | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | services | С | (C ompe |) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization) | - | ot lin | nited | to t | thos | | ted | above) who received mo | ore than | | | | |

FACILITIES CORPORATION 33-0601459 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a COP INTEREST INCOME 900099 1,882,014.1,882,014. d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

▶ 1,882,014.

1,882,014.1,882,014.

33-0601459 Page **10**

Part IX | Statement of Functional Expenses

| | nizations must complete column (A). | |
|--|-------------------------------------|--|
| | | |
| | | |

Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,259,936. 1,259,936. 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 622,078. 622,078. ISSUANCE COSTS С d All other expenses 1,882,014. 1,882,014. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019) FACILITIES CORPORATION 33-0601459 Page **11**

| 1 2 3 | Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing | (A) Beginning of year | | (B) |
|-----------------------------------|---|--|---|-------------------------------|
| 2 | | (A) | | |
| 2 | Cash - non-interest-hearing | | | End of year |
| 3 | Cach Hornitorest bearing | | 1 | |
| | Savings and temporary cash investments | | 2 | |
| | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | 1,637,277. |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | 67,644,646. |
| 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 | | | |
| b | Less: accumulated depreciation | | 10c | |
| 11 | | | 11 | |
| 12 | | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | / | 13 | |
| 14 | | | 14 | |
| 15 | | | 15 | |
| 16 | | | | 69,281,923. |
| 17 | | | 17 | 1,637,277. |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | 67,644,646. |
| 21 | | | 21 | |
| 22 | | | | |
| | | | | |
| | | | | |
| 23 | | | | |
| | | | 24 | |
| 25 | | | | |
| | (0.1, 1.1, 5) | | | |
| 20 | | | | 69,281,923. |
| 26 | | | 26 | 09,201,923. |
| | | | | |
| 7 | | | 27 | |
| | | | | |
| 20 | | | 20 | |
| | • | | | |
| 20 | | | 20 | |
| | | | | |
| | | | | |
| | | | | 0. |
| | | | | 69,281,923. |
| 1 1 1 1 1 1 1 2 2 2 2 2 2 2 3 3 3 | 8 9 0a b 1 2 3 4 5 6 7 8 9 20 11 22 | New tories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Interestments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Total liabilities. Add lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 1 Investments - publicity traded securities 1 Investments - publicity traded securities 2 Investments - publicity traded securities 3 Investments - program-related. See Part IV, line 11 4 Intangible assets 5 Other assets. See Part IV, line 11 6 Total assets. Add lines 1 through 15 (must equal line 33) 0 • Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 1 Tax-exempt bond liabilities 1 Escrow or custodial account liability. Complete Part IV of Schedule D 1 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 3 Secured mortgages and notes payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 5 Other liabilities (including federal income tax, payables to related third parties 5 Other liabilities. Add lines 17 through 25 0 Total liabilities. Add lines 17 through 25 0 Organizations that follow FASB ASC 958, check here Total liabilities. Add lines 17 through 25 0 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 0 Paid-in or capital surplus, or land, building, or equipment fund 1 Retained earnings, endowment, accumulated income, or other funds 0 Paid-in or capital surplus, or land, building, or equipment fund 1 Retained earnings, endowment, accumulated income, or other funds 0 Paid-in or capital surplus, or land, building, or equipment fund | 8 Inventories for sale or use |

Form 990 (2019)

FACILITIES CORPORATION 33-0601459 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,882,014. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 1,882,014. 2 2 Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 0. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х **2**c If the organization changed either its oversight process or selection process during the tax year, explain on 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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

За

Х



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Employer identification number 33-0601459

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--|---|--|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose | conferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recreated) | tion or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | | | |
| | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | I I |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con- | servation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements during the year |
| | \$ | | 6 1/ 1/ 7/ 7 |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statem | ents that describes the |
| Pai | organization's accounting for conservation easements. † III Organizations Maintaining Collections of | Art Historical Treasures or Of | ther Similar Assets |
| | Complete if the organization answered "Yes" on Form | | arer emmar 7,000tor |
| 12 | If the organization elected, as permitted under FASB ASC 95 | | and halance sheet works |
| ıa | of art, historical treasures, or other similar assets held for pub | | |
| | service, provide in Part XIII the text of the footnote to its finar | | |
| h | If the organization elected, as permitted under FASB ASC 95 | | |
| D | art, historical treasures, or other similar assets held for public | • | |
| | provide the following amounts relating to these items: | exhibition, education, or research in furti | lerance of public service, |
| | | | ▶ ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations are the companied or held works of art, historical treating the companied of the companied or held works of art, historical treating treatin | acurae or other cimilar accets for financia | |
| 2 | - | | ıı gairi, provide |
| _ | the following amounts required to be reported under FASB A | 3 | ▶ ¢ |
| a | Revenue included on Form 990, Part VIII, line 1 | | |

FACILITIES CORPORATION

| 33_ | 060 | 11/59 | Page 2 |
|-----|-----|-------|---------------|
| 33- | UOU | 11433 | Page 4 |

| Pai | rt III Organizations Maintaining C | ollections of Art | t, Histori | cal Tre | asures, o | r Other | Simila | r Assets | (contin | ued) | |
|------------|---|------------------------|----------------|------------|---------------|-------------|--------------------|-----------------|-----------|--|------------|
| 3 | Using the organization's acquisition, accession | | | | | | | | • | , | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | I 🔲 Loa | an or exch | nange progra | am | | | | | |
| b | Scholarly research | е | e 🔲 Oth | ier | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how they | further th | e organizatio | on's exem | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations of | of art, histor | ical treas | ures, or othe | er similar | assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | rt IV Escrow and Custodial Arrang | | ete if the or | ganizatior | n answered | "Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | iary for con | tributions | or other as | sets not i | ncluded | | _ | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | | |
| | | | | | | | | | Amount | <u>: </u> | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2 a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for esc | ow or cu | stodial acco | unt liabili | ty? | L | Yes | Ш | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | rt V Endowment Funds. Complete it | f the organization an | swered "Ye | s" on Fo | rm 990, Part | IV, line 1 | 0. | | | | |
| | | (a) Current year | (b) Prio | year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four | years b | ack_ |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | V | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1g, c | olumn (a)) |) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | • | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | ition that ar | e held an | d administer | red for the | e organiza | ation | _ | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organizate | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment func | ls. | | | | | | | |
| Pai | rt VI Land, Buildings, and Equipme | | | | | | | | | | |
| | Complete if the organization answered | | | | | | | . | | | |
| | Description of property | (a) Cost or o | | (b) Cost | | | ccumulate | | (d) Bool | (value | |
| | | basis (investn | nent) | basis (| orner) | aep | oreciation | | | | |
| _ | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | | | | | | | - - | | | 0. |
| ı otal | I. Add lines 1a through 1e. (Column (d) must ed | aual Form 990 Part | X column (| K1 lina 10 | IC) | | | | | | U • |

Schedule D (Form 990) 2019

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule D (Form 990) 2019

FACILITIES CORPORATION

| 3 | 3 – | 0 | 6 | 0 | 1 | 4 | 5 | 9 | Page 3 |
|---|-----|---|---|---|---|---|---|---|--------|
| | | | | | | | | | |

| Part VII | Investments - Other Securities. | | | g |
|--------------------------|--|---|--|----------------------|
| | Complete if the organization answered "Yes" | | | |
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-c | of-year market value |
| | al derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | h) mount amount Forms 000 Point V and (P) line 40) | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| I dit Viii | - | Farma 000 David IV/ line | 11. Car Farma 000 Bart V line 10 | |
| | Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-c | nf-vear market value |
| (4) | (a) Decomption of investment | (b) Book value | (b) Method of Valuation. Good of Grid C | n your market value |
| <u>(1)</u> <u>(2)</u> | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | 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 | e 11d. See Form 990, Part X, line 15. | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | <u>: 15.) </u> | | |
| I alt X | | on Form 000 Dort IV line | a 11a ay 11f Caa Faym 000 Dayl V lina 05 | |
| | Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | e TTe or TTI. See Form 990, Part X, line 25. | (b) Book value |
| <u>1.</u> | () | | | (b) Book value |
| | leral income taxes | | | |
| (2) | | | | |
| (3) (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line | 25.) | b | |
| • | for uncertain tax positions. In Part XIII, provide | • | | t reports the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

FACILITIES CORPORATION

33-0601459 Page 4

| Pa | rt XI Reconciliation of Revenue per Audited Financia | al Statements With Revenue pe | er Return. | |
|-----------------|--|-------------------------------|------------------|-----------------|
| | Complete if the organization answered "Yes" on Form 990, Pa | rt IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial stateme | nts | 1 | 1,882,014. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | | | | |
| С | . , , , , , , , , , , , , , , , , , , , | | | |
| d | Other (Describe in Part XIII.) | 2d | | _ |
| е | | | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,882,014. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| а | | I | | |
| b | | | | 0 |
| _C | Add lines 4a and 4b | | | 1 002 014 |
| 5 D a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. rt XII Reconciliation of Expenses per Audited Finance | ial Statements With Expenses | 5 | 1,882,014. |
| Га | | • | per neturi | • |
| | Complete if the organization answered "Yes" on Form 990, Pa | | | 1,882,014. |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,002,014. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 0-1 | | |
| a | | | | |
| b | , | | | |
| q | | | | |
| d e | , | | 2e | 0. |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 | | | 1,882,014. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 1,002,011 |
| a | | 4a | | |
| b | | | | |
| c | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part | | | 1,882,014. |
| Pa | rt XIII Supplemental Information. | | • | - |
| | ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | | , mic +, r arc x | mic Z, Fare Ai, |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Employer identification number 33-0601459

| | TACIUITIDO | COILL CILLIFE | - 1 | | | | | | _ | | 001 | | | |
|------------------|---|-----------------------|-------------|-----------------|------------------|-----------|-------------|-----------------|--------|---------|-----------------|-------------|--------|----------|
| Par | rt I Bond Issues | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | d (e) Iss | sue price | (f) Descrip | tion of purpose | (g) De | efeased | (h) On of is | | (i) Po | |
| | | | | | | | | | Yes | No | Yes | No | Yes | N |
| | | | | | | | FINANCE | ACQ. OF | | | | | | Г |
| Α | MNWD | 33-0601459 | 620220000 | 11/06/19 | 645 | 70000. | CAPITAL | PROJECTS | | X | | Х | | X |
| | | | | | | | | | | | | | | |
| В | | | | | | | | | | | | ш | | L |
| | | | | | | | | | | | | , , | | ĺ |
| С | | | | | | | | | | | | oxdot | | <u> </u> |
| | | | | | | | | | | | | , , | | |
| D | | | | | | | | | | | | | | Щ |
| Par | rt II Proceeds | | | <u> </u> | | | | T - | | | | | | — |
| | | | | | 4 | + | В | | | - | | D | | — |
| 1 | Amount of bonds retired | | | | | 1 | | | | | | | | |
| 2 | <u> </u> | | | | 34,112 | | | + | | | | | | |
| 3 | Total proceeds of issue | | | | 04,112 | + | | + | | | | | | |
| <u>4</u> 5 | Gross proceeds in reserve funds | | | | | + | | | | | | | | |
| _ 5 | Capitalized interest from proceeds Proceeds in refunding escrows | | | | | | | | | | | | | |
| - | | | | | 22,078 | | | | | | | | | |
| - /-8 | 2 111 1 | | | | | 1 | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | 68,63 | 34,112 | | | | | | | | | |
| 11 | Other spent proceeds | | | | • | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | | | | 2020 | | | | | | | | | |
| | | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 | Were the bonds issued as part of a refunding | issue of tax-exempt b | oonds (or, | | | | | | | | | | | |
| | if issued prior to 2018, a current refunding iss | | | | X | | | | | \perp | | \bot | | |
| 15 | Were the bonds issued as part of a refunding | | | | | | | | | | | | | |
| | issued prior to 2018, an advance refunding is | sue)? | | | X | | | | | | | \bot | | |
| 16 | Has the final allocation of proceeds been made | | | | X | | | | | | | \bot | | |
| 17 | Does the organization maintain adequate boo | | | | | | | | | | | | | |
| | final allocation of proceeds? | | | | X | | | | | | | | | |

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

Schedule K (Form 990) 2019

| 1 | 6 |
|-----|---|
| 45- | 7 |
| ī | 8 |
| | |
| | |
| | |

| · | IES CORPORATION | | | 33 (| 1001433 | | | | Page Z |
|---|-------------------------------------|-----|---------|------|---------|-----|----|-----|--|
| Part III Private Business Use | | | | | | | т | | |
| | L | | ١ | _ | 3 | (| | |) |
| 1 Was the organization a partner in a partnership | , or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| which owned property financed by tax-exempt | bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may resi | ult in private business use of | | | | | | | | |
| bond-financed property? | | | X | | | | | | |
| 3a Are there any management or service contracts | | | | | | | | | |
| business use of bond-financed property? | | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routine | | | | | | | | | |
| counsel to review any management or service of | | | | | | | | | |
| c Are there any research agreements that may re | sult in private business use of | | | | | | | | |
| bond-financed property? | | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routine | | | | | | | | | |
| counsel to review any research agreements rela | , , , | | | | | | | | |
| 4 Enter the percentage of financed property used | - | | | | , | | | | |
| entities other than a section 501(c)(3) organizat | | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used | • | | | | / - | | ,, | | ,,, |
| unrelated trade or business activity carried on t | • | | | | | | | | |
| section 501(c)(3) organization, or a state or loca | , | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | | % | | % | | % | | —————————————————————————————————————— |
| 7 Does the bond issue meet the private security of | | | X | | /0 | | 70 | | 70 |
| 8a Has there been a sale or disposition of any of the | | | | | | | | | |
| governmental person other than a 501(c)(3) org | _ | | Х | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond | | | | | | | | | |
| • | | | % | | % | | % | | 0.4 |
| of | | | 70 | | 70 | | 70 | | 70 |
| c If "Yes" to line 8a, was any remedial action take | | | | | | | | | |
| | duna ta arawa that all ran malified | | | | | | | | |
| 9 Has the organization established written proced | • | | | | | | | | |
| bonds of the issue are remediated in accordance | | | х | | | | | | |
| Regulations sections 1.141-12 and 1.145-2? | | | Λ | | | | | | |
| Part IV Arbitrage | | | | | 3 | (| | | |
| d Hardina in a conflorid Factor 0000 T. Adailteana Bah | - A. Wald Badastian and | | | | i | | | _ | |
| 1 Has the issuer filed Form 8038-T, Arbitrage Reb | · · · F | Yes | No X | Yes | No | Yes | No | Yes | No |
| - | | | Λ | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | v | | | | | | |
| a Rebate not due yet? | | | X X | | | | | | |
| b Exception to rebate? | | | X | | | | | | |
| c No rebate due? | | | X | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the | e rebate computation was | | | | | | | | |
| | | | 77 | | | | | | <u> </u> |
| 3 Is the bond issue a variable rate issue? | | | X | | | | | | <u> </u> |

Page 3

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Schedule K (Form 990) 2019

33-0601459

| Part IV Arbitrage (continued) | | | | | | | | |
|---|---------------|-----------------|---------|----|-----|----|-----|----|
| | Α | | E | 3 | | | | כ |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | 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 | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of | | | | | | | | |
| section 148? | | X | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | | A | E | 3 | | | |) |
| Has the organization established written procedures to ensure that violations of | Yes | No | Yes | No | Yes | No | Yes | No |
| federal tax requirements are timely identified and corrected through the voluntary | | | | | | | | |
| closing agreement program if self-remediation isn't available under applicable | | | | | | | | |
| regulations? | | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to question | s on Schedule | e K. See instru | uctions | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

46-

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

Employer identification number 33-0601459

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORDER TO PROVIDE SERVICE IN AN EFFICIENT AND COST EFFECTIVE MANNER TO

EXISTING AND FUTURE CONSUMERS WITHIN THE BOUNDRIES OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 3:

EMPLOYEES OF THE MOULTON NIGUEL WATER DISTRICT PROVIDE ADMINISTRATIVE

SERVICES TO THE ORGANIZATION AT NO CHARGE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MOULTON NIGUEL WATER DISTRICT GOVERNING BOARD IS AUTOMATICALLY THE MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION BOARD UNDER THE

BYLAWS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON ITS

BEHALF.

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

INTERESTS IN WORKING AS BOARD MEMBER. IN THE EVENT THAT THEY DO COME

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

Schedule O (Form 990 or 990-EZ) (2019)

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION | Employer identification number 33-0601459 |
| FACIBILIES CORPORATION |] 33-0001439 |
| ACROSS A CONFLICT OF INTEREST, THE POLICY CALLS FOR THE BO | ARD MEMBER TO |
| FORMALLY NOTIFY THE BOARD AND TO ABSTAIN FROM ANY DIRECT I | NFLUENCE OF |
| VOTING ON MOTIONS REGARDING THE RELATED PARTY. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE | ST, AND FINANCIAL |
| STATEMENTS ARE AVAILABLE UPON REQUEST AT THE BUSINESS ADDR | ESS DURING NORMAL |
| BUSINESS HOURS. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

MOULTON NIGUEL WATER DISTRICT PUBLIC

Open to Public Inspection **Employer identification number**

33-0601459

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

FACILITIES CORPORATION

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|--------------------------------|---|---------------------|---------------------------|--------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

| (a) Name, address, and EIN of related 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 | contr | 512(b)(13) rolled ity? |
|--|----------------------|---|-------------------------------|---------------------------------------|--------------------------------------|-------|------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| MOULTON NIGUEL WATER DISTRICT - 95-2377983 | | | | | | | |
| 26880 ALISO VIEJO PARKWAY | | | | | | | |
| ALISO VIEJO, CA 92656 | WATER DISTRICT | CALIFORNIA | 115 | | | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| |] | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | | | | | | |

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

Schedule R (Form 990) 2019

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule R (Form 990) 2019 FACILITIES CORPORATION

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.

| | organizations treated as a partitioning during the tax year. | | | | | | | | | | | |
|--|--|---|--|-------------------|-----|---|------------------------|--------------------|-------------------------|-----|----|-----|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (ł | ո) | (i) | (j |) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | (state or entity (leated, unrelated, income end-of-year allocations? | | | Code V-UBI amount in box 20 of Schedule | Gener mana partr | ral or Figing ner? | Percentage ownership | | | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| · | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | 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 | ent | tion b)(13) rolled tity? |
|--|----------------------|--|-------------------------------|---|--|---------------------------------|--------------------------------|-----|--|
| | | country) | | , | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | <u> </u> |

-50-

| lot | 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 re | elated organizations listed in | า Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | , | | | 1a | Х | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х |
| | d Loans or loan guarantees to or for related organization(s) | | | | | | |
| | e Loans or loan guarantees by related organization(s) | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| a | Sale of assets to related organization(s) | | | | 1g | | Х |
| | | | | | 1h | | Х |
| h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) | | | | | | | Х |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | Х |
| • | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | Х |
| ī | Performance of services or membership or fundraising solicitations for related organ | nization(s) | | P | 11 | | Х |
| | Performance of services or membership or fundraising solicitations by related organ | | | | 1m | | Х |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(s) | | | 1n | | Х |
| | 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 | | Х |
| | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | | | | Х |
| s Other transfer of cash or property from related organization(s) | | | | | | | Х |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on wh | no must complete th | is line, including covered re | elationships 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 | 1,882,014. | ACTUAL AMOUNT |
| (2) MOULTON NIGUEL WATER DISTRICT | P | 1,882,014. | ACTUAL AMOUNT |
| <u>(3)</u> | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| | | | |

MOULTON NIGUEL WATER DISTRICT PUBLIC

Schedule R (Form 990) 2019

FACILITIES CORPORATION

33-0601459

Page 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) | (е | •) | (f) | (g) | (| h) | (i) | (| j) | (k) |
|----------------------------------|------------------|---|---------------------|-------------------------|----|-----------------------------|-----------------------------------|-----------------------|---------------------------|--|---------------------|---------------------------|-----------------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign country) | | Are partners 501(c orgs | | Share of total income | Share of end-of-year assets | Disp tio alloca | ropor- nate ations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | eral or aging tner? | Percentaç ownershi |
| | | | 36000013 3 12-3 14) | Yes | No | | 4,000,0 | Yes | No | (1 01111 1003) | Yes | NO | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | \top | t | | t | Н | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | \ | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | Ш | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | + | ┝ | | ├ | \vdash | |
| | | | | | | | | | | | | | |
| | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | \vdash | | | | + | ┢ | | ┢ | \vdash | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | \dashv | | | | | | | | | | | | |
| | | | | \vdash | | | | + | \vdash | | \vdash | $\vdash \vdash$ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | L | l | \perp | | I. | | | | l | _ | ш | |

| Schedule R | (Form 990) 2019 Supplemental Infor | FACILITIES | CORPORATION | 33-0601459 Page 5 |
|------------|---------------------------------------|--------------------------|--|-------------------|
| Part VII | | | | |
| | Provide additional informa | ation for responses to c | questions on Schedule R. See instructions. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or MOULTON NIGUEL WATER DISTRICT PUBLIC print 33-0601459 FACILITIES CORPORATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 26880 ALISO VIEJO PARKWAY return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALISO VIEJO, CA 92656 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Ω4 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MATT COLLINGS The books are in the care of ► 26880 ALISO VIEJO PARKWAY - ALISO VIEJO, CA 92656 Telephone No. ► 949-448-4032 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2020 ► X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За 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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Moulton Niguel Water District Public Facilities Corporation 26880 Aliso Viejo Parkway Aliso Viejo, CA 92656

Prepared By:

Eide Bailly LLP 10681 Foothill Blvd., Ste. 300 Rancho Cucamonga, CA 91730-3831

To be Signed and Dated By:

Not applicable

Amount of Tax:

| Total tax | \$ | 10 |
|------------------------------|----|----|
| Less: payments and credits | \$ | 0 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Balance due | \$ | 10 |

Overpayment:

| Credited to your estimated tax | \$ 0 |
|--------------------------------|---------|
| Other amount | \$ 0 |
| Refunded to you | \$ 0 |

Make Check Payable To:

Franchise Tax Board

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your payment should be made as instructed below on or before November 16, 2020.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

#4.

Mail to:

Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531



TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Moulton Niguel Water District Public Facilities Corporation 26880 Aliso Viejo Parkway Aliso Viejo, CA 92656

Prepared By:

Eide Bailly LLP

10681 Foothill Blvd., Ste. 300

Rancho Cucamonga, CA 91730-3831

Amount of Tax:

Balance due of \$150

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

November 16, 2020

Special Instructions:

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

100

| | 201 | | | | | | | | 18 | 7 7 | |
|----------|--------------------|---|--|-------------------------------|--|----------------------------------|--------------------------|-----------|--------------------------|-------------|---------------|
| | | r 2019 or fiscal year beginning (mm/dd/yyyy) | 07/01/20 | 19 | , and ending (r | | | | /30/2020 | | |
| | • | rganization name | om Diibi ta | | | Calif | ornia corpo | oration n | umber | | |
| | | N NIGUEL WATER DISTRIC TIES CORPORATION | T PUBLIC | | | | 1844 | 7/0 | | | |
| _ | | rmation. See instructions. | | | | FEI | | 143 | | | |
| | | | | | | | 33-0 | 6014 | 459 | | |
| S | treet address | (suite or room) | | | | <u> </u> | PMB no. | | | | |
| 2 | 6880 . | ALISO VIEJO PARKWAY | | | | | | | | | |
| С | ity | | | | | State | ZIP code | | | | |
| <u>A</u> | LISO | VIEJO | | | | CA | 9265 | 6 | | | |
| F | oreign country | / name | Foreign province/state/co | ounty | | | Foreign po | ostal cod | de | | |
| _ | | | | | | | | | | | |
| A | First Retu | urn | Yes X No J | | | | | | | | NI - |
| В | | d Return | | | in political activi ganization exemp | | | | | X | No |
| C D | | ion 4947(a)(1) trust | | | ganization exemp enter the gross re | | | | | Δ | NO |
| U | | Dissolved Surrendered (Withdrawn) | Merged/Reorganized | | zation is a public | | | | | | _ |
| | | : (mm/dd/yyyy) | vici ged/11eorganized | _ | 23701d and meet | | | | | | |
| Ε | | counting method: (1) Cash (2) X Accru | al (3) Other | | filing fee is requi | _ | | | | | |
| F | | eturn filed? (1) ● 990T (2) ● 990PF (3 | | | ganization a Limi | | | | | X | No |
| | (4) X | Other 990 series | | | organization file F | | | | | | |
| G | Is this a (| group filing? See instructions | Yes X No | report ta | xable income? . | • | | | | | |
| Н | Is this or | rganization in a group exemption $oxed{f L}$ Yes $oxed{f X}$ No $old{f 0}$ Is the organization under audit | | | | | | | | | |
| | If "Yes," v | what is the parent's name? | | | ted in a prior yea | | | | | X | |
| | | | P | | l Form 1023/102 | | | | Yes | X | No |
| ı | | rganization have any changes to its guidelines | | Date filed | d with IRS | | | | | | |
| _ | | ted to the FTB? See instructions Complete Part I unless not required to file this for | | nation B a | nd C | | | | | | |
| ÷ | arti (| 1 Gross sales or receipts from other source | | | | | • | 1 | 1,882, | 014 | 00 |
| | | 2 Gross dues and assessments from memb | | | | | | 2 | | | 00 |
| | | | | | | | | 3 | | | 00 |
| | Receipts | 3 Gross contributions, gifts, grants, and sin Total gross receipts for filing requirement test. Ad This line must be completed. If the result is less tr | d line 1 through line 3. nan \$50,000, see General Info | rmation B | | | | 4 | 1,882, | 014 | 00 |
| | and | 5 Cost of goods sold | | | 5 | | 00 | | | | |
| • | Revenues | 6 Cost or other basis, and sales expenses o | f assets sold | • [| 6 | | 00 | | | | |
| | | 7 Total costs. Add line 5 and line 6 | | | | | | 7 | | | 00 |
| _ | | 8 Total gross income. Subtract line 7 from | | | | | | 8 | 1,882, | | |
| F | Expenses | 9 Total expenses and disbursements. From | | | | | | 9 | 1,882, | 014 | $\overline{}$ |
| _ | | 10 Excess of receipts over expenses and dist | | | | | | 10 | | | 00 |
| | | 11 Total payments | | | | | | 11 | | | 00 |
| | | 12 Use tax. See General Information K13 Payments balance. If line 11 is more than | line 10 aubtrest line 10 | from line | | | | 12 | | | 00 |
| - | iling Fee | 14 Use tax balance. If line 12 is more than lir | | | | | | 14 | | | 00 |
| | illing i cc | 15 Filing fee \$10 or \$25. See General Information | | | | | | 15 | | 10 | 00 |
| | | 16 Penalties and Interest. See General Inform | | | | | | 16 | | | 00 |
| | | 17 Balance due. Add line 12, line 15, and lir | e 16. Then subtract line | 11 from th | e result | | | 17 | | 10 | |
| C: | | 17 Balance due. Add line 12, line 15, and lin Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (| this return, including accompother than taxpayer) is based | panying sche on all inform | edules and statemen lation of which prepa | ts, and to the arer has any l | best of my knowledge. | y knowle | dge and belief, | | |
| Sig | | Title | | | | | | Ī | Telephone | | |
| _ | | Signature of officer | <u> </u> I | REAS | | | | | 949-448-4 | 032 | |
| | | Preparer's | | | ate | Check | | | • PTIN | | |
| _ | | signature | | | 11/16/20 | self-em | ployed | · | P01294460 • Firm's FEIN | | |
| Pa | | Firm's name (or yours, FIDE BATT.T.V T.T.D. | | | | | | | 45-025095 | Ω | |
| | eparer's e Only | or yours, if self-employed) FIDE BAILLY LLP 10681 FOOTHILL I | TIVD CUE | 300 | | | | | ● Telephone | <u> </u> | |
| US | oc Ulliy | and address RANCHO CUCAMONG | | | | | | | 909-466-4 | 410 | |
| | | May the FTR discuss this return with the prepar | - | | - | | • X | | No. | | |

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

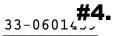
33-0

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

928951 12-04-19

| | 1 | Gross sales or receipts from all | business | activities. See instru | uctions | | | | • | 1 | | | 00 |
|---|--------------------------------------|--|---|--------------------------------|---------------|-------|---------------------|---------------|----------------|---------|---------|-----------|--------------|
| | 2 | Interest | | | | | | | | 2 | | | 00 |
| | 3 | Dividends | | | | | | | _ | 3 | | | 00 |
| Receipts | 4 | | | | | | | | _ | 4 | | | 00 |
| from . | 5 | Gross royalties | | | | | | | | 5 | | | 00 |
| Other | 6 | Gross amount received from sal | e of asset | ts (See Instructions |) | | | | • | 6 | | | 00 |
| Sources | 7 | Other income | | | , | | SEE STA | TEME | NT 1 • | 7 | | 1,882,014 | |
| | 8 | Total gross sales or receipts fro | m other s | sources. Add line 1 t | through I | ine 7 | 7. Enter here and o | n Side 1. | Part I. line 1 | 8 | _ | 1,882,014 | 00 |
| | 9 | | | | - | | | | | 9 | | , , - | 00 |
| | 10 | | | | | | | | | 10 | | | 00 |
| | 11 | | ors and t | trustees | | | SEE STA | TEME | NT 2 • | 11 | | 0 | 00 |
| | 12 | | oro, and i | | | | | | | 12 | | | 00 |
| Expenses | '- | | | | | | | | | 13 | | 1,259,936 | |
| and | 14 | | | | | | | | | 14 | | | 00 |
| ana Disburse | | | | | | | | | | 15 | + | | 00 |
| ments | 16 | | | | | | | | | 16 | | | 00 |
| IIIEIIIS | 17 | | มารถ นบถเ | JIIS) | | | CFF CTA | TEME | Мπ 3 • | 17 | + | 622,078 | |
| | | Total expenses and disburseme | nto Addi | ling 0 through ling 1 | 7 Entor | horo | and an Cida 1 De | rt Llino O | <u> </u> | 18 | _ | 1,882,014 | |
| Sched | | | iiis. Auu i | Beginning o | | | | rt i, iiile 9 | | | xable | | <u> </u> |
| Assets | uic L | - Daianoc Onect | I | (a) | | , yca | (b) | | (c) | 2 01 10 | , xubio | (d) | |
| | | | | (α) | | | (U) | | (0) | | | (u) | |
| 1 Cash | | La manaimala | | | | | _ | | | | | 1,637,2 | 77 |
| 2 Net a | account | ts receivable | | | | | | | | | • | 67,644,6 | 1/6 |
| | | eceivable STMT 4 | | | | | | | | | • | 07,044,0 | 40 |
| | | and the second s | | | | | | | | | • | | |
| | | state government obligations | | | | | | | | | • | | |
| | | s in other bonds | | | 1 | | | | | | • | | |
| 7 Investments in stock | | | | 1-6 | $\overline{}$ | | | | | • | | | |
| 8 Mortgage loans | | | | | | | | | | • | | | |
| 9 Othe | | | | | | | | | | | • | | |
| | • | ble assets | | | , | | | , | | | | | |
| | | umulated depreciation | | | 4 | | | (| | | | | |
| 11 Land | | | | | | _ | | | | | • | | |
| | | S | | | | | 0 | | | | • | 60 201 0 | |
| | | s | | | | | 0 | | | | | 69,281,9 | 23 |
| | | et worth | | | | | | | | | | 1 (27) | |
| 14 Acco | | - | | | - | | | | | | • | 1,637,2 | <u>. / /</u> |
| 15 Cont | ributior | ns, gifts, or grants payable | | | - | | | | | | • | 60 644 6 | - 1 - |
| | | notes payable STMT 5 | | | - | | | | | | • | 67,644,6 | 46 |
| | | payable | | | - | | | | | | • | | |
| 18 Othe | | | | | - | | | | | | | | |
| | | k or principal fund | | | - | | | | | | • | | |
| | | ital surplus. Attach reconciliation | | | - | | | | | | • | | |
| | | rnings or income fund | | | _ | | | | | | • | 60 001 0 | |
| | | ties and net worth | | | | | 0 | | | | | 69,281,9 | 123 |
| Sched | uie N | | | | | 40 | | 45 | 0.000 | | | | |
| | | Do not complete this sche | | | ile L, line | | | | | | | | |
| | | per books | | | | 7 | Income recorded | | this year | | | | |
| | Prederal income tax | | | not included in this return | | | | | | • | | | |
| 3 Excess of capital losses over capital gains | | | 8 Deductions in this return not charged | | | | | | | | | | |
| | come not recorded on books this year | | | against book income this year | | | | | | | | | |
| 5 Expenses recorded on books this year not | | | | 9 Total. Add line 7 and line 8 | | | | | | | | | |
| deducted in this return | | <u> </u> | <u> </u> | 10 Net income per return. | | | | | | | | | |
| 6 Total. Add line 1 through line 5 | | | | | | | Subtract line 9 fro | om line 6 | | | | | |
| | | | | | | | | | | | | | |

| CA 199 OTH | | R INCOME | STATEMENT 1 | |
|---|-------------------------|------------------------------------|--------------|--|
| DESCRIPTION | | | AMOUNT | |
| COP INTEREST IN | COME | | 1,882,014. | |
| TOTAL TO FORM 1 | 1,882,014. | | | |
| | | | | |
| CA 199 CO | MPENSATION OF OFFICERS, | DIRECTORS AND TRUSTEES | STATEMENT 2 | |
| NAME AND ADDRES | S | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION | |
| DONALD R. FROEL 26880 ALISO VIE ALISO VIEJO, CA | JO PARKWAY | DIRECTOR 1.00 | 0. | |
| BILL B MOOREHEA 26880 ALISO VIE ALISO VIEJO, CA | JO PARKWAY | DIRECTOR 1.00 | 0. | |
| BRIAN S PROBOLS 26880 ALISO VIE ALISO VIEJO, CA | JO PARKWAY | VICE PRESIDENT 1.00 | 0. | |
| KELLY A JENNING 26880 ALISO VIE ALISO VIEJO, CA | JO PARKWAY | DIRECTOR 1.00 | 0. | |
| RICHARD S FIORE 26880 ALISO VIE ALISO VIEJO, CA | | DIRECTOR 1.00 | 0. | |
| DUANE D CAVE 26880 ALISO VIE ALISO VIEJO, CA | | PRESIDENT 1.00 | 0. | |
| GARY R KURTZ 26880 ALISO VIE ALISO VIEJO, CA | | DIRECTOR 1.00 | 0. | |
| TOTAL TO FORM 1 | 99, PART II, LINE 11 | | 0. | |



| CA 199 | OTHER EXPENSE | ::S | STATEMENT 3 |
|----------------------------|-------------------|--------------|-------------|
| DESCRIPTION | | | AMOUNT |
| ISSUANCE COSTS | | | 622,078. |
| TOTAL TO FORM 199, PART II | , LINE 17 | | 622,078. |
| CA 199 | NET NOTES RECEIV | ABLE | STATEMENT 4 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| NOTES AND LOANS RECEIVABLE | , NET | 0. | 67,644,646. |
| TOTAL TO FORM 199, SCHEDUL | E L, LINE 3 | 0. | 67,644,646. |
| | | | |
| CA 199 | BONDS AND NOTES P | AYABLE | STATEMENT 5 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| TAX-EXEMPT BONDS LIABILITI | ES | 0. | 67,644,646. |
| TOTAL TO FORM 199, SCHEDUL | E L, LINE 16 | 0. | 67,644,646. |

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, FEIN, CA SOS file number and "2019 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 money 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.

When the due date falls on a weekend or holiday, the deadline to file and pay

without penalty is extended to the next business day.

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

for more information.

939035 11-12-19

_ 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 Organizations e-filed Returns 2019

CALIFORNIA FORM

3586 (e-file)

000000 33-0601459 19 FORM MOUL 000000000000 3

07-01-2019 TYE06-30-2020

MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION

26880 ALISO VIEJO PARKWAY

ALISO VIEJO CA 92656

(949) 448-4032

Amount of Payment

10.

022 DO NOT MAIL THIS FORM TO THE FTB Date Accepted **FORM** TAXABLE YEAR California e-file Return Authorization for 2019 8453-EO **Exempt Organizations** Exempt Organization name Identifying number MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION 33-0601459 **<u>Electronic Return Information</u>** (whole dollars only) Part I 1,882,014 Total gross receipts (Form 199, line 4) 1,882,014 Total gross income (Form 199, line 8) Total expenses and disbursements (Form 199, line 9) 1,882,01 Part II Settle Your Account Electronically for Taxable Year 2019 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 7 Type of account: Checking 6 Account number Savings Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO). transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. TREASURER Sign

Declaration of Electronic Return Originator (ERO) and Paid Preparer. Part V

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date

| ERO | signature | | preparer X | employ | ed P01294460 | |
|-------|----------------------------------|--|------------|-----------------|--------------|-----------------------------------|
| Must | Firm's name (or yours | EIDE BAILLY LLP | | | | Firm's FEIN 45-0250958 |
| Sign | if self-employed) and address | 10681 FOOTHILL BLVD., S' | re. 300 | | | |
| | | RANCHO CUCAMONGA, CA | | | | ZIP code 91730-3831 |
| | | e that I have examined the above organization's return nd complete. I make this declaration based on all inforr | | | tatements | , and to the best of my knowledge |
| Paid | Paid . | | Date | Chec | | Paid preparer's PTIN |
| Prepa | preparer's signature | | | if self empl | | |
| Must | Firm's name (or yours | | | Firm's FEIN | | |
| Sian | if self-employed) | | | | | |

Date

Check if

Check

For Privacy Notice, get FTB 1131 ENG/SP.

Signature of office

ERO's-

Here

FTB 8453-EO 2019

| ERO's PTIN

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

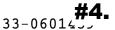
WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

| MOULTON NIGUEL WATER DISTRICT PUBLIC FACILITIES CORPORATION Name of Organization | | ange of address ended report | | | | | |
|---|------------------|--------------------------------------|-----|-----------|--|--|--|
| List all DBAs and names the organization uses or has used | | | | | | | |
| Address (Number and Street) | State Cha | rity Registration Number CT 092061 | | | | | |
| ALISO VIEJO, CA 92656 City or Town, State, and ZIP Code | Corporation | on or Organization No. 1844749 | | | | | |
| 949-448-4032 | Federal E | mployer ID No. 33-0601459 | | | | | |
| Telephone Number E-mail Address | | | | | | | |
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departi | | | | | | | |
| Gross Annual Revenue Fee Gross Annual Revenue | Fee | Gross Annual Revenue | Fe | <u>e</u> | | | |
| Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million | | | | | | | |
| PART A - ACTIVITIES | | | | | | | |
| For your most recent full accounting period (beginning 07/01/20 | 19 end | ing 06/30/2020) list: | | | | | |
| Gross Annual Revenue \$1,882,014 Noncash Contributions \$Program Expenses \$1,882,014 | Total Expe | 0 Total Assets \$ 69,28 | 1,9 | <u>23</u> | | | |
| PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD | OF THIS RE | PORT | | | | | |
| Note: All questions must be answered. If you answer "yes" to any of the ques | stions below | , you must attach a separate page | | | | | |
| providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. | | | | | | | |
| During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | | | | | | |
| During this reporting period, was there any theft, embezzlement, diversion or or funds? | misuse of the | e organization's charitable property | | х | | | |
| During this reporting period, were any organization funds used to pay any pen | nalty, fine or j | udgment? | | Х | | | |
| During this reporting period, were the services of a commercial fundraiser, fun commercial coventurer used? | ndraising cou | nsel for charitable purposes, or | | х | | | |
| 5. During this reporting period, did the organization receive any governmental ful | nding? | SEE STATEMENT 6 | х | | | | |
| 6. During this reporting period, did the organization hold a raffle for charitable pu | ırposes? | | | х | | | |
| 7. Does the organization conduct a vehicle donation program? | | | | х | | | |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | | | | | | | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | | | | | | |
| I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign. | | | | | | | |
| MAMIN COLLINGS | m | DE A CIIDED | | | | | |
| MATT COLLINGS Signature of Authorized Agent Printed Name | Tit | REASURER Date | | | | | |
| | | | | | | | |



INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5 CA RRF-1 STATEMENT 6

MOULTON NIGUEL WATER DISTRICT 26880 ALISO VIEJO PARKWAY ALISO VIEJO, CA 92656

