#### AGENDA

# BOARD OF DIRECTORS OF BARDEEN PARTNERS, INC.

#### SPECIAL MEETING

#### FEBRUARY 12, 2018

CALL TO ORDER	5:20 PM Irvine Ranch Water District
	Board of Directors Meeting Room
	15600 Sand Canyon Ave., Irvine, Calif.

**ROLL CALL** Directors Matheis, Reinhart, Swan, LaMar and President Withers

Bardeen Partners, Inc. was formed in March 1991 to act on behalf of IRWD in matching its real estate investments, and to segregate such investments from other activities of IRWD.

#### 1. APPROVAL OF MINUTES

Recommendation: Approve the minutes of Special Meeting of June 12, 2017.

#### 2. STATE AND FEDERAL EXEMPT ORGANIZATION TAX FILING

Due to tax reporting requirements, it is necessary to approve both the State and Federal forms for 2016 calendar year, beginning July 1, 2016 and ending June 30, 2017. This requirement is also noted in Schedule "O" in Form 990.

Recommendation: Approve both the State and Federal Exempt Organizational Filings for the Bardeen Partners for calendar year 2016.

#### 3. ORAL COMMUNICATIONS

4. <u>ADJOURNMENT</u>

#### NOTICE OF SPECIAL MEETING OF BOARD OF DIRECTORS OF BARDEEN PARTNERS, INC.

To: Peer Swan, Doug Reinhart, Steve LaMar, and Mary Aileen Matheis, Members of the Board of Directors of Bardeen Partners, Inc.

Pursuant to the call of the President of Bardeen Partners, Inc., notice is hereby given that a Special Meeting of the Board of Directors of Bardeen Partners, Inc. has been called and will be held on Monday, February 12, 2018 at the hour of 5:20 p.m. of said day in the Board of Directors' meeting room of the Irvine Ranch Water District, 15600 Sand Canyon Avenue, Irvine, California, for the purpose set forth in Exhibit "A" attached hereto and by this reference made a party hereof.

This notice is given in accordance with the bylaws of Bardeen Partners, Inc. and Section 54956 of the California Government Code and Corporation Code Section 5211.

Joh B. Withere

John Withers President

#### MINUTES OF ANNUAL MEETING OF BARDEEN PARTNERS, INC.

#### JUNE 12, 2017

The annual meeting of the Board of Directors of the Bardeen Partners, Inc. was called to order by President Withers at 6:30 p.m. in the Board Room of the principal office of the Irvine Ranch Water District, 15600 Sand Canyon Avenue, Irvine, California.

Directors Present: Matheis, LaMar, Swan, and President Withers

Directors Absent: Reinhart

Also Present: Secretary Bonkowski of Bardeen Partners, Inc., and Legal Counsel Smith, and members of the IRWD staff and public.

#### APPROVAL OF MINUTES

On <u>MOTION</u> by Swan, seconded and unanimously carried, THE JANUARY 23, 2017 MINUTES OF SPECIAL MEETING OF BARDEEN PARTNERS, INC. WERE APPROVED AS PRESENTED.

ORAL COMMUNICATIONS - None

ADJOURNMENT

There being no further business, President Withers adjourned the meeting.

Date: July 12, 2017

Leslie Bonkowski, Secretary

APPROVED and SIGNED this \_\_\_\_\_ day of \_\_\_\_\_\_,

John Withers, President

APPROVED AS TO FORM:

Alfred Smith, Legal Counsel, Bardeen Partners, Inc.

Forn	Q	9N	Return of Organ Under section 501(c), 527, or 4947				OMB No. 1545-0047	
				ecurity numbers on this form a			Open to Public	
		f the Treasury nue Service		rm 990 and its instructions is	at www.irs	.gov/form990.	Inspection	
A F	or the	2016 calenda	ar year, or tax year beginning J	UL 1, 2016 and e	ending J	UN 30, 2017		
	heck if oplicabl	ble:						
	Addre chang Name chang		EEN PARTNERS, INC.			33-0	465358	
_	Initial return	and the second se	and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone number		
	Final		BOX 57000			(949		
	termin		own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	11,889,223.	
	Ameno return		NE, CA 92619			H(a) Is this a group re	turn	
	Applic tion pendir		nd address of principal officer: ROB	ERT JACOBSON		for subordinates <b>H(b)</b> Are all subordinates in		
ΙT	axexe	empt status:	501(c)(3) X 501(c) ( 4 )	🗲 (insert no.) 🔲 4947(a)(1) or	r 🗌 527	lf "No," attach a	list. (see instructions)	
		te: 🕨 N/A				H(c) Group exemption		
			X Corporation Trust As	sociation 🔝 Other 🕨	L Year o	of formation: 1991	State of legal domicile: CA	
Pa	rtl	Summary						
ą	1	Briefly describ	e the organization's mission or most	significant activities: SEE S	CHEDU	LE O.		
Governance					-/-0	059/ 51		
Ë			x 🕨 🛄 if the organization disco				ets. 5	
ğ			ing members of the governing body				0	
~			ependent voting members of the gov of individuals employed in calendar y				0	
ties			of volunteers (estimate if necessary)				0	
Activities &			d business revenue from Part VIII, co				0.	
۲			business taxable income from Form			7b	0.	
		not uniolatou				Prior Year	Current Year	
Revenue	8	Contributions	and grants (Part VIII, line 1h)			0.	0.	
						0.	0.	
Sel		-	come (Part VIII, column (A), lines 3, 4,			540,896.	539,427.	
۳			(Part VIII, column (A), lines 5, 6d, 8c	A DECKER AND A DEC		7,151,342.	7,417,204.	
			- add lines 8 through 11 (must equal			7,692,238.	7,956,631.	
	13	Grants and sir	nilar amounts paid (Part IX, column (/	A), lines ,		0.	0.	
	14	Benefits paid t	o or for members (Part IX, column (A	), line 4)		0.	0.	
ŝ	15	Salaries, other	compensation, employee benefits (F	Part IX, column (A), lines 5-10)		0.	0.	
nse	16a	Professional fu	undraising fees (Part IX, column (A), I	ne 11e)		0.	0.	
Expense	b	Total fundraisi	ng expenses (Part IX, column (D), line	e 25) 🕨	0.			
Ш			es (Part IX, column (A), lines 11a-11d,			7,556,333.	7,704,923.	
			s. Add lines 13-17 (must equal Part I)			7,556,333.	7,704,923.	
_		Revenue less	expenses. Subtract line 18 from line	12		135,905.	251,708.	
Net Assets or Fund Balances						ginning of Current Year	End of Year	
Sset	20	Total assets (F				81,165,221. 1,124,741.	186,636,614.	
et A	21			liaa 00	and a second as	80,040,480.	185,499,580.	
	22 rt II	Signature	fund balances. Subtract line 21 from	line 20		00,040,400.	105,499,500.	
1.000			declare that I have examined this return,	including accompanying schedules	and stateme	nte and to the best of my	knowledge and belief, it is	
			Declaration of preparer (other than office				Knowledge and bonel, it is	
uuo,	001100	A and complete.	Decidration of prepare (other than office	The pased of all montation of white	on propulsi i	las any interneege.		
Sign		Signature	of officer			Date		
Here		ROBE	RT JACOBSON, TREASU	JRER				
more	-		rint name and title					
-		Print/Type prep	parer's name	Preparer's signature	D	ate Check	PTIN	
Paid		JENNIFE				if self-employe	P00743254	
Prep			DAVIS FARR LLP			Firm's EIN 🕨	47-3535842	
Use			2301 DUPONT DRIV	E, SUITE 200				
	•		IRVINE, CA 92612			Phone no. 94	9-474-2020	
May	the IF	RS discuss this	return with the preparer shown abo	ve? (see instructions)			X Yes 7	
	1 11-1		or Paperwork Reduction Act Notic		ns.		Form 990 (20 2	

	BARDEEN PARTNERS, INC.	33-0465358 Page 2
Ра	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO PROM	
		OWNERS AND CUSTOMERS WHO
	RESIDE WITHIN THE BOUNDARIES OF THE IRVINE	
	THE GOVERNMENTAL ENTERPRISES IN THE DISTRI	
2	Did the organization undertake any significant program services during the year which 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 condu If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three la	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr revenue, if any, for each program service reported.	ants and allocations to others, the total expenses, and
4a	(Code:) (Expenses \$ 7,704,923. including grants of \$	) (Revenue \$ 7,417,204.)
	BARDEEN PARTNERS WAS FORMED FOR THE PURPOS	E OF ACCOUNTING FOR THE
	FINANCIAL DATA AND TRANSACTIONS FOR CERTAI	N IRVINE RANCH WATER DISTRICT
	REAL ESTATE INVESTMENTS, INCLUDING THE INV	
	VILLAS, SYCAMORE CANYON APARTMENTS, AND IR	
	BARDEEN PARTNERS IS GOVERNED BY A BOARD OF	
	FIVE MEMBERS OF IRVINE RANCH WATER DISTRIC	
	BARDEEN PARTNERS DOES NOT ISSUE SEPARATE F	INANCIAL STATEMENTS.
4b	(Code:) (Expenses \$ including gr , of \$	) (Revenue \$)
		) (ilevenue 4
	·	
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
-10	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$	) (Revenue \$
4e	Total program service expenses ► 7,704,923.	
		Form <b>990</b> (2016)
632002	11-11-16	
	2	

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E	000	1004	-
Form	990	(201	b

Form 990 (2016) BARDEEN PARTNERS, INC.
Part IV Checklist of Required Schedules

			_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part /	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or sot negotiation services?	_	37	
	If "Yes," complete Schedule D, Part IV	9	X	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily, astricular odowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complet the che ale D, Parts VI, VII, VIII, IX, or X			5
	as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Province 10: Yes, " complete Schedule D,			x
	Part VI	11a	_	
b	Did the organization report an amount for investments - other securities in Part $\lambda_1$ = 12 that is 5% or more of its total	4.45	x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b	•	<u> </u>
С	Did the organization report an amount for investments - program relation F "ine 13 that is 5% or more of its total	44.		x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par.	<u>11c</u>		<u> </u>
a	Did the organization report an amount for other assets in Part X 15 tr. 5% or more of its total assets reported in	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	х	
	Did the organization report an amount for other liabilities in X, line ? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statem. for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (A. C 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	3.0		
1Zd		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G. Part III	19		Х

Form 990 (2016)

632003 11-11-16

Form 990 (			PARTNERS,	
Part IV	Checklist	t of Required School	edules (continued	()

The second second	- Identified			
			Yes	No X
		20a	<u> </u>	<u> </u>
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		l 🗸 🛛	
	Schedule J	23	X	<u> </u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	<u>24a</u>	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in - excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disquality J pers, 💦 a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 9: or 990-EZ? h "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from convables to any current or			
	former officers, directors, trustees, key employees, highest compensated emplass, or dis. If ified persons? If "Yes,"			.,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, true is , key employee, substantial			
	contributor or employee thereof, a grant selection committee member 35% ntrolled entity 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 "ving parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and excrete):		1.0.1	37
а	A current or former officer, director, trustee, or key employee if "Yes, omplete Schedule L, Part IV	<u>28a</u>	-	X
b	A family member of a current or former officer, director, true or key e ployee? If "Yes," complete Schedule L, Part IV	28b		X
С				37
	director, trustee, or direct or indirect owner? If "Yes," complete ScheJule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a		<u>35a</u>		X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,-	
	Note All Form 990 filers are required to complete Schedule O	38		

Form 990 (2016)

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Part V         Statements Regarding Other IRS Filings and Tax Compliance           Check 4 Schedule Ocentains a response or needs to any line in the Part V         Image: Check 4 Schedule Ocentains a response or needs to any line in the Part V         Image: Check 4 Schedule Ocentains a response or needs to any line in the Part V           Image: Check 4 Schedule Ocentains a response or needs to any line in the Part V         Image: Check 4 Schedule Ocentains and response or needs to any line in the Part V         Image: Check 4 Schedule Ocentains and response or needs to any line in the Part V           Image: Check 4 Schedule Ocentains a response or needs of the applicable payments to vendors and response or needs of the the applicable payment to response on needs of the any line in the Asset or response on needs of the any line in the part convexed by this return         Image: Check 4 Schedule Ocentains 2 Asset or response of needs of the applicable payment to neuron 2 Asset on the applicable payment to need of the applicable payment to the applicable payment to need of the applicable payment to need of the applicable payment to the applicable payment to need of the applicable payment to need of the applicable payment to need of the applicable payment to the applicable payment to need of the applicable payment to need of the applicable payment to need of the applicable payment the need and the applicable payment to need of the applicable payment the applicable payment to need of the appli	Form	990 (2016) BARDEEN PARTNERS, INC. 33-0465	358	P	age <b>5</b>
1a       Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable       1a       1a       Enter the number of Forms V-23 included in line 1a. Enter 0 if not applicable       1b       0         1b       Chief the organization couply with backup withridding rules for reportable payments to window and importable gamining tagmating withor within the organization for Enter W-3, Transmittal of Wage and Tax Statements.       1a       1c       X         2a       Enter the number of entropy with backup withridding rules for reportable payments to window and importable gaming tagmating with or within the organization file all requires (feer all applicable).       2a       0         b       If a test one is reported on ine 2a, did the organization file all requires (feer or all profer attractive).       2a       0         a       If we with the all cern State 20, your way for exolution to exist one inter of 1000 or more during the year?       2a       2a         a       If we with the all cern State 20, your way for exolution to exist one interve file or all state and the regulation that the organization for the year?       3a       3a       3b       3a       3b       3a	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
a End the number of prome VMS of Form 1006. Enter 0. If not applicable         b         0           b Chier che number of prome VMS of nucled (in the V E. Enter 0. If not applicable payments to vendors and inportable payming granting winning variance reported on Form VM3. Transmittal of VMge and Tax Statements.         1         C         X           2 Enter the number of prome VMS are explored on Form VM3. Transmittal of VMge and Tax Statements.         2         0         0           3 Enter the number of prome VMS are explored on Form VM3. Transmittal of VMge and Tax Statements.         2         0         0           3 Enter the number of prome VMS are sported on Form VM3. Transmittal of VMge and Tax Statements.         2         0         0           3 Enter the number of prome VMS are sported on Form VM3. Transmittal of VMge and Tax Statements.         2         0         0           3 Enter the number of prome VMS are sported on resplored the sported are sported on sported are sported on Schedule O         3         3         0           4 Are any time of a more sported on the sported are spore sported are sported are sported are sported are sported are s		Check if Schedule O contains a response or note to any line in this Part V		0.000	
Becare the number of Forms W20 helided in line 1a. Ener of and applicable         Image: Control of Control of Control of Control One Control				Yes	No
b       Interfactor       Image: Imag	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
geneting winnings to prize winners?       1c       X         2a       Ender the number of employees seported on form W-3. Transmittal of Wage and Tax Statements.       2a       0         b       If a least one is reported on line 2a, did the organization field angle mean tax statements.       2a       0         a       Bod the erganization have unrelated business gross income of \$1.000 or more during the year?       3a       X         b       If "Yes," hast field a Form 90-DT for this year?       3a       X         b       If "Yes," hast field a Form 90-DT for this year?       3a       X         b       If "Yes," hast field a Form 90-DT for this year?       3a       X         b       If "Yes," hast field a Form 90-DT for this year?       4a       X         c       If Yes," norm the name of the foreign country.       b       As bank account, or other authority over, a fance all account?       5a       X         b       Many axable party northy the organization have an interest in, are signature or other authority over, a fance all accounts?       5a       X         c       If Yes," in the sax site of this or the goal foreign Bank and Financial accounts?       5a       X         d       Yes," in the organization include with every solicitation at a spate more any time during the tax yea?       5a       X         d       If Yes," indicate the	b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0		Ξ.,	
29       There the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.       20       0         b       If at least one is reported on Ine 2a, did the arganization file all equired lederal employment tax returns?       20         b       If at least one is reported on Ine 2a, did the arganization file all equired lederal employment tax returns?       26         b       If the sam of lines 1a and 2a is greater than 250, you may be required to <i>a-file</i> (see instructions)       3a       X         b       If "hes," that if field a form 900.T for this year? ( <i>the</i> , 'to <i>ine</i> 3b, <i>provide an explanation on the returned</i> )       3b       X         b       If "hes," that if field a form 900.T for this year? ( <i>the</i> , 'to <i>ine</i> 3b, <i>provide an explanation on the returned</i> )       3b       X         b       If "hes," that if field a form 900.T for this year? ( <i>the</i> , 'to <i>ine</i> 3b, <i>provide an explanation on abre tax being</i> )       3a       X         b       If "hes," the line 3a or 5b, did the organization hese this tax short tax stoches and the tax year?       5a       X         b       If "hes," to line 3a or 5b, did the organization hese there and short tax stoches and year of the tax year?       5a       X         b       If "hes," to line 3a or 5b, did the organization field from 88867?       5a       X         b       If "hes," to line 3a or 5b, did the organization field from 88867?       5a       X <t< th=""><th>с</th><th>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming</th><th><math>\sim 1</math></th><th></th><th></th></t<>	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	$\sim 1$		
Ted for the calendary year ending with or within the year covered by this return       2a       0         b If at least one is reported on the 2a, did the organization file all required feature indeprotement as returns?       2b         AD to the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         AD to the organization have unrelated business gross income of \$1,000 or more during the year?       3a       3a         AT with the all field a Form 960 To this year?       3a       3a       X         AT with the all field a Form 960 To this year?       3a       X         B If Yeas, "has the organization file all required to a count, or other financial accounts or filing requirements or the organization file all two or is a party to a prohibited tax shefter ansact on?       5a       X         B Ud any taxable party routly the organization file form 8860?       5a       5a       X         B De bes the organization have annual gross receipts that are normally greater than \$100,0°, and a.       organization solid       5a       X         B De bes the organization neally median an organization an appress tatement the organization regular solid the organization file of \$7, \$m day this as annual to particular solid the organization neally set on the organization file of \$7, \$m day this as annual to particular solid the particular solid the particular solid the organization neally orefile on th		(gambling) winnings to prize winners?	1c		Х
b       If at least one is reported on line 2a, did the organization file all required tederal employment tax returns?       2b         Note: If the sum (lines 1a and 2a is greater than 250, you may be required to a <i>e-lile</i> (con instruction)       3a       X         b       If "Yes," has it filed a form 980-T for this yes?       3b       X         b       If "Yes," has it filed a form 980-T for this yes?       3b       X         d       At any time the name of this yes?       3b       X         d       At any time the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         d       Was the organization have until twas or is a party to a probleted tax shells transaction at any time during the tax yes?       5b       X         d       Dod any taxable pary notify the organization the Bord 100 morely tax yes?       5c       X         d       Dod any taxable pary notify the organization tax entry any to a probleted tax shells transaction at any trace orbital tax yes?       5c       X         d       Dod any taxable pary notify the organization have any party to a probleted tax shells transaction?       5c       X         d       Dod any taxable pary notify the organization are specify that are normally greater than \$100,00°, and 6, wo organization set and taxib tax shells transaction are specific tax shells transaction?       5c       X         d	2a				
Note:       If the sum of lines 1a and 2a is greater than 250, you may be required to e-see (see instructions)       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an infreest in, or a signature or other financial account?       3a       X         4a       At any time during the calendar year, did the organization have an infreest in, or a signature or other financial account?       4a       X         5b       Max the organization of this greater than 250, provide an explanation in Schedule O       5a       X         5c       Max the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         6a       Did any taxable party noity the organization that it was or is a party to a prohibited tax shelter anaccion?       5a       X         6b       If "Yes," of did the organization include with every solicitation an express statement the outer ontibutions no lint any contributions that may receive deductible?       5b       X         7       Organization include with every solicitation an express statement the outer ontibutions or gifts were not tax deductible?       7a       X         7       Organization notify the donor of the value of the goods or envice.		filed for the calendar year ending with or within the year covered by this return	1		8 5.
3a       Did the organization have unrelated business gross income of \$1,000 romer during the year?       3a       X         bill "Yes," has it field a Form 980 Tor this year? if No, "to fine 3b, provide an explanation in Schedule 0       3b       4a         bill "Yes," that if field a Form 980 Tor this year? if No, "to fine 3b, provide an explanation in Schedule 0       4a       X         bill "Yes," that if the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         bill "Yes," the inter to name of the foreign country.       >       5a       X         bill "Yes," to inter to name of the foreign country.       >       5a       X         bill "Yes," to inter to name of the foreign country.       >       5a       X         bill "Yes," to inter to name of the organization that it was or is a party to a prohibite or shelter transaction?       5a       X         bill "Yes," to inter samual gross receipts that are normally greater than \$100,00°, and u organization norlicit with every solicitation an express statement the "ucch ontributions or giffs were not tax deductible?       7a       X         bill "Yes," to inter organization have ware receive deductible contributions under service. wided?       7b       7a       X         cill the organization network explore therwise dispose of tangible provide and receive and the service?       7a       X       Ya       Ya	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b       if "Yes," has it filed a Form 990-T for this yea? if "No," to line 3b, provide an expansion in Schedule 0       3b         4a       At any time during the calendar year, idi the organization have an interest in, or a signature or other authority over, a financial account is of origin country; item as a bank account, or other financial accounts?       4a         b       I" Yes," enter the name of the foreign country; item as a bank account, or other financial Accounts (FBAR).       5a         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$10,00°, and o organization solid any cannual gross receipts that are normally greater than \$10,00°, and o organization solid tax year?       5a       X         6b       V"sa', di dhe organization include with every solidation an express statement the "such ontributions or gifts were not tax deductible?       5a       X         7       Organizations shat may receive deductible contributions "run, us and sarvices provided to the pav?"       7a       X         11       Tyes, 'di dhe organization motify the dong or service. widd?"       7a       X         12       Uf dhe organization indure with every solidation an express statement the "such ontributions or gifts were not tax deductible?       7a       X         12       Uf dhe organization indure dong dhe pave, argunemins, directly orindirect on a personal bene		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-17.7		
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other matchinty over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)?       4a       X         bit 1*Yes, "that the harms of the foreign country: ▶       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account (FRAF).       5a         5a       Was the organization a part by to a prohibited tax shelter transaction at any time during the tax year?       5b       X         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5b       If 'Yes, 'to line 5a or 5b, did the organization time from B8861?       6a       X         6a       Dest the organization network annual gross receipts that are normally greater than \$100,0C', and or organization solid any contributions include with every solidation an anny or tax deductible?       7a       X         7b       If 'Yes, 't di the organization network applice that accounting the goods or service. wided?       7a       X         7b       If 'Yes, 'to dire organization network applice or the value of the goods or service. wided?       7a       X         7b       If 'Yes, 'to dire organization network of form \$220 file dowing the year?       7a       X         7c       If the organization network of accountis directly indirec. on a personal benefit contract? <th>3a</th> <td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td> <td>3a</td> <td></td> <td>X</td>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
fnancial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b # 'Yes, ' enter the name of the foreign country.     5a     5a     X       b Was the organization s party to a prohibited tax sheler transaction at any time during the tax year?     5a     X       b Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?     5a     X       c Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?     5a     X       c Was the organization have annual gross receipts that are normally greater than \$100,00°, and o > organization solid any contributions in the were not tax deductible as charitable contributions?     5a     X       b If Yes, ' do the organization include with every solicitation an express statement the 'out' ontributions or gifs were not tax deductible?     5a     X       7 Organization receive approximation receive a St5 mode party to a prohibite for which was required to the part?     7a     X       b If Yes, ' do the organization notify the donor of the value of the goods or service. Aided?     7a     X       b Ot the organization notify a contribution sum any second banefit contract?     7a     7a       c Uf the organization received a contribution of cars, boats appring or			3b		
b       If "Yes," enter the name of the foreign country:	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       Image: Construction a party to a prohibited tax should be an action of the state of the problem of the should be an action of the organization file Form 8886-77       See       X         50       Did any taxable party notify the organization file Form 8886-77       See       See       X         61       Dide any taxable party notify the organization file Form 8886-77       See       See       X         62       Does the organization have annual gross receipts that are normally greater than \$100,00°, and or organization solicit any contributions that twoe not tax doductible optimum of the section 17."       See       X         7       Organization netwise a payment in excess of \$75 made parity as a contribution an "riny". Us and services provided to the party 7       Ze         7       Did the organization notify the door of the value of the goods or service. yide?       7c       X         7       Did the organization outify the door of the value of the goods or service. yide?       7c       X         7       Did the organization neceive a payment in excess of \$75 made parity as a contribution an "riny". Us and services provided to the party 7c       7a       X         7       Did the organization during the yaz, yaz       Zd       7c       X         7       Did the organization during the yaz, yaz       Zd       7d       7d       7		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file form 888617?     5b     X       6a     Does the organization neutration file form 888617?     5c     6a       7a     X     5b     X       7b     Did the organization include with every solicitation an express statement the "uct" ontributions or giffs were not tax deductible as charitable contributions?     6a     X       7     Organizations that may receive deductible contributions under section 17'     6b     7a     X       7     Organization status exchange, or therwise dispose of tangible p' prop. v for which it was required to file Form 8282?     7a     X       7     Did the organization endity the donor of the value of the goods or service. wided?     7a     X       7     Types, ' did the organization endity the donor of the value of the goods or service. wided?     7a     X       7     Types, ' did the organization endity or indirectly or indirectly to an personal benefit contract?     7a     X       7     Types, ' did the organization endity or indirectly or indirectly or and provide, and the organization file Form 8282 filed during the year     7a     X       7     Types, ' did the organization received a contribution of ans, boats, applan. ' or errowhiche, did the organization file Form 8289 as required?     7d     7d <tr< th=""><th>b</th><td></td><td>1.1</td><td>Ε. Ι</td><td>h i</td></tr<>	b		1.1	Ε. Ι	h i
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte       ansaction?       5b       X         c       ff 'Yes, 'to line 5a or 5b, did the organization file Form 8886-17       5c       5c         any contributions that were not tax deductible as charitable contributions?       6a       X         b       ff 'Yes, '' did the organization include with every solicitation an express statement. It ''sc' ontrobutions or gifts were not tax deductible?       6b       X         7       Organization sells, exchange, or otherwise dispose of targ bardy as contribution an 'any '', dia and services provided to the payor?       7a       X         b       ff 'Yes, '' did the organization celve, any emptine assess of \$57 made party as a contribution an 'any '', dia and services provided to the payor?       7a       X         b       ff 'Yes, '' did the organization networks of \$57 made party as a contribution an 'any '', dia and services provided to the payor?       7a       X         d       ff 'Yes, '' indicate the number of forms \$282 filed during the year '', any on a personal benefit contract?       7c       X         d       ff 'Yes, '' indicate the number of forms \$282 filed during the year '', any rever valcisk, did the organization fulled intile'', indicate on a personal benefit contract?       7t       7t         ft the organization received a contribution of qualified intello'' indirec on a personal benefit contract?       7t       7t <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       5c         Ge       Dees the organization have annual gross receipts that are normally greater than \$100,00°, and 0, or organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement thr "uch" ontributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 17'       7a       X         7       Organizations that may receive deductible contributions under section 17'       7a       X         7       Organizations that may receive deductible contributions under section 17'       7a       X         7       Organizations the may receive deductible contributions under section 17'       7a       X         7       Organization receive a payment in excess of \$5' made parity as a contribution an "aruy" us and services provided to the payor?       7a       X         7       Did the organization receive any funds, directly or indirectly, in or which it was required       7c       X         7       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         9       If the organization receive any funds, directly orindirectly indirectly indirector an a personal benefit contract?       7t       <	5a				
Ga       Dees the organization have annual gross receipts that are normally greater than \$100,00°, and or the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement the "uch" ontributions or gifts were not tax deductible?       Ga       X         7       Organization shat may receive deductible contributions under section 17"       Us and services provided to the payor?       Za       X         9       Did the organization neckes of \$75 made parity as a contribution an "aris," us and services provided to the payor?       Za       X         c       Did the organization sell, exchange, or otherwise dispose of tangible price, prop. "for which it was required to the form 8282?       To       Za       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd	b				X
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement the "uch" ontributions or gifts were not tax deductible?       6b       6b         7 Organizations that may receive deductible contributions under section 17 '       6b       7b       7b       7b         a Did the organization neetive a payment in excess of \$75 made partly as a contribution ain, "my ds and services provided to the payor?       7a       X         f "Yes," did the organization neetive any funds, directly or indirectly, or "ormu, on a personal benefit contract?       7c       X         f bid the organization received a contribution of qualified intell. "I prope did the organization file Form 8282?       7c       X         f the organization received a contribution of qualified intell. If prope did the organization file Form 8282?       7c       X         g fithe organization received a contribution of qualified intell. If prope did the organization file Form 8289 as required?       7f       7d         f the organization received a contribution of qualified intell. If prope did the organization file Form 8289 as required?       7h       7h         g bid the organization metric any taxable distributions under section 4966?       9a       9a       9a         9 Sponsoring organization make a distribution to a donor advisor, or related person?       9b       9a       9a	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
b       If "Yes," did the organization include with every solicitation an express statement the "such" ontributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 17" '       and the organization receive a payment in excess of \$75 made partly as a contribution an "any" ds and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or service. wided?       7b       7c       X         c       Did the organization setl, exchange, or otherwise dispose of tangible prime. The apersonal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         d       Did the organization receive any funds, directly or indirectly, to man, on a personal benefit contract?       7t       7t       7d         g       Id the organization received a contribution of cars, boats, airplan. The very which is a required?       7t       7t       7g         h       if the organization have excess business holdings at any time during the year?       8       9a	6a				37
were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 17"       10         a Did the organization receive a payment in excess of \$75 made parity as a contribution an, "may us and services provided to the payor?"       7a       X         b If "Yes," did the organization setue a payment in excess of \$75 made parity as a contribution an, "may us and services provided to the payor?"       7b       7c       X         c Did the organization receive a payment in excess of \$75 made parity as a contribution an, "may us and services provided to the payor?"       7c       X         d ff "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         f Did the organization received a contribution of qualified intell. • 1 prope , did the organization file a Form 1098-C?       7f       7f       7d         g fithe organization received a contribution of cars, boats, airplan. In a personal benefit contract?       7f       7d       7d         g Sponsoring organizations maintaining donor advised funds. Dio. donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a			<u>6a</u>		X
7       Organizations that may receive deductible contributions under section 17       1         a Did the organization receive a payment in excess of \$75 made parity as a contribution an, any, ds and services provided to the payor?       7a       X         7b       T<	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution an any ds and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or service, 'or vided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of langible properties of properties of properties and the organization receive any funds, directly or indirectly, to receive any funds, directly or indirectly, to receive any funds, directly or indirectly or an personal benefit contract?       7c       X         g If the organization receive any funds, directly or indirectly, to receive any funds, directly or indirectly on a personal benefit contract?       7c       7d         g If the organization received a contribution of qualified intelle. If propere is did the organization file a Form 1098-C?       7d       7d       7d         8 Sponsoring organizations maintaining doorn advised funds.       10. door advised funds.       7d       7d       7d         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a <t< th=""><th></th><th></th><th>6b</th><th>_</th><th></th></t<>			6b	_	
b       If "Yes," did the organization notify the donor of the value of the goods or servicevided?       78         c       Did the organization sell, exchange, or otherwise dispose of tangible proper of or which it was required to file Form 8282?       72       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to remule on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellest proper, did the organization file Form 8899 as required?       7d       7d </th <th></th> <th></th> <th>-</th> <th></th> <th>v</th>			-		v
c       Did the organization sell, exchange, or otherwise dispose of tangible production proper of which it was required to file Form 8282?       7c       X         d       ff "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       7e         d       Did the organization receive any funds, directly or indirectly, to remule on a personal benefit contract?       7e       7e       7d         f       Did the organization receive any funds, directly or indirectly, indirectly or a personal benefit contract?       7d       7d <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         e Did the organization receive any funds, directly or indirectly or non-a personal benefit contract?       7d       7d       7d         f If the organization received a contribution of qualified intelle.       1 proper did the organization file Form 8899 as required?       7d       7d         f the organization received a contribution of cars, boats, airplan.       more revericeles, did the organization file Form 1098-C?       7h       7d         8 Sponsoring organization maintaining donor advised funds.       Dio donor advised fund maintained by the sponsoring organization nake any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10 Section 501(c)(7) organizations. Enter:       a linitiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       11b       12a         12a       b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a       12a         12a       b If "Yes," enter the amount o			10		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to r armiu, on a personal benefit contract?       Te       Te         f Did the organization received a contribution of qualified intelle.       I proper, did the organization file Form 8899 as required?       Tf         g If the organization received a contribution of cars, boats, airplan.       re vehicles, did the organization file Form 8099 as required?       Th         g Sponsoring organizations maintaining donor advised funds.       Dio. donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         g Did the sponsoring organizations. Enter:       a linitation fees and capital contributions. Letter:       10a       10a         l Section 501(c)(7) organizations. Enter:       a linitation fees and capital contributions. Included on Part VIII, line 12       10a       10b         l Section 501(c)(12) organizations. Enter:       a filts organization.       11a       11b       12a         l Gross income from members or shareholders       11a       10b       10b       12a         l ft "Yes," enter the amount of tax-exempt therest received or accrued during the year       12b       12a       12a         l ft "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a       13a       13a <t< th=""><th>с</th><th></th><th>7.</th><th></th><th>v</th></t<>	с		7.		v
e       Did the organization receive any funds, directly or indirectly, to rearrie on a personal benefit contract?       7e       7f         f       Did the organization, during the year, pay premiums, directly indirection on a personal benefit contract?       7f       7f         g       If the organization received a contribution of qualified intelle of propered, did the organization file Form 8899 as required?       7f       7f         n       If the organization received a contribution of cars, boats, airplait, or nervehicles, did the organization file Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds.       8       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       9b       9b       9a       9b       9a       9b       9a       9b       9a       9a       9b       9a       9b       9a       9a <td< th=""><th>لہ</th><th></th><th>70</th><th></th><th></th></td<>	لہ		70		
f       Did the organization, during the year, pay premiums, directly indirection a personal benefit contract?       71         g       If the organization received a contribution of qualified intelletion of properation of the organization file Form 8899 as required?       71         h       If the organization received a contribution of cars, boats, airplan.       Improve whiches, did the organization file Form 8899 as required?       71         sponsoring organizations maintaining donor advised funds.       Did. donor advised funds bid.       The organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         bid the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       12a         12       Section 501(c)(12) organizations. Enter:       11a       12a       12a       12a         13       Section 501(c)(12) organizations. Enter:       11a       12a       12a       12a       12a         14       12b       12a       12a       12a       12a       12a       12a			70		-
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h       If the organization received a contribution of cars, boats, airplar.       Interventicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds.       Dio donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Gross income from members or shareholders       11a       11b         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14       11b       12a       12a       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a       13a         14       Did the organiz				_	_
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	12a		12a		
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<ul> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</li> <li>c Enter the amount of reserves on hand</li> <li>13c</li> <li>14a</li> <li>14a</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> </ul>	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b		organization is licensed to issue qualified health plans			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b	с				
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2016)

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·	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
· · · · ·			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		131	
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem Jrs, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken wing the "by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who should be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in ' vile O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required byternal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures gerning relivities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organ is exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 99 <sup>o</sup> "me. 's of its governing body before filing the form?	<u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the orge ation view this Form 990.		_	1
12a	Did the organization have a written conflict of interest polic, "No," g to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disc. ar ally interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b	_	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	0111		
	taxable entity during the year?	<u>16a</u>	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		77	÷
0	exempt status with respect to such arrangements?	16b	Х	
	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed CA		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	<u>CHERYL CLARY - 949-453-5300</u> 15600 SAND CANYON AVENUE, IRVINE, CA 92618-3102			
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33-0465358 Page 6

Form 990 (2016)		PARTNERS,			33-0465358	
Part VI Governance	e, Management	, and Disclosur	e For each "Yes"	' response to lines 2 through	7b below, and for a "No"	response

Form 990 (2016) BARDEEN PARTNERS, INC.	33-0465358	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	ipensated	
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	h or within the organization's	s tax year.
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> </ul>		ation.
• List the organization's five current highest compensated employees (other than an officer, director, trustee, o		ed report-

• List the organization's five current nignest compensated employees (other than an onicer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		1.1.125.25		C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than o s both	n an	compensation	compensation	amount of
	week	offi	cer ar	id a d	irecto	or/trus	tee)	fre	from related	other
	(list any	ector						1	organizations	compensation
	hours for	or din	ω			ited		or 114 7	(W-2/1099-MISC)	from the
	related	istee	truste		e.	pense		(M´ `1099-№ı.		organization
	organizations	Jal tru	onal		ploye	100 28		1 1		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVE LAMAR	1.00	<u> </u>	-	0	×	πö	100			
DIRECTOR	2.00	x						0.	27,097.	15,110.
(2) DOUG REINHART	1.00						1			
DIRECTOR	2.00	x			1		- 1	0.	27,315.	15,110.
(3) MARY AILEEN MATHEIS	1.00			1	7	$\Sigma_{\rm c}$				
DIRECTOR	2.00	X		$\leq$		$\Delta$	1	0.	29,379.	13,502.
(4) PEER SWAN	1.00				1.5		£			
VICE PRESIDENT	2.00	X	4	X	+	1	L	0.	29,105.	21,258.
(5) JOHN WITHERS	1.00									00 600
PRESIDENT	2.00	X		x	-	⊢	<u> </u>	0.	27,774.	20,603.
(6) TANJA FOURNIER	1.00				ſ			0.	125 115	45 770
ASST. TREASURER (7) ROBERT JACOBSON	40.00	-	-	X		$\vdash$	_	U.	135,115.	45,772.
TREASURER	40.00			x				0.	208,262.	59,393.
(8) LESLIE BONKOWSKI	1.00		⊢		-		-	0.	200,202.	
SECRETARY	40.00	1		x				ο.	122,263.	34,953.
		1								
		-	┣	<u> </u>		<u> </u>	<u> </u>			
		1	L							
		-	⊢	-	-	⊢	-			
	).	1								
		$\vdash$			-	$\vdash$	-			
		1								
		1								

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632007 11-11-16

Form 990 (2016)

Form 990 (2016) BARDEEN B	PARTNERS	,	IN	c.			_		33-04	<u>4653</u>	58	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)			(F)
Name and title	Average	(da		Posi				Reportable	Reportable			mated
	hours per	box	, unle	ss per	son i	than c s both	an	compensation	compensatio		amo	ount of
	week	offi	cer ar	nd a di	irecto	or/trust	ee)	from	from related	1 I	0	ther
	(list any	ector						the	organization	s	comp	ensation
	hours for	r dire				ted		organization	(W-2/1099-MIS	3C)	fro	m the
	related	stee o	trustee			ensa		(W-2/1099-MISC)			· ·	nization
	organizations	al trus	nal tr		oyee	е в						related
	below	ndividual trustee or director	Institutional 1	Officer	(ey employee	Highest compensated employee	Former				orgar	nizations
	line)	pu;	Ins	Off	Key	ΗĜ	For			-+	_	
					_					-+		
r							_					
					_		_					
						$\square$	_			$\rightarrow$		
4												
							_					
						- 7						
							1					
					C			1				
1b Sub-total						1		0.	606,31	LO.	225	,701.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)			1	10.	. <u></u>			0.	606,31	10.	225	,701.
2 Total number of individuals (including but no	ot limited to the	osr	teء	d al	ż	) who	o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization		< .										0
				1						_		Yes No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	yci	nplo	yee,	or l	highest compensated er	nployee on	1.		
line 1a? If "Yes," complete Schedule J for su	uch individual	126221									3	X
4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	ensat	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150									-		4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com											5	X
Section B. Independent Contractors				011.1								
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s tł	nat received more than \$	100.000 of comp	ensatio	n fror	n
the organization. Report compensation for t	·	•										
(A)	no salondai ja						T	(B)			(C)	
Name and business	address							Description of s	ervices	Cor	mpens	sation
CELOSEAL ROOFING, INC		-	-		_			REPAIRS AND				
832 N LEMON ST, ORANGE, C	A 92867							MAINTENANCE			245	,504.
RGS SERVICES INC		-					_	REPAIRS AND				/
1156 NORTH GROVE STREET,	ANAHETM		C۵	9.	28	06		MAINTENANCE			175	,501.
CRITERION SUPPLY INC, 118							_	REPAIRS AND			1/5	, 501.
SANTA FE SPRINGS, CA 9067		TITA.	1.	יהם		'		MAINTENANCE			155	,037.
COLLIERS INTERNATIONAL	0	-					-1	MATHIBNANCE			<u> </u>	,057.
3 PARK PLAZA SUITE 1200,	TRUTNE	C	Δ	921	<u>۲</u>	Δ		LEASE COMMIS:			120	,141.
VINCO CONSTRUCTION CORPOR		<u> </u>	~	24	O T	*	_	REPAIRS AND	510105		133	, _ 4
			~~	0.	20	07					1 2 0	
4544 E EIENHOWER CIRCLE,							_	MAINTENANCE		_	100	<u>,985.</u>
2 Total number of independent contractors (in		ot lin	nitec	i to t			ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				8	<u> </u>						

Form **990** (2016)

Form 9	90 (2			ERS, INC.			33-046	5358 Page 9
Part	VIII	Statement of Revenue	e					
		Check if Schedule O conta	ins a response c	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ងង	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
5 J	с	Fundraising events	1c					1.1
Ξ.		Related organizations			12. J. 2. L.			
s, (	е	Government grants (contributio	ons) <b>1e</b>					1.1.1.2.5
rior S S	f	All other contributions, gifts, grants				a series de		
the		similar amounts not included above	e [1f		A 14 1 1 1 1			
1 g		Noncash contributions included in lines 1a				1		10.00
ŭă	h	Total. Add lines 1a-1f						
	_			Business Code				
Program Service Revenue	2 a							
e e	b							
am Ser	c							
Be	d							
2 C	e f	All other program service reven				2-12-1		
-		Total. Add lines 2a-2f	Vovectored 0.004.011		7.19			1 3
	3	Investment income (including d			7.4	11		
	•	other similar amounts)			539,427.			539,427.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal	7.0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6 a	Gross rents	10,914,365.		전 이상 이상			
	b	Less: rental expenses	3 932 592.					1
	с	Rental income or (loss)	6 981 773.					
	d	Net rental income or (loss)		· · ·	6,981,773.	6,981,773.		
	7 a	Gross amount from sales of	(i) Securities	(ii) C er				1 2 3 3 1
		assets other than inventory				2		
	b	Less: cost or other basis						
		and sales expenses						1 K <sup>a</sup>
		Gain or (loss)						
		Net gain or (loss)	and the second state of the second state of the	P				
e	8 a	Gross income from fundraising				Ph. 21 Ph. 219		
l je		including \$			1 - C - 1 - 1			
Be		contributions reported on line 1			-0.1			
Other Revenue	<b>b</b>	Part IV, line 18 Less: direct expenses			1. Sec. 1. 1. 1.	a duk sanan (18		
8		Net income or (loss) from fundr						
		Gross income from gaming act						
	va	Part IV, line 19						1 1 1 1 1 1 1
	h	Less: direct expenses			21 201 1			
		Net income or (loss) from gamin		▶				
1		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales		▶				
		Miscellaneous Revenue		Business Code				
1	1 a	REAL ESTATE MISC INCOME		531390	435,431.	435,431.		
	b							
	С							
	d	All other revenue				7	_	
		Total. Add lines 11a-11d			435,431.	7 417 004	0	. 539,427.
	2	Total revenue. See instructions.			7,956,631.	7,417,204.	0	Form <b>990</b> (2016

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9 2016.05050 BARDEEN PARTNERS, INC. 65358Q\_1

### BARDEEN PARTNERS, INC. Form 990 (2016) BARDEEN PARTN Part IX Statement of Functional Expenses

33-0465358 Page 10

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits	м.			
0	Payroll taxes				
1	Fees for services (non-employees):				
a h	Management				
b					
c d	Accounting				
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7,612,660.	7,612,660.		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)	00.000	02 262		
а	MISCELLANEOUS EXPENSE -	92,263.	92,263.		
b	·				
С					
d					
	All other expenses	7,704,923.	7,704,923.	0.	(
25	Total functional expenses. Add lines 1 through 24e	1,104,943.	1,104,343.	V.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

Form 990 (2016)

10 2016.05050 BARDEEN PARTNERS, INC.

65358Q\_1

#### Form 990 (2016) Part X Balance Sheet BARDEEN PARTNERS, INC.

33-0465358 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	513,088.	1	616,541.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,390.	4	647.
	5	Loans and other receivables from current and former officers, directors,			
	ľ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1.1	Contract of the second s
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	_			7	
Assets		Notes and loans receivable, net		8	
	8	Inventories for sale or use	38,445.	9	5,920.
	9	Prepaid expenses and deferred charges		9	5,520.
	10a			e = 1	
		basis. Complete Part VI of Schedule D 10a	17 N.S.	10-	
		Less: accumulated depreciation		<u>10c</u>	
	11	Investments - publicly traded securities	180,590,298.	12	186,013,506.
	12		1_100,350,250.	13	100,015,500.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	7
	15	Other assets. See Part IV, line 11	181,165,221.	16	186,636,614.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	41,845.	17	48,803.
	17	Accounts payable and accrued expenses	41,045.	18	40,000.
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities         Escrow or custodial account liability. Complete Part IV         Scheu       D	413,356.	20	416,611.
	21 22	Loans and other payables to current and former offic. director: rustees,	415,550:	21	410,011.
ies	22	key employees, highest compensated employees, and dis "iff", persons.			
bilit				22	
Liabilities		Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties	·	23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			669,540.	25	671,620.
	26	Schedule D Total liabilities. Add lines 17 through 25	1,124,741.	26	1,137,034.
	20	Organizations that follow SFAS 117 (ASC 958), check here  and and			
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets		27	
lan	28	Temporarily restricted net assets		28	
Ba	29	Permanently restricted net assets		29	*
pur	25	Organizations that do not follow SFAS 117 (ASC 958), check here X		2.5	
Ĕ		and complete lines 30 through 34.		1.1	
0 0	30	Capital stock or trust principal, or current funds	0.	30	0.
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	180,040,480.	32	185,499,580.
Nei	33	Total net assets or fund balances	180,040,480.	33	185,499,580.
	34	Total liabilities and net assets/fund balances	181,165,221.	34	186,636,614.
_	- 04	Fora numinition and not apporte fund paranees		54	Form 990 (2016)

Form **990** (2016)

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11 2016.05050 BARDEEN PARTNERS, INC. 65358Q\_1

Forr	n 990 (2016) BARDEEN PARTNERS, INC.	33-	0465358	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
			Sec. 14		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,70		
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	180,04	_	
5	Net unrealized gains (losses) on investments	5	5,20	7,3	92.
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		105 10	~ -	~ ~
	column (B))	10	185,49	9,5	80.
Pa	rt XII Financial Statements and Reporting				TT
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," examin in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accr +?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year wer- complex reviewed	on a		1.2	161
	separate basis, consolidated basis, or both:				1-1
	Separate basis Consolidated basis Both consolidated a seprate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the cor were aed on a separate	basis,	1.01		1.1
	consolidated basis, or both:			1.2	2.1
	Separate basis X Consolidated basis Both consolidatec separate basis		100		-
С	If "Yes" to line 2a or 2b, does the organization have a committee that a srest sibility for oversight of the				-
	review, or compilation of its financial statements and selection of an upper countant?		2c	X	
	If the organization changed either its oversight process or selection p , during the tax year, explain in Sche		- C		
3a	As a result of a federal award, was the organization required to yoo a ordit or audits as set forth in the Sin				17
	Act and OMB Circular A-133?		<u>3a</u>	-	X
b	If "Yes," did the organization undergo the required audit or . **s? If the rganization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps tak in dergo such audits		3b		
			Forn	1 990	(2016)

632012 11-11-16

SCI		Supplementa	al Financial Statements	OMB No. 1545-0047
	990)	Complete if the org	anization answered "Yes" on Form 990.	2016
Departr	nent of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
Internal	Revenue Service		m 990) and its instructions is at www.irs.gov	
Name	e of the organization	BARDEEN PARTNERS, I		Employer identification number 33-0465358
Par	t I Organiza		d Funds or Other Similar Funds or A	
		n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year	writing that the assets held in donor advised fu	nde
5	•		exclusive legal control?	
6			dvisors in writing that grant funds can be used	
			r donor advisor, or for any other purpose confe	
	impermissible priva			
Par	ALC AND A DECIMAL AND A DECIMA		anization answered "Yes" on Form 990, Part I	IV, line 7.
1		ervation easements held by the organization		
		of land for public use (e.g., recreation or e		Illy important land area
	$\equiv$	f natural habitat of open space	Preser % on oi tified	historic structure
2	6.00 E.S.		ied conservation contretion the form of a c	conservation easement on the last
<u> </u>	day of the tax year			Heid at the End of the Tax Year
а				
b				
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a,	20
d			fter 8/17/', I not a historic structure	
•				2d
3	vear	vation easements modified, transferred, rel	eased, e	anization during the tax
4		where property subject to conservation ear	Jent is Lateo	
5		tion have a written policy regarding the p		
	-	orcement of the conservation easements it		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
	▶			
7		es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year
•	▶\$	ution accompany reported on line O(d) about	e satisfy the requirements of section 170(h)(4)(	
8				
9			on easements in its revenue and expense state	
-			ion's financial statements that describes the o	
	conservation ease	ments.		
Par		_	Art, Historical Treasures, or Other	Similar Assets.
<u>.</u>		the organization answered "Yes" on Form		
1a			C 958), not to report in its revenue statement a	
		note to its financial statements that descril	ibition, education, or research in furtherance of the second second second second second second second second s	public service, provide, in Part Alli,
b			C 958), to report in its revenue statement and	balance sheet works of art, historical
~	0		ducation, or research in furtherance of public s	
	relating to these it			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		
2			asures, or other similar assets for financial gain	n, provide
		unts required to be reported under SFAS 1		
		eduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016
	08-29-16			
			13	

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Sche Par	dule D (Form 990) 2016 BARDEEN	PARTNERS , llections of Art,		Treasures, o	or Other S		65358 Page 2
3	Using the organization's acquisition, accession	, and other records,	check any of	the following tha	it are a signi	ficant use of its c	ollection items
	(check all that apply):						
а	Public exhibition	d	Loan o	r exchange progr	rams		
b	Scholarly research	е	Other_				
с	Preservation for future generations						
4	Provide a description of the organization's coll	ections and explain	how they furth	ner the organizati	on's exempt	t purpose in Part	XIII.
5	During the year, did the organization solicit or	receive donations of	art, historical	treasures, or oth	er similar as	sets	
	to be sold to raise funds rather than to be main	ntained as part of the	e organization	's collection?			Yes No
Par	t IV Escrow and Custodial Arrange	ements. Complet	e if the organi	zation answered	"Yes" on Fo	orm 990, Part IV, 1	ine 9, or
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for contribu	utions or other as	sets not inc	luded	
	on Form 990, Part X?						Yes X No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:				
							Amount
С	Beginning balance					10	
	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance						Yes No
	Did the organization include an amount on For						
Par	If "Yes," explain the arrangement in Part XIII. C t V Endowment Funds. Complete if f						
T ai	t Thurst Complete in					) Three years back	(e) Four years back
4		(a) Current year	(b) Prior yea		als back [U	THIES YEARS DACK	(e) i our years back
	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships		100	- <del>-</del>			
e	Other expenditures for facilities						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the curren	nt year end hat ce	(line 1. cour	nn (a)) held as:	i/		
	Board designated or quasi-endowment		%				
	Permanent endowment	%					
	Temporarily restricted endowment	%					
-	The percentages on lines 2a, 2b, and 2c should						
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are he	eld and administe	ered for the c	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedul	∋ R?			3b
4	Describe in Part XIII the intended uses of the o		ment funds.				
Par	t VI Land, Buildings, and Equipme						
	Complete if the organization answered				1		
	Description of property	(a) Cost or ot basis (investm	1 /	Cost or other basis (other)	1	umulated eciation	(d) Book value
1a	Land						
	Buildings						
С	Leasehold improvements						
	Equipment						
	Other						
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990. Part X	(, column (B), l	ine 10c.)			0.

Schedule D (Form 990) 2016

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#### Schedule D (Form 990) 2016 BARDEEN PARTNERS, INC.

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT REAL ESTATE	186,013,506.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	186,013,506.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	Y		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	A		
	on Form 990, Pa / .ie	11o. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Pa / .ie Description	11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11o. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11o. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11a. See Form 990, Part X, line 15.	(b) Book value
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description	11o. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description	11a. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990. Part X. col. (B) line         Part X       Other Liabilities.	Pescription		
Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col, (B) line	9 15.) on Form 990, Part IV, line		
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990. Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990. Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO IRVINE RANCH WA	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO IRVINE RANCH WA (3) DISTRICT	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)       (1)         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990. Part X. col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2) PAYABLE TO IRVINE RANCH WA         (3) DISTRICT         (4)	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO IRVINE RANCH WA (3) DISTRICT (4) (5)	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)       (1)         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990. Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1)       Federal income taxes         (2)       PAYABLE TO IRVINE RANCH WA         (3)       DISTRICT         (4)       (5)         (6)       (6)	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO IRVINE RANCH WI (3) DISTRICT (4) (5) (6) (7)	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO IRVINE RANCH WA (3) DISTRICT (4) (5) (6) (7) (8)	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO IRVINE RANCH WI (3) DISTRICT (4) (5) (6) (7)	e 15.)	11e or 11f. See Form 990, Part X, line	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

15 2016.05050 BARDEEN PARTNERS, INC. 65358Q\_1

Sche	dule D (Form 990) 2016 BARDEEN PARTNERS, INC.		33-0465358 Page 4
Par		tements With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		100
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	<u>)</u>	5
Pa	t XII Reconciliation of Expenses per Audited Financial St		ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	<u>.c</u>	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	n and a succession and a succession of the succe	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part		
	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part المنافية de the descriptions required for Part II, lines 3, 5, and 9; Part I	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this , 👘 to provi 🛛 a	ny additional information.	

#### PART IV, LINE 2B:

## TENANTS WHO RENT OR LEASE FROM BARDEEN PARTNERS MUST PAY A SECURITY

DEPOSIT. THE SECURITY DEPOSIT IS HELD AS A LIABILITY TO BARDEEN.

632054 08-29-16

16 2016.05050 BARDEEN PARTNERS, INC.

Schedule D (Form 990) 2016

SCI	HEDULE J	Compensation Information	OMB No. 1	1545-0047
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	16
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
	tment of the Treasury	Attach to Form 990.	Open to Inspe	
	al Revenue Service e of the organizatio	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990	0. I mape ployer identificatio	
INCII	e or the organizatio		33-046535	
Pa	rt I Question	s Regarding Compensation		
				Yes No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.		2 - 1
	First-class or		se	
	Travel for con	panions Payments for business use of personal residen	ice	한 도망가 있
	Tax indemnifi	cation and gross-up payments 📃 Health or social club dues or initiation fees		
	Discretionary	spending account Personal services (such as, maid, chauffeur, ch	nef)	25 J
b		on line 1a are checked, did the organization follow a written policy regarding payment or	1b	
0		provision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		-
2	-	ers, including the CEO/Executive Director, regarding the items checked on li 1a?	2	
	trustees, and onice	Ts, including the GEO/Executive Director, regarding the terms checked on Party and the		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation companization's	3	1.11.12
-		ector. Check all that apply. Do not check any boxes for methods use by a related c.ganization to		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ation of the CEO/Executive Director, but explain in Part III.		
	Compensatio		1.00	A. 18.
	Independent	compensation consultant Compensition survey study		
	Form 990 of c	ther organizations Approval the or compensation comm	ittee	
4		d any person listed on Form 990, Part VII, Section A, ' with poect to the filing		- 10 M
	U U	elated organization:	10	x
a		ce payment or change-of-control payment?		X
b		ceive payment from, a supplemental nonqualif tire. olan?		X
с		nes 4a-c, list the persons and provide the <sup>1</sup> icable <i>a</i> junts for each item in Part III.		
	in rea to any or in			100
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations mus. complete lines 5-9.		
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the	evenues of:		
а	The organization?			X
b	Any related organiz	zation?	<u>5b</u>	X
		or 5b, describe in Part III.		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the		6-	x
a			The second design of the second se	X
b		zation?		
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
'		nes 5 and 6? If "Yes," describe in Part III	7	X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
5		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9		did the organization also follow the rebuttable presumption procedure described in		
_		n 53.4958-6(c)?	9	
LHA	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	m 990) 2016

632111 09-09-16

#### BARDEEN PARTNERS, INC.

33-0465358

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents
1) TANJA FOURNIER	(i)	0.	0.	0.	0.	0
ASST. TREASURER	(ii)	135,115.	0.	0.	29,891.	15,881
2) ROBERT JACOBSON	(i)	0.	0.	0.	0.	0
REASURER	(ii)	208,262.	0.	0.	41,554.	17,839
3) LESLIE BONKOWSKI	(i)	0.	0.	0.	0.	0
ECRETARY	(ii)	122,263.	0.	0.	25,128.	9,825
	(i)					
	(ii)					
	(i)					
	(ii)			$\sim 1$		
	(i)					
	(ii)					
	(i)	*				
	(ii)					
	(i)					
	(ii)					
	(i)			29		
	(i) (ii)					
	(i)					
	(ii)				-	
	(i)					
	<u>(ii)</u>					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					

632112 09-09-16

Schedule J	(Form 990)	2016

BARDEEN PARTNERS, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this p

#### PART I, LINE 3:

#### ALL COMPENSATION IS PAID BY IRVINE RANCH WATER DISTRICT. EMPLOYEE REVIEWS

#### AND COMPENSATION ADJUSTMENTS ARE DONE ACCORDING TO IRVINE RANCH WATER

#### DISTRICT POLICIES AND PROCEDURES.

632113 09-09-16

19

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990. 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/ff		OMB No. 1545-0047
Name of the organization	BARDEEN PARTNERS, INC.	Employer	r identification number
FORM 990 PART			
THE MISSION C	OF THE ORGANIZATION IS TO PROMOTE THE COMMON G	OOD AN	ID THE
GENERAL WELFA	RE OF THE RESIDENTS, PROPERTY OWNERS AND CUST	OMERS	WHO
RESIDE WITHIN	I THE BOUNDARIES OF THE IRVINE RANCH WATER DIS	TRICT	AND THE
GOVERNMENTAL	ENTERPRISES IN THE DISTRICT AND THE SURROUNDI	NG ARE	AS BY
ACQUIRING REA	AL AND PERSONAL PROPERTY TO THE BENEFIT OF THE	DISTE	RICT AND
INDIVIDUALS H	HEREIN DESCRIBED.		
FORM 990, PAF	T III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION	
BY ACOUIRING	REAL AND PERSONAL PROEPRTY TO THE BENEFIT OF	THE DI	ISTRICT
*	ALS HEREIN DESCRIBED.		
AND INDIVIDOR	ALS HEREIN DEBCRIDED.		
FORM 990, PAR			
A COPY OF THE			TO THE
GOVERNING BOA	ARD OF DIRECTORS FOR APPROVAL PRIOR TO ITS FIL	ING. 7	THIS FORMAL
APPROVAL IS I	OCCUMENTED IN THE MINUTES OF THE BOARD OF DIRE	CTORS	MEETING AND
<u>IS A REQUIREI</u>	PROCEDURE.		
FORM 990, PAI	RT VI, SECTION B, LINE 12C:		
THE ORGANIZA	TION HAS A FORMAL CONFLICT OF INTEREST POLICY.	THE I	FIVE
DISTRICT (IRI	ND) BOARD OF DIRECTORS ARE REQUIRED TO BE THE	FIVE 1	MEMBERS OF
	DIRECTORS. ALL MEMBERS OF THE BOARD OF DIRECT		
ORGANIZATION	ARE REQUIRED TO SIGN THIS CONFLICT OF INTERES	ST POL	ICY ON AN
-	. THE ORGANIZATION MONITORS THIS CONFLICT OF ]		
	S IMPLEMENTATION AS POLICY TO MEMBERS OF THE E eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche		OF rm 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization BARDEEN PARTNERS, INC.	Employer identification number 33-0465358
DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND PROCEDURE	
FEDERAL AND STATE EXEMPT TAX RETURNS ARE AVAILABLE TO ALL	
ORGANIZATION AS WELL AS TO THE GENERAL PUBLIC UPON A REQU	JEST MADE TO THE
TREASURER OF THE ORGANIZATION.	
FORM 990 PART XII LINE 2C	
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRI	OR YEAR.
	hedule O (Form 990 or 990-EZ) (2016)
21 40208 149072 65358Q 2016.05050 BARDEEN PAR'	

SCHE	DULE R
(Form	990)

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

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

Name of the organization

#### BARDEEN PARTNERS, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	me End-of-
	-			
	-			
	-	b.Y		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organ	an、 red "Yes" on Form 990	), Part IV, line 34 b	ecause it had c
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chari status (if sect 501(c)(3))
IRVINE RANCH WATER DISTRICT - 95-2232918				
15600 SAND CANYON ROAD IRVINE, CA 92619-7000	WATER DISTRICT	CALIFORNIA	501(C)(4)	
N	-			

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

632161 09-06-16 LHA

### Schedule R (Form 990) 2016 BARDEEN PARTNERS, INC.

Part III	Identification of Related Org organizations treated as a par	ganizations Taxable a rtnership during the ta	as a Partne ax year.	ership. Complete if	the organiz	ation answe	ered "Yes	" on Form	1 990, Pa	rt IV, line 34 b	)e
N	(a) ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	redomin: (related, excluded fro sections	<b>e)</b> ant income unrelated, om tax under 512-514)		<b>f)</b> of total ome	Sha end-c	g) re of f-year sets Yes	oca
3											
											_
								$\langle \rangle$			
						, Ĉ					_
Part IV	Identification of Related Or organizations treated as a co	ganizations Taxable prporation or trust duri	as a Corpo	pration or Trust. C year.	omp if *	lu In	ion answ	vered "Yes	s" on For	m 990, Part IV	7, 1
	<b>(a)</b> Name, address, and E of related organizatic	EIN	Prin	(b) nary activity	Legal nicile (° or eign country)	(d) Direct cor entit	trolling	<b>(e</b> Type of (C corp, or tru	entity S corp,	<b>(f)</b> Share of tot income	tal
N		X									
• •											

632162 09-06-16

# Schedule R (Form 990) 2016 BARDEEN PARTNERS, INC.

Part V	Transactions With Related Organizations. Complete if the organization answ	wered "Yes" on Form	990, Part IV, line 34, 35b,	or 36.
	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 Dur	ing the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed ir	n Parts II-IV?
a Rec	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
<b>b</b> Gift	, grant, or capital contribution to related organization(s)	******		
<b>c</b> Gift	; grant, or capital contribution from related organization(s)			
e Loa	ans or loan guarantees by related organization(s)			
f Div	idends from related organization(s)			
g Sal	e of assets to related organization(s)			
h Pur	chase of assets from related organization(s)			
	change of assets with related organization(s)			
j Lea	se of facilities, equipment, or other assets to related organization(s)			
	ase of facilities, equipment, or other assets from related organization(s)			
I Per	formance of services or membership or fundraising solicitations for related orga			
	formance of services or membership or fundraising solicitations by related organ		·	
	aring of facilities, equipment, mailing lists, or other assets with related organization	on(s)		
o Sha	aring of paid employees with related organization(s)		. Sin Summeronom	
	mbursement paid to related organization(s) for expenses			221
<b>q</b> Rei	mbursement paid by related organization(s) for expenses			
	ner transfer of cash or property to related organization(s)			
	ner transfer of cash or property from related organization(s)		ie liee, including covered r	alationships and trans
2 If th	ne answer to any of the above is "Yes," see the instructions for information on w	no liust complete th	is line, including covered h	elationships and trans-
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method (
3		type (a-s)		
	VINE RANCH WATER DISTRICT	Е	671,620.	COST
11/210			12	
(2) IR	INE RANCH WATER DISTRICT	R	7,612,660.	COST
<u></u>				
(3)				
(4)				
(5)				
(6)				
632163 09-	06-16			

# Schedule R (Form 990) 2016 BARDEEN PARTNERS, INC.

# 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 (meas that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners sec. 501 (c)(3) orgs.?	(f)	(g)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners sec.	Share of	Share of
of entity		(state or foreign	excluded from tax under	01(c)(3)	total	end-of-year
-		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes No	income	assets
WNP XXI						
630 THE CITY DRIVE SOUTH					F20 250	28,934,076.
ORANGE, CA 92668	REAL ESTATE	CALIFORNIA	REAL ESTATE	X	539,258.	28,934,070.
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632164 09-06-16

chedule R (Form 990) 2016 Part VII Supplemental Info	rmation.	
	nation for responses to questions on Schedule R. See instruction	าร.
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TAXABLE Y	A set of the set of the production		-	628941 11-30-16 FORM <b>199</b>
201			06/30/2	
Calendar Year	2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016 , and ending (mm/d	d/yyyy) California corpo		
Corporation/Org	anizauon name			
BARDEEI	PARTNERS, INC.	15733	198	
Additional inform	nation, See instructions,	FEIN	165250	
		PMB no.	465358	
Street address (	DX 57000			
City	State	ZIP code		
IRVINE	CA			
Foreign country	name Foreign province/state/county	Foreign po	ostal code	
<ul> <li>B Amended</li> <li>C IRC Secti</li> <li>D Final Information</li> <li>Enter date:</li> <li>E Check acc</li> <li>F Federal reformation</li> <li>G Is this a generation</li> <li>H Is this organized in the organized state of the organized state of</li></ul>	Image: Non and the second s	See instruction der R&TC Secti ts from nonmen r R&TC Section tion, check box. iauty Compar 100 or Form 10 t by the IRS or pending?	ns. • on 23701g? • mber sources \$ n 23701d . No filing • ny? • D9 to • has the	X Yes X No Yes X No
Part I 0	Gross sales or receipts from other sources. From Side 2, P     Ine	•	1 7,9	933,546.00
Receipts and Revenues	2       Gross dues and assessments from members and affilia         3       Gross contributions, gifts, grants, and similar amount.         4       Total gross receipts for filing requirement test. Add line 1 through It.         4       This line must be completed. If the result is less than \$50,000, see Ge.         5       Cost of goods sold         6       Cost or other basis, and sales expenses of assets sold         7       Total gross income. Subtract line 6         8       Total gross income. Subtract line 7 from line 4	• • 00 00	7 8 7,9	00 0.00 933,546.00 933,546.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			681,838.00 251,708.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	251,708.00
	11 Total payments 12 Use tax. See General Instruction K		12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14	00 N/A 00
	15 Filing fee \$10 or \$25. See General Instruction F	NI722233322000000	15	N/A 00 00
	16 Penalties and Interest. See General Instruction J 17 Penalties and Line 12 line 15 and line 16. Then subtract line 11 from the result	۲		
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result Onder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, ar it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a statement of the preparer has a s	nd to the best of m has any knowledge	y knowledge and be	liet,
Sign Here	Title	Date	• Telepho	
	of officer Date		PTIN	
	Preparer's	Check if self-employed		43254
Paid	signature		FEIN	
Palu Preparer's	(or yours, DAVIS FARR LLP			535842
Use Only	employed) 2301 DUPONT DRIVE, SUITE 200		• Telepha	one 474-2020
	And address IRVINE, CA 92612 May the FTB discuss this return with the preparer shown above? See instructions	• 🗙	949-	
	ואומץ חופרדם טופנעפט חווש וכנעדון אותו חוב ארבאמים שונאות מעסיטי סעט וומת עסעטוס			

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#### BARDEEN PARTNERS, INC.

628951 11-30-16

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.

1     Gross rates receives toron all business addebites. See instructions     •     1     0.00       2     Literast     •     2     0.00       3     Devidends     •     3     0.00       6     Gross reput     •     8     0.00       0     6     Gross reputs     •     8     0.00       0     6     Gross reputs     •     8     0.00       0     0     Feal gross states or receipts from othe sources. Add line 1 through line 7. Enter here and on Side 1, Feal L line 1     8     0.00       1     Department or of from entores     •     1     0.00       1     Department or of from entores     •     1     0.00       1     Department or of from selectors     •     1     0.00       1     Department or of from selectors     •     1     0.00       1     Department or of from selectors     •     1     0.00       1     Department or of from selectors     •     1     0.00       1     Department or and deplation (Statistructions)     •     1     0.00       1     Department or and deplation (Statistructions)     •     1     0.00       1     Department or and deplation (Statistructions)     •     1     0.00					SEE	PART	II SUBSTITU	JTE AT	TACHMENT
2       Interest       •       2       0.00         Receipt       6       0.00       5       0.00         Source       6       0.00       5       0.00         Source       7       0.01       5       0.00         9       0.02       annual network it most size or taskets (See Instructions)       •       6       0.00         9       0.01       0.01       annual network it marks and annual task       •       9       0.00         9       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01       0.00       0.01			1 Gross sales or receipts from	all business activities. Se					17. 200
3       Dividends       •       3       0.00         from       6       Gross total       •       6       0.00         00her       6       Gross total       •       6       0.00         Sources       0       0       6       0.00       0       6       0.00         Sources       0       The income       6       0.00       0									00
Receipts 4 Cross routiles 7 Cross routiles 4 Cross routiles 7 Cross routil								3	00
tome       5 dross regulates       5       00         Sources       7 Other income dross allows from the sources. Add line 1 through the 7. Enter here and on Side 1, Part 1, line 1       8       00         Sources       7 Other income       9       0       00       0	Receip	ots 🔤						4	00
Other       6       00         Sources       7       00min         8       Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1       9         9       Contributions, gits, grants, and smile amounts pad       9       000         9       Contributions, gits, grants, and smile amounts pad       9       000         10       Compensation of threes, gits, grants, and smile amounts pad       9       000         11       Compensation of threes, gits, grants, and smile amounts pad       9       000         11       Compensation of threes, gits, grants, and smile amounts pad       9       000         12       Compensation of differs, gits, grants, and smile amounts pad       9       10       000         12       Compensation of differs, gits, grants, and dights in smither amounts pad       11       00       00         13       Interest       16       000       16       000         14       Total spensation disbursements       11       0       0       11       0         14       Total spensation disbursements       10       0       0       0       0       0       0         15       Sources       16       0       0       0	from							5	00
B     Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part 1, line 1     B     000       9     Contributions, gins, grants, and smiler amounts publ.     0     000       10     Compensation of fifters, directors, and trustees     110     000       11     Compensation of fifters, directors, and trustees     110     000       12     Compensation of fifters, directors, and trustees     112     000       13     Monde     15     000       14     Depresed in and depletion (See instructors)     118     000       15     Rends     18     000       16     Depresed in add discursements. Add line 3 through line 17, Enter here and on Side 1, P     29     18       16     Depresed in discursements. Add line 3 through line 17, Enter here and on Side 1, P     29     18       17     Cotal and Side goernment bigliations     0     0     0       16     Balance Sheet     Beginning divastee year     0     0       17     Cotal and Side goernment bigliations     0     0     0     0       16     Bordizage leans     0     0     0     0       17     Cotal and Side goernment bigliations     0     0     0     0       16     Bordizage leans     0     0 </th <th>Other</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>6</th> <th>00</th>	Other							6	00
Schedule L Balance Sheet Beginning of taxable year     Schedu	Source	es 🔤						7	00
10       Diaburgements to or for members <ul> <li>11</li> <li>00</li> <li>00</li> <li>00</li> <li>00</li> <li>00</li> <li>11</li> <li>00</li> <li>00</li> <li>12</li> <li>00</li> <li>13</li> <li>00</li> <li>14</li> <li>00</li> <li>15</li> <li>00</li> <li>15</li> <li>00</li> <li>16</li> <li>00</li> <li>17</li> <li>00</li> <li>18</li> <li>00</li> <li>14</li> <li>00</li> <li>15</li> <li>00</li> <li>15</li> <li>00</li> <li>16</li> <li>00</li> <li>17</li> <li>00</li> <li>18</li> <li>00</li> <li>19</li> <li>00</li> <li>10</li> <li>10</li> <li>10</li> <li>00</li> <li>10</li> <li>10</li> <li>10</li> <li>00</li> <li00< li=""> <li00< li=""> <li>00</li></li00<></li00<></ul>			8 Total gross sales or receipts	8	00				
11       Compensation of officers, directors, and trustes       •       111       0.00         12       Utter same and wages       •       12       000         14       Trans       •       13       00         14       Trans       •       14       00         14       Trans       •       14       00         16       Depresentation and depletion (See instructors)       •       15       000         17       Utter Expanses and Subursements       0       15       000         18       Total expenses and Subursements       0       0       16       000         11       Cash       •       •       •       17       000         12       Hel accounts receivable       •       •       •       0       0       •       •       0       0       •       •       •       0       0       •<			9 Contributions, gifts, grants, a	nd similar amounts paid					00
Expenses       12       Citer salaries and wages       13       Intersit       13       Intersit       13       Intersit       14       00         Disburse- ments       15       Rensition       15       000       17       000       17       000       17       000       16       000       17       000       17       000       17       000       17       000       17       000       17       000       17       000       17       000       18       000       17       000       18       000       17       000       18       000       17       000       18       000       17       000       18       000       10		1	0 Disbursements to or for mem	nbers				10	
Expenses and Diburse:       13       000         14       Taxes       0         15       Concentration       16       00         16       Depreciation and depletion (See instructions)       •       16       00         17       000       18       Tela expenses and discursements       •       17       000         17       000       18       Tela expenses and discursements       •       18       00         16       Concellule L       Bance Sheet       Beginning of taxable year       •       16       00         1       Cash       •       •       •       •       •       00       18       00       00       •       •       •       •       00       00       00       •		1	1 Compensation of officers, dir	ectors, and trustees				11	0.00
and Dubuse:       14       Taxes       •       14       00         Dubuse:       15       Fents       •       16       00         00       17       Other Expanses and Disbursements.       •       16       00         18       Total expenses and disbursements.       •       17       000         10       Total expenses and disbursements.       •       18       00         Schectule L       Balance Shet       6.0       0       0       0         11       Cash       •       •       •       •       •       •         4       Incest reservable       •<		1:	2 Other salaries and wages					12	00
Disburse- ments       15       Derication and depletion (See instructions) 17       15       00         18       Detrocation and depletion (See instructions) 18       16       00         18       Total responses and disbursements. Add line 9 through line 17. Inter here and on Side 1.P.       29       18       00         2       Schedule L       Balance Sheet       Beginning of taxable year       End of taxable year         Assits       (a)       (b)       (c)       (d)         1       Cash       -       -         1       Cash       -       -       -         1       Cash       -       -       -         1       Cash       -       -       -       -         1       Cash       -       -       -       -         1       Investments in other bonds       -       -       -       -         1       Investments in other bonds       - <td< th=""><th>Expen</th><th>ses 1</th><th>3 Interest</th><th></th><th></th><th></th><th></th><th>13</th><th>00</th></td<>	Expen	ses 1	3 Interest					13	00
ments       16       Depreciation and depletion (See instructions)       17       16       00         17       Other Expenses and Obsursements.       18       00         18       Total expenses and Obsursements.       18       00         2       Total expenses and Obsursements.       Beginning of taxable year       End of taxable year         Assets       (a)       (b)       (c)       (d)         1       Cach       0       0       (d)       0         2       Net accurate receivable       0       0       0       0         3       Net notes receivable       0       0       0       0       0         4       Investments in stock       0	and	1	4 Taxes					14	00
17       Obs         18       Total expenses and disbursements.       Add line 9 through line 17. Enter here and on Side 1. Provided and the set of	Disbui	rse- 1						15	00
18       Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1. Protection 19. End of taxable year       End of taxable year         Schedule L       Balance Sheet       Beginning of taxable year       End of taxable year         1       Cash       0       0       0         1       Cash       0       0       0       0         2       Met notes receivable       0       0       0       0         3       Met notes receivable       0       0       0       0         4       Investments in stock       0       0       0       0         8       Mortage loans       0       0       0       0       0         9       Other investments       0       0       0       0       0         10       Operocide asets       0       0       0       0       0       0         11       Land       0       0       0       0       0       0       0         11       Land       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	ments	1	6 Depreciation and depletion (S	See instructions)					00
Schedule L       Balance Sheet       Beginning of taxable year       End of taxable year         Assets       (a)       (b)       (c)       (d)         1 Cash       •       •       •         2 Net accounts receivable       •       •       •         3 Net notes receivable       •       •       •         4 Investrices       •       •       •         5 Federal and state government obligations       •       •       •         6 Investments in other bonds       •       •       •         7 Investments in stock       •       •       •         9 Other investments       •       •       •         10 a Opercible assets       •       •       •         11 Land       •       •       •       •         12 Other assets       •       •       •       •         13 Total assets       •       •       •       •       •         14 Accounts payable       •       •       •       •       •         16 Bords and notes payable       •       •       •       •       •       •         17 Mortgages payable       •       •       •       •       •		· ·							00
Assists       (a)       (b)       (c)       (d)         1 Cash       •       •       •       •         2 Net accounts receivable       •       •       •       •         4 Inventories       •       •       •       •       •         5 Federal and state government obligations       •       •       •       •       •         6 Investments in stock       •       •       •       •       •       •       •         10 a Depreciable assets       •       •       •       •       •       •       •         11 Land       • </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>d on Side 1, Pr</th> <th>- "9</th> <th></th> <th></th>						d on Side 1, Pr	- "9		
1 Cash   2 Net accounts receivable   3 Net notes receivable   4 Inventories   5 Federal and state government obligations   6 Investments in other bonds   7 Investments in stock   8 Mortgage loans   9 Other investments   1 a Depreciable assets   2 Other assets   2 Other assets   12 Other assets   13 Total assets   14 Accounts preciable and evorth   4 Accounts payable   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   9 Other liabilities and nete worth   14 Accounts payable   9 Other liabilities and nete worth   15 Contributions, gifts, or grants payable   10 Not regages payable   10 Not regages payable   11 Canal inductions of income per books with income per return   12 Total liabilities and net worth   25 Checkule M1 Reconciliation of income per books with income per return   10 Not regages payable   10 Not regages payable   11 Retained earnings or income fund   12 Total liabilities and net worth   25 Checkule M1 Reconcilia	Sch	edule	L Balance Sheet			6		d of taxabl	
Veda     Vet accounts receivable     Vet accounts rec	Assets	6		(a)	(t		(c)		(d)
3 Net notes receivable       •         4 Invertories       •         5 Federal and state government obligations       •         6 Investments in stock       •         7 Investments in stock       •         9 Other investments       •         10 a Depreciable assets       •         11 Land       •         2 Other assets       •         2 Other assets       •         13 Total assets       •         14 Accounts guits, or grants payable       •         15 Contributions, gits, or grants payable       •         16 Bonds and notes payable       •         17 Mortgages payable       •         18 Other linbuilties       •         19 Capital stock or principal fund       •         20 Paid-nor capital subjuka. Attach reconcilitation       •         21 Total liabilities and net worth       •         3 Explanse recorded no books this year not deducted in this return       •         •       •       •         •       •       •         •       •       •         •       •       •         •       •       •         •       •       •         •       <		2008							
A men holes recervade     A men holes recervade     Federal and state government obligations     Freestments in otock     Mortgage leans     Other investments     Other assets     Other assets     Other assets     Other investment     Other investments     Other investments     Other investments     Other investments     Other investments     Other investments     Other assets     Other assets     Other investments     Other assets     Other assets     Other assets     Other assets     Other investments     Other inve									
Investments in stock   6   Investments in stock   8   9   0 the investments   0 a Depreciable assets   0 b Less accumulated depreciation   11 Land   2 Other assets   12 Other assets   13 Total assets   14 Accounts payable   15 Contributions, gifts, or grants payable   16 Bonds and notes payable   17 Mortgages payable   18 Other investments   19 Capital stock or principal fund   19 Capital stock or principal fund   10 a Depreciation of income per books with income per return   10 b Lines accumulated there acculated in this return.   10 a Depreciable assets   11 Land   12 Other assets   13 Total assets   14 Accounts payable   15 Contributions, gifts, or grants payable   16 Bonds and notes payable   17 Mortgages payable   18 Other liabilities   19 Capital stock or principal fund   20 Tetal inabilities and net worth   21 Retained earnings or income fund   22 Total inabilities and ent worth   32 Total inabilities and ent worth   34 Income net worth   35 Expense recorded on books this year not deducted in this return.   36 Expense recorded on books this year not deducted in this return.   36 Expense recorded on books this year not deducted in this return.   36 Expense recorded on books this year not deducted in this return.   36 Expense recorded on books this year not deducted in this return. <th></th> <th></th> <th></th> <th></th> <th></th> <th>and the second second</th> <th>h</th> <th></th> <th></th>						and the second second	h		
b 1 restments in other bonds   7 Investments in other bonds   9 Other investments   9 Other investments   10 a Depreciable assets   11 Land   12 Other assets   13 Total assets   14 Accounts payable   15 Contributions, gifts, or grants payable   16 Bonds and notes payable   17 Mortgage spayable   18 Other liabilities   19 Capital stock or principal fund   20 Paid-in or capital surpus. Attach resonciliation   21 Total liabilities and net worth   22 Total liabilities and net worth   32 Total liabilities and net worth   4 Accounts payable   16 Bonds and notes payable   17 Mortgages payable   18 Other liabilities   20 Paid-in or capital surpus. Attach resonciliation   21 Total liabilities and net worth   22 Total liabilities and net worth   23 Expenses recorded on books this year   3 Expenses recorded on books this year not   4 Income not recorded on books this year not   5 Expenses recorded on books this year not   4 Income not recorded on books this year not   5 Expenses recorded on books this year not   4 Income net recorded on books this year not   5 Expenses recorded on books this year not   4 Income per return.							<u> </u>	-	
7 Investments in stock   8 Mortgage loans   9 Other investments   10 a Depreciable assets   b Less accumulated depreciation   11 Land   12 Other assets   13 Total assets   Liabilities and net worth   4 Accounts payable   16 Bonds and notes payable   17 Mortgage spayable   18 Other liabilities   20 Paich in complex freeoreliation   19 Capital stock or principal fund   20 Paich in complex freeoreliation   21 Retained eranings or income fund   22 Total liabilities and net worth   3 Excess of capital losses over capital gains   4 Income net recorded on books this year not deducted in this return   5 Expenses recorded on books this year not deducted in this return   4 Income per return.				and the second					
Implementation in sock       •         9 Mortgage loans       •         9 Other investments       •         10 a Depreciable assets       •         b Less accumulated depreciation       (         11 Land       •         12 Other assets       •         13 Total assets       •         14 Accounts payable       •         15 Contributions, gifts, or grants payable       •         16 Bonds and notes payable       •         17 Mortgages payable       •         18 Other liabilities       •         19 Capital stock or principal fund       •         20 Paid-in or capital aurplus. Attach reconciliation       •         19 Retained earnings or income fund       •         21 Total liabilities and net worth       •         22 Total liabilities and net worth       •         23 Total aurplus. Attach reconciliation       •         24 Retained earnings or income fund       •         25 Total liabilities and net worth       •         36 Expense recorded on books this year       •         19 Retaces i capital losses over capital gains       •         10 Net income per return       •         16 Bonds and notes payable       •         10 Net in									
of working realises       •         9 Other investments       •         10 a Depreciable assets       (         b Less accumulated depreciation       (         11 Land       •         12 Other assets       •         Liabilities and net worth       •         14 Accounts payable       •         15 Contributions, gifts, or grants payable       •         16 Bonds and notes payable       •         17 Mortgages payable       •         18 Other liabilities       •         19 Capital stock or principal fund       •         20 Paid-in or capital aurplus. Attach reconciliation       •         17 Mortgages payable       •         10 Cher liabilities and net worth       •         12 Othat isolities on thud       •         13 Cotal liabilities and net worth       •         14 Accounts payable       •         15 Contributions, gifts, or grants payable       •         16 Bonds and notes payable       •         17 Mortgages payable       •         18 Other liabilities and net worth       •         20 Paid-in or capital aurplus. Attach reconciliation       •         21 Total liabilities and net worth       •         22 Total liabilities an								_	
b less accumulated depreciation       (         10 a Depreciable assets       (         b Less accumulated depreciation       (         11 Land       •         12 Other assets       •         13 Total assets       •         14 Accounts payable       •         15 Contributions, gifts, or grants payable       •         16 Bonds and notes payable       •         17 Mortgages payable       •         18 Other insolutions       •         19 Capital stock or principal fund       •         20 Paid-in or capital surplus. Attach reconciliation       •         18 Other insolutions of income per books with income per return       •         Do not complete this schedule I, the amount on Schedule L, line 13, column (d), is less than \$50,000.       •         1 Net income per books       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •       •         •       •       •       •       •         •       •       •       •       •       • <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
b Less accumulated depreciation (   11 Land •   12 Other assets •   13 Total assets •   14 Accounts payable •   15 Contributions, gifts, or grants payable •   16 Bonds and notes payable •   17 Mortgages payable •   18 Other liabilities •   19 Capital stock or principal fund •   20 Paid-in or capital surplus. Attach reconciliation   21 Retained earnings or income fund   22 Total liabilities and net worth   14 Net income per books   1 Net income per books   2 Federal income tax   2 Federal income tax   3 Excess of capital losses over capital gains   4 Income not recorded on books this year   5 Expenses recorded on books this year not deducted in this return   4 Income not recorded on books this year not deducted in this return   9 Total. Add line 7 and line 8   10 Net income per return.									
11 Land   12 Other assets   13 Total assets   14 Accounts payable   15 Contributions, gifts, or grants payable   16 Bonds and notes payable   17 Mortgages payable   18 Other liabilities   19 Capital stock or principal fund   20 Paid-in or capital surplus. Attach reconciliation   21 Total liabilities and net worth   22 Total liabilities and net worth   31 Contributions, gifts, or grants payable   19 Capital stock or principal fund   20 Paid-in or capital surplus. Attach reconciliation   21 Total liabilities and net worth   22 Total liabilities and net worth   21 Total liabilities and net worth   22 Total liabilities and net worth   32 Total liabilities and net worth   33 Excess of capital losses over capital gains   4 Income nor recorded on books	10 a	Depreci	able assets	· ·			1	N	
11 Land   12 Other assets   13 Total assets   Liabilities and net worth   14 Accounts payable   15 Contributions, gifts, or grants payable   16 Bonds and notes payable   17 Mortgages payable   18 Other liabilities   19 Capital stock or principal fund   20 Paid-in or capital surplus. Attach reconciliation   21 Total liabilities and net worth   20 Paid-in or capital surplus. Attach reconciliation   21 Total liabilities and net worth   22 Total liabilities and net worth   23 Total liabilities and net worth   24 Total liabilities and net worth   25 Excess of capital losses over capital gains   4 Income not recorded on books this year   5 Expenses recorded on books this year not deducted in this return.   4 Income per return.   9 Total. Add line 7 and line 8   10 Net income per return.				and the second se					
12 Outer assets   13 Total assets   14 Accounts payable   14 Accounts payable   15 Contributions, gifts, or grants payable   16 Bonds and notes payable   17 Mortgages payable   18 Other liabilities   19 Capital stock or principal fund   19 Capital stock or principal fund   20 Paid-in or capital surplus. Attach reconciliation   21 Total liabilities and net worth   22 Total liabilities and net worth   3 Total assets   3 Excess of capital losses over capital gains   3 Excess of capital losses over capital gains   4 Income not recorded on books this year   5 Expenses recorded on books this year not deducted in this return   0 Net income per return.									
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17 Mortgages payable   18 Other liabilities   19 Capital stock or principal fund   20 Paid-in or capital surplus. Attach reconciliation   21 Retained earnings or income fund   22 Total liabilities and net worth   23 Complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.   1 Net income per books   2 Federal income tax   3 Excess of capital losses over capital gains   4 Income not recorded on books this year   5 Expenses recorded on books this year not deducted in this return   6 9   7 Incame per return.							f spinster of		
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Schedule M-1       Reconciliation of income per books with income per return.         Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.         1       Net income per books         2       Federal income tax         3       Excess of capital losses over capital gains         4       Income not recorded on books this year         5       Expenses recorded on books this year not deducted in this return         9       Total. Add line 7 and line 8         10       Net income per return.							12 12 2 2 2 2		
1 Net income per books       •       7 Income recorded on books this year         2 Federal income tax       •       •         3 Excess of capital losses over capital gains       •       8 Deductions in this return not charged against book income this year         4 Income not recorded on books this year       •       •         5 Expenses recorded on books this year not deducted in this return       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •         •       •       •       •			M-1 Reconciliation of incor			umn (d), is les	s than <b>\$50.000.</b>		
<ul> <li>Federal income tax</li> <li>Excess of capital losses over capital gains</li> <li>Income not recorded on books this year</li> <li>Expenses recorded on books this year not deducted in this return</li> <li>Total. Add line 7 and line 8</li> <li>Net income per return.</li> </ul>	1 N	at incom			T				
<ul> <li>3 Excess of capital losses over capital gains</li> <li>4 Income not recorded on books this year</li> <li>5 Expenses recorded on books this year not deducted in this return</li> <li>9 Total. Add line 7 and line 8</li> <li>10 Net income per return.</li> </ul>						-			
4       Income not recorded on books this year <ul> <li>against book income this year</li> <li>g</li> <li>Total. Add line 7 and line 8</li> <li>Net income per return.</li> </ul> <ul> <li>Methods</li> <li>Net income per return.</li> </ul> <ul> <li>Add line 7 and line 8</li> </ul>									
5 Expenses recorded on books this year not deducted in this return       9 Total. Add line 7 and line 8         10 Net income per return.							0		
deducted in this return 10 Net income per return.									

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MAIL T0:       ANNUAL         Registry of Charitable Trusts       REGISTRATION RENEWAL FEE REPORT         P.0. Box 903447       TO ATTORNEY GENERAL OF CALIFORNIA         Sacramento, CA 94203-4470       Sections 12586 and 12587, California Government Code         Telephone: (916) 445-2021       Sections 12586 and 12587, California Government Code         WEB SITE ADDRESS:       Failure to submit this report annually no later than four months and fifteen days after the         http://ag.ca.gov/charities/       Failure to submit this report annually no later than four months and fifteen days after the         as defined in Government Code section 12586.1. IRS extensions will be honored.       IRS extensions will be honored.									
State Charity Registration Number:	ст_08141	3	Check if:						
			Chai	nge of address					
BARDEEN PARTNERS	S, INC.		Amended report						
P.O. BOX 57000			Corporate (	or Organization No.	1573198				
Address (Number and Street)	19		Federal Em	iployer I.D. No.	33-0465358				
City or Town, State and ZIP Code									
ANNUAL RE	GISTRATION R Make Che	ENEWAL FEE SCHEDULE (11 Cal. ck Payable to Attorney General's Re	Code Regs egistry of C	haritable Trusts	07, 311 and 312)				
Gross Annual Revenue	Fee	Gross Annual Revenue	<u>Fee</u>	oss Annual F	Revenue	Fee	<u>e</u>		
Less than \$25,000 Between \$25,000 and \$100,0	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million								
PART A - ACTIVITIES									
For your most recent fu Gross annual revenue	ull accounting p \$7 ,	eriod (beginning 07/01/20: 956,631. Total assets \$_	16 ena 186,	<u>06/30/</u> 636,614.	2017) list:				
		NIZATION DURING THE PE							
		estions below, you must a lich i Please review RRF-1 ir inctinust			xplanation				
1. During this reporting perio	od, were there a	ny contracts, loans, אין די סג יין	nancial trans	sactions between	the organization	Yes	No		
and any officer, director of any financial interest?	or trustee thereof	feither directly or your an erection wh	ich any sucl	h officer, director o	or trustee had		x		
2. During this reporting period or funds?	od, was there an	y theft, embezzlemei, 'r ,on or m	hisuse of the	e organization's ch	aritable property		x		
3. During this reporting period	od, did non-prog	ram expenditures exceed 50% of groa	ss revenues	?			x		
4. During this reporting period with the Internal Revenue		anization funds used to pay any pena a copy.	alty, fine or j	udgment? If you fi	iled a Form 4720		x		
5. During this reporting period	od, were the ser	vices of a commercial fundraiser or fu			le purposes used?		x		
<ul><li>if "yes," provide an attachment listing the name, address, and telephone number of the service provider.</li><li>During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.</li></ul>							x		
<ol> <li>During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</li> </ol>							x		
<ol> <li>Boos the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.</li> </ol>							x		
<ol> <li>Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?</li> </ol>						x			
Organization's area code and telephone number (949) 453-5300							_		
Organization's e-mail address									
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.									
		ERT JACOBSON		REASURER					
Signature of authorized officer Printed Name Title Date									