			STATE REGISTRATION NO. 15731			OMB No. 1545-0047
For	_ g	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2020
1 01		00	Do not enter social security numbers on this form as it may		aonoj	
Dep Inter	artment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat			Open to Public Inspection
				JUN 30, 202	21	
в	Check if applicab	C Name of	organization	D Employer ider		on number
	Addre	BARD	EEN PARTNERS, INC.			
	Name Chang	ge Doing bu	usiness as	33-046	5358	
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s BOX 57000			5300
	termi	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		13,279,729.
	Amer	ided TOTT	NE, CA 92619	H(a) Is this a grou		
	Appli		nd address of principal officer: ROBERT JACOBSON	for subordina		
	pend		AS C ABOVE	H(b) Are all subordina		
1	Tax-ex	empt status:	$501(c)(3)$ X 501(c) (4) \triangleleft (insert no.) 4947(a)(1) or			. See instructions
		ite: N/A		H(c) Group exem		
к	Form o	f organization:	X Corporation Trust Association Other ► L			tate of legal domicile: CA
_	art I	-				<u>U</u>
	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE	DULE O.		
Governance		-				
Inal	2	Check this box	if the organization discontinued its operations or disposed of m	ore than 25% of its net	assets	j
ver	3				3	5
		Number of ind	4	0		
8 8	5		of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
Activities &	6		of volunteers (estimate if necessary)		6	0
ctiv	7a				7a	0.
Ā	b		business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	().	0.
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)	().	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	541,424	1.	539,463.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,289,530).	8,018,856.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,830,954		8,558,319.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	().	0.
	14		o or for members (Part IX, column (A), line 4)	().	0.
	45		compensation, employee benefits (Part IX, column (A), lines 5-10)	().	0.
Expenses	16a		Indraising fees (Part IX, column (A), line 11e)	().	0.
ber	Ь		ng expenses (Part IX, column (D), line 25)			
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	7,627,509).	7,974,581.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,627,509).	7,974,581.
	19		expenses. Subtract line 18 from line 12	203,445	5.	583,738.
or	E C		· ·	Beginning of Current Ye	ar	End of Year
Net Assets or	20	Total assets (P	Part X, line 16)	195,444,875		215,133,557.
Ass	21	-	(Part X, line 26)	480,132		759,625.
Net	22		fund balances. Subtract line 21 from line 20	194,964,743		214,373,932.
P	art II	Signature		-		<u> </u>
Und	der pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules and sta	tements, and to the best o	f my kno	
			Declaration of preparer (other than officer) is based on all information of which prep			
			· · · · · ·			
Sic		Signature	e of officer	Date		

o.g.i										
Here	NOBERT JACOBSON, TREASURER									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	TRITIA FOSTER			self-employed P02164134						
Preparer	Firm's name 🕨 DAVIS FARR LLP		Fi	rm's EIN ▶ 47-3535842						
Use Only	Firm's address 18201 VON KARMAN	AVE, SUITE 1100								
	IRVINE, CA 92612		Pl	none no. 949 - 474 - 2020						
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						
032001 12-23	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>	
1	Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO PROMOTE THE COMMON GENERAL WELFARE OF THE RESIDENTS, PROPERTY OWNERS AND CUS RESIDE WITHIN THE BOUNDARIES OF THE IRVINE RANCH WATER DE THE COMPANY AND THE DESCRIPTION OF THE IRVINE RANCH WATER DE	STOMERS WHO ISTRICT AND	
	THE GOVERNMENTAL ENTERPRISES IN THE DISTRICT AND THE SURF	KOUNDING AREA	AS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		nd
4a	(Code:) (Expenses \$ 7,974,581. including grants of \$) (Revenue)		319.)
	BARDEEN PARTNERS WAS FORMED FOR THE PURPOSE OF ACCOUNTING		
	FINANCIAL DATA AND TRANSACTIONS FOR CERTAIN IRVINE RANCH		ICT
	REAL ESTATE INVESTMENTS, INCLUDING THE INVESTMENTS IN WOO		
	VILLAS, SYCAMORE CANYON APARTMENTS, AND IRVINE TECHNOLOGY BARDEEN PARTNERS IS GOVERNED BY A BOARD OF DIRECTORS CONS		
	FIVE MEMBERS OF IRVINE RANCH WATER DISTRICT'S BOARD OF DI		
	BARDEEN PARTNERS DOES NOT ISSUE SEPARATE FINANCIAL STATE		
	DANDEEN TAKINEKO DOED NOI IDDOE DETAKATE FINANCIAL DIATE		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
			,
4d	Other program services (Describe on Schedule O.)		
чu	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 7,974,581.)	
- 10		Form 9	90 (2020)
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 Form 990 (2020)
 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? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3	- 22	
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	
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 BARDEEN PARTNERS, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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 an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07	v	
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	Х	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	- 23	L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	A -		х
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C h		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		х
a b		7a 7b		- 23
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
C		7c		х
Ь		10		
e	It "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	o i i i i i i i i i i	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_	000	(0000)

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BARDEEN PAR	RTNERS, INC
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Check if Schedule O contains a response or note to any line in this Part VI

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

12	Enter the number of voting members of the governing body at the end of the tax year	1a	5	Yes	No No
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
h	Enter the number of voting members included on line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
-	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
-	of officers, directors, 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 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asso				X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		····· —		
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				
		,		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10k	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	n? 11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		120	Х	
3	Did the organization have a written whistleblower policy?		13		X
4	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).				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	exempt status with respect to such arrangements?		16k	Х	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 50 ⁻	l (c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest polic	y, and fina	ncial	
	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 boo CHERYL CLARY $-949-453-5300$	ks and records			
	15600 SAND CANYON AVENUE, IRVINE, CA 92618-3102				

Form 990 (2020) BARDEEN PARTNERS, INC.	33-0465358	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	t Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year end	ding with or within the organization's	s tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations)), regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per		Position (do not check more tha box, unless person is bo officer and a director/tr			than o		Reportable compensation	Reportable compensation	Estimated amount of
	week							from	from related	other
	(list any 불				the	organizations	compensation			
	hours for			eq		organization	(W-2/1099-MISC)	from the		
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal ti		oloyee	comp g				and related
	below line)	Individu	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL COOK	1.00									
GENERAL MANAGER	40.00			Х				0.	391,304.	51,088.
(2) PAUL WEGHORST	0.00									
EXECUTIVE DIRECTOR, WATER	40.00					Х		0.	285,419.	44,772.
(3) KEVIN BURTON	0.00									
EXECUTIVE DIRECTOR, TECHNICAL SERVIC	40.00					X		0.	267,751.	43,170.
(4) CHERYL CLARY	1.00									
ASST. TREASURER	40.00			Х				0.	272,858.	30,749.
(5) ROBERT JACOBSON	1.00									
TREASURER	40.00			Х				0.	245,209.	41,582.
(6) WENDY CHAMBERS	0.00									
EXECUTIVE DIRECTOR, OPERATIONS	40.00					Х		0.	243,189.	42,202.
(7) FIONA SANCHEZ	0.00									
DIRECTOR OF WATER RESOURCE	40.00					Х		0.	236,935.	41,582.
(8) BETH BEEMAN	0.00									
DIRECTOR OF PUBLIC AFFAIRS	40.00					Х		0.	246,852.	27,559.
(9) TANJA FOURNIER	1.00									
ASST. TREASURER	40.00			Х				0.	166,624.	30,588.
(10) LESLIE BONKOWSKI	1.00									
SECRETARY	40.00			Х				0.	144,858.	19,967.
(11) PEER SWAN	1.00									
VICE PRESIDENT	2.00	Х		Х				0.	32,487.	20,255.
(12) DOUG REINHART	1.00									
DIRECTOR	1.00	Х						0.	32,712.	18,354.
(13) STEVEN LAMAR	1.00									
DIRECTOR	1.00	Х						0.	31,343.	16,942.
(14) JOHN WITHERS	1.00									
PRESIDENT	1.00	Х		Х				0.	26,988.	21,144.
(15) KAREN MCLAUGHLIN	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(16) CLAIRE HERVEY COLLINS	1.00									
ATTORNEY	3.00			Х				0.	0.	0.
										– 000 (0000)

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65358Q_1

Form 990			-							33-04	65358	}	Page 8
Part VII	Section A. Onicers, Directors, Trustees, Key Employees, and Tignest Compensated Employees (COMINUED)												
hours per				Average Position				an	(D) (E) Reportable Reportable compensation compensati from from relate			(F stim mou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C) or a	from ganiz nd re	sation the cation lated ations
										0 604 50			
	1b Subtotal 0.2,624,52 c Total from continuation sheets to Part VII, Section A 0.						<u>9. 44</u> 0.	9,	<u>954.</u> 0.				
	al (add lines 1b and 1c)								0.	2,624,52	-	19,	954.
	al number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
												Ye	
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s	-		•	•	-		Ŭ	• •		3		X
4 For	any individual listed on line 1a, is the su	im of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		X	
	related organizations greater than \$150 any person listed on line 1a receive or a	,									4		
	lered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ich <u>p</u>	berse	on .				5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from													
the	organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wit	hin T		ear.			
	(A) Name and business	address							(B) Description of s	ervices	Comp	C) ensa	tion
	CELOSEAL ROOFING, INC.									<u> </u>			
832 N. LEMON STREET, ORANGE, CA 92867 ROOFING SERVICES 692,672 VINCO CONSTRUCTION CORPORATION, 4544 E. CONSTRUCTION								6/2.					
EISENHOWER CIRCLE, ANAHEIM, CA 92807 SERVICES 349,130.									130.				
	RESIDENT GROUP SERVICES, INC, DBA RGS LANDS 1156 N. GROVE STREET, ANAHEIM, CA 92806 LANDSCAPE SERVICES 261,854									854.			
	ADVANTAGE PAINTING SOLUTIONS, INC 14734 YORBA COURT, CHINO, CA 91710 PAINTING SERVICES 237,096.												
INTER	INTERIOR LOGIC GROUP PROPERTY SERVICES P.O. BOX 748724, LOS ANGELES, CA 90074 PROPERTY SERVICES 161,867.												
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5							000						

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Form **990** (2020)

		2020) BARDEEN PARTN	ERS, INC.	,		33-0465	358 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵ ۵	с	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
rtion S	f	All other contributions, gifts, grants, and					
ţ		similar amounts not included above 1f					
onti	g						
<u>0</u>	h	Total. Add lines 1a-1f	Business Code				
			Business Code				
Program Service Revenue	2 a						
Serv	b						
Ē	d						
gra Re	e						
Pro	f	All other program service revenue					
	g						
	3	Investment income (including dividends, intere					
		other similar amounts)		539,463.	539,463.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 12,344,445.					
	b						
	С						
		Net rental income or (loss)		7,623,035.	7,623,035.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	h	assets other than inventory 7a					
ø	u l	Less: cost or other basis and sales expenses 7b					
venue		Gain or (loss)					
		Net gain or (loss)					
Other Re		Gross income from fundraising events (not					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	с	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses9b					
	с	Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k					
	c	Net income or (loss) from sales of inventory					
sn		REAL ESTATE MISC INCOME	Business Code 531390	395,821.	395,821.		
) Ne ol	11 a	ALM BIATE MIDE INCOME	331390	555,021.	,021.		
illan ven	b						
Miscellaneous Revenue	C						
ž		All other revenue		395,821.			
	12	Total revenue. See instructions		8,558,319.	8,558,319.	0.	0.
03200	9 12-23		F I	, , ,	. , , -	· · · ·	Form 990 (2020)

Form 990 (2020)

BARDEEN PARTNERS, INC. Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	10101 07001303	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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 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				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	7,898,338.	7,898,338.		
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSE -	76,243.	76,243.		
b		.,	. ,		
c					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	7,974,581.	7,974,581.	0.	(
<u>5</u> 6	Joint costs. Complete this line only if the organization	.,	.,	``	
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and the solution of the solut				

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10 2020.05093 BARDEEN PARTNERS, INC.

Form 990 (2020)

	990 (2 † X	2020) BARDEEN PARTNE	RS, INC.		33-	0465358 Page 1
		Check if Schedule O contains a response or not	e to any line in this Part X			
		·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		614,635.	1	797,706
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		470.	4	10,580
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
۵	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		91,598.	9	66,346
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		194,738,172.	12	214,258,925
	13	Investments - program-related. See Part IV, line		, ,	13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		195,444,875.	16	215,133,557
	17	Accounts payable and accrued expenses		37,672.	17	65,626
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete		442,460.	21	693,999
۵	22	Loans and other payables to any current or form				
itië		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of the			22	
<u>ا</u> ۳	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	-			
			·····		25	
	26	Total liabilities. Add lines 17 through 25		480,132.	26	759,625
		Organizations that follow FASB ASC 958, che	eck here 🕨 📃			
ŝ		and complete lines 27, 28, 32, and 33.				
and	27				27	
Ba	28	Net assets with donor restrictions			28	
g		Organizations that do not follow FASB ASC 9				
<u>1</u>		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current funds		0.	29	0
Sett	30	Paid-in or capital surplus, or land, building, or ec		0.	30	0
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		194,964,743.	31	214,373,932
I				194,964,743.		214,373,932
ļę	32	Total net assets or fund balances		194,904,/43•	32	414,3/3,334

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Form	990 (2020) BARDEEN PARTNERS, INC.	33-	0465358	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,55	8,3	19.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,97	4,5	81.		
3	Revenue less expenses. Subtract line 2 from line 1	3	58	3,7	38.		
4	10						
5	Net unrealized gains (losses) on investments 5 1						
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	214,37	<u>3,9</u>	32.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate 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 year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it				
	Act and OMB Circular A-133?		<u>3a</u>		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2020)

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SCI (Form	OMB No. 1545-0047						
	nent of the Treasury Revenue Service		Inspection				
Nam	over identification number						
D		BARDEEN PARTNERS,		<u> </u>		33-0465358	
Par		ations Maintaining Donor Advise		llar Funds or Ac	count	 Complete if the 	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised fi	undo (I) [
_) Fund	s and other accounts			
1	Total number at er						
2	Aggregate value o						
3	Aggregate value o						
4		t end of year	witing that the aparts hold i				
5	-	on inform all donors and donor advisors in n's property, subject to the organization's	-			Yes No	
6		on inform all grantees, donors, and donor a					
U	0	oses and not for the benefit of the donor o	0 0		,		
	impermissible priv				0	Yes No	
Par		ation Easements. Complete if the or	panization answered "Yes" of	on Form 990. Part IV.	line 7.		
1		ervation easements held by the organization		, , ,			
		of land for public use (for example, recrea	· · · · · ·	Preservation of a histor	rically in	nportant land area	
		f natural habitat	·	Preservation of a certif		•	
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contributio	on in the form of a con	servatio	on easement on the last	
	day of the tax year			[ŀ	leld at the End of the Tax Year	
а	Total number of co	onservation easements		[2a		
b	Total acreage rest	ricted by conservation easements			2b		
с	Number of conser	[2c				
d							
	listed in the National Register						
3							
	year 🕨						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection	, handling of			
	,	orcement of the conservation easements if					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and e	enforcing conservation	easem	ents during the year	
	▶						
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation eas	ements	during the year	
_	▶\$						
8		vation easement reported on line 2(d) abov					
-		(4)(B)(ii)?				Yes No	
9		be how the organization reports conservation					
	,	d include, if applicable, the text of the footr	note to the organization's fin	ancial statements that	t descri	bes the	
Par	t III Organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical Treas	ures or Other Si	milar	<u>Assets</u>	
1 41		the organization answered "Yes" on Form					
10		elected, as permitted under FASB ASC 95		a statement and hele		at worka	
Id	•	elected, as permitted under rASB ASC 93 easures, or other similar assets held for put					
		Part XIII the text of the footnote to its finar					
h	· •				sheet w	vorks of	
	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:						
		ded on Form 990, Part VIII, line 1			▶ \$		
					► \$		
2	.,	received or held works of art, historical tre			•		
_	-	unts required to be reported under FASB A					
а	•	on Form 990, Part VIII, line 1	U U		▶ \$		
		Form 990, Part X			> \$		
		eduction Act Notice, see the Instructions				chedule D (Form 990) 2020	
	12-01-20	•			_		

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Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. (contrued) 3 Using the organization's accession, and other records, check any of the following that make significant use of its control target in the apply: a Deplite organization's accession, and other records, check any of the following that make significant use of its control target in the significant use of its control to the organization's collections and explain how they further the organization's ownpt purpose in Part XIII. 9 Provide adorption of the organization solutions of art historical treasures, or othe similar assets to to explain the integeneration's collection? Yes No Part III Escrow and Custodial Arrangements. Complete the tolowing table: Yes INo 11 The organization solution to the intermediary for contributions or other assets not included on form 500, Part X, Ine 21. Is the organization include an amount on form 500, Part X, Ine 21. 1a Ith organization acceleration to acceleration's collections on tablity? Yes INo 14 Ith organization include an amount on form 500, Part X, Ine 21. Ithe control tablity? 2a Ded the organization include an amount on form 500, Part X, Ine 21. Ithe control tablity? Yes INo 14 Eddoment tablex It			PARTNERS,						33-04			age 2
collection tems (check all that apply): Collection tems (check all that apply): Scholarly research Conter	Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	(contir	nued)	
a Public schulttion de la construction of the organization is collection's collection's collection's collection of the organization is collection of at historical treasures, or other similar assets to be sold to raise funds; rather than to be maintained as part of the organization's collection? I very in the organization answerd 'Yea" on Form 990, Part XII. So Part V very in the organization answerd 'Yea" on Form 990, Part X, line 21. If the organization answerd 'Yea" on Form 990, Part X, line 20. If 'Yes, 'sequence the part of the organization answerd 'Yea" on Form 990, Part X, line 20. If 'Yes, 'sequence the part of the organization answerd 'Yea" on Form 990, Part X, line 20. If 'Yes, 'sequence the part of the organization answerd 'Yea" on Form 990, Part X, line 20. If 'Yes, 'sequence the part of the organization answerd 'Yea" on Form 990, Part X, line 20. If 'Yes, 'sequence the part of the organization answerd 'Yea" on Form 990, Part X, line 20. If 'Yes, 'sequence the part of the organization answerd 'Yea" on Form 990, Part X, line 21, for escrew or custodial account liability? I ves No bit 'Yes, 'sequence the part of the organization answerd 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? I ves No bit 'Yes,''sequence the part of the organization answerd 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? I ves No bit 'Yes,''sequence the part of the organization answerd 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? I ves No bit 'Yes,''sequence the part of the organization answerd 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? I ves No bit 'Yes' on Form 990, Part X, line 20, for escrew or custodial account liability? I ves No bit 'sequence the part of the current year on balance (line 10, column (a)) held as: Beard designated or quasi-andownemt \sequence for the organization answerd 'Yes' on Form 990, Part X, line 10. If we interesting a part of the current year end balance (line 10, col	3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the	following that	make si	ignificant	use of its			
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Schedule D (Form 990) 2020

	(Form 990) 2020		PARTNERS,	INC
Part VII	Investments -	Other Securitie	es.	

(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market (1) Financial derivatives (2) Closely held equity interests (3) Other (a) INVESTMENT REAL ESTATE 214,258,925. END-OF-YEAR MARKET VALUE (B) (C) (C) (C) (C) (C) (D) (C) (C) (D) (C) (C) (E) (C) (C) (G) (C) (C) (G) (C) (C) (G) (C) (C) (H) (C) (C) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 214,258,925. 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) (c) Method of valuation: Cost or end-of-year market (1) (c) (a) (c) (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (b) Book value (c) Method of valuation: Cost o	
(2) Closely held equity interests	value
(3) Other	value
(A) INVESTMENT REAL ESTATE 214,258,925. END-OF-YEAR MARKET VALUE (B) (C) (C) (C) (C) (C) (D) (C) (C) (E) (C) (C) (G) (C) (C) (G) (C) (C) (H) (C) (C) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 214, 258, 925. Part VIII (C) (C) Method of valuation: Cost or end-of-year market (a) (C) Method of valuation: Cost or end-of-year market (1) (C) Method of valuation: Cost or end-of-year market (2) (C) Method of valuation: Cost or end-of-year market (3) (C) Method of valuation: Cost or end-of-year market (4) (C) Method of valuation: Cost or end-of-year market (6) (C) Method of valuation: Cost or end-of-year market (7) (C) (C) (8) (C) (C) (9) (C) (C) (a) (C) (C) (b) Inst equal Form 990, Part X, col. (B) line 13.) ► (C) (C) Other Assets. (C) <td< td=""><td>value</td></td<>	value
(B) (C) (C) (D) (E) (E) (G) (C) (G)	value
(C) (D) (D) (E) (E) (E) (F) (F) (G) (F) (H) (F) (T) (F) (G) (F) (G) (F) (G) (F) (H) (F) (F) (F) (G) (F) (F) (F) (G) (F) (G) (F) (a) (F) (B) (F) (G)	
(D) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 214, 258, 925. 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 (1) (a) (2) (b) Book value (3) (c) Method of valuation: Cost or end-of-year market (4) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market (a) (c) (b) Book value (c) Method of valuation: Cost or end-of-year market (f) (f) (g) (f) (g) (f) (f) (f) (f) (f) (g) (f) (f) (f) (g) (f) (f) (f) (f) (f) (f) (f) (g) (f) (f) (f) (f) (f) (f)	value
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(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 214, 258, 925. 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 (1) (c) Method of valuation: Cost or end-of-year market (1) (a) (2) (b) Book value (3) (c) Method of valuation: Cost or end-of-year market (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	value
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(1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(2) (3) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (7) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(4) (5) (5) (6) (7) (7) (8) (8) (9) (7) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (8) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (100, 100, 100, 100, 100, 100, 100, 100,	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
	alue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book v	alue
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(7)	
(8)	
 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 	

2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 BARDEEN PARTNERS, INC.		33-0465358 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
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		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

TENANTS WE	HO R	ENT C	OR	LEASE	FROM	BARDEEN	PARTNERS	MUST	PAY	А	SECURITY
------------	------	-------	----	-------	------	---------	----------	------	-----	---	----------

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

032054 12-01-20

SC	HEDULE J	EDULE J Compensation Information								
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	ົງດ	<u> </u>				
		Compensated Employees		20	ZU)				
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		ic				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe						
Nam	e of the organizatio			identificatio		nber				
		BARDEEN PARTNERS, INC.	33-0	046535	8					
Ра	rt I Question	s Regarding Compensation								
					Yes	No				
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or o									
	Travel for com									
		cation and gross-up payments								
		spending account Personal services (such as maid, chauffer	ir, chet)							
L	If any of the haves	on line to are checked, did the experimentian follow a written policy recording accurate an								
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46						
•				<u>1b</u>						
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ors, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
	trustees, and onice									
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's								
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization								
		ation of the CEO/Executive Director, but explain in Part III.	51110							
	Compensation									
		compensation consultant								
		ther organizations	ommittee							
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a re									
а	-	e payment or change-of-control payment?		4a		X				
b		ceive payment from a supplemental nonqualified retirement plan?		4b		X				
с		ceive payment from an equity-based compensation arrangement?		4c		X				
	If "Yes" to any of li	nes 4a.c, list the persons and provide the applicable amounts for each item in Part III.								
	-									
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n							
	contingent on the r	evenues of:								
а	The organization?			5a		X				
		ation?				X				
	If "Yes" on line 5a	or 5b, describe in Part III.								
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n							
	contingent on the r	-								
						X X				
b	b Any related organization?									
		or 6b, describe in Part III.								
7		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	IE			37				
				8		X				
9		id the organization also follow the rebuttable presumption procedure described in								
	Regulations section					<u> </u>				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2020				

032111 12-07-20

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, described in the instructions, on row (ii). 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) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PAUL COOK	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	361,304.	30,000.	0.	28,585.	22,503.	442,392.	0.
(2) PAUL WEGHORST	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	283,669.	1,750.	0.	22,269.	22,503.	330,191.	0.
(3) KEVIN BURTON	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	266,001.	1,750.	0.	21,211.	21,959.	310,921.	0.
(4) CHERYL CLARY	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	271,108.	1,750.	0.	22,269.	8,480.	303,607.	0.
(5) ROBERT JACOBSON	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	243,459.	1,750.	0.	19,079.	22,503.	286,791.	0.
(6) WENDY CHAMBERS	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	241,689.	1,500.	0.	20,243.	21,959.	285,391.	0.
(7) FIONA SANCHEZ	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	235,185.	1,750.	0.	19,079.	22,503.	278,517.	0.
(8) BETH BEEMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	245,102.	1,750.	0.	19,079.	8,480.	274,411.	0.
(9) TANJA FOURNIER	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	163,624.	3,000.	0.	13,646.	16,942.	197,212.	0.
(10) LESLIE BONKOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	143,358.	1,500.	0.	11,487.	8,480.	164,825.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
· · · · · · · · · · · · · · · · · · ·	(i)							
	ii)							
· · · · · · · · · · · · · · · · · · ·	(i)							
	ii)							

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 part for any additional information.

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.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

INC.

BARDEEN PARTNERS,



Employer identification number 33-0465358

FORM 990 PART I LINE 1

THE MISSION OF THE ORGANIZATION IS TO PROMOTE THE COMMON GOOD AND THE

GENERAL WELFARE OF THE RESIDENTS, PROPERTY OWNERS AND CUSTOMERS WHO

RESIDE WITHIN THE BOUNDARIES OF THE IRVINE RANCH WATER DISTRICT AND THE

GOVERNMENTAL ENTERPRISES IN THE DISTRICT AND THE SURROUNDING AREAS BY

ACQUIRING REAL AND PERSONAL PROPERTY TO THE BENEFIT OF THE DISTRICT AND

INDIVIDUALS HEREIN DESCRIBED.

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

BY ACQUIRING REAL AND PERSONAL PROPERTY TO THE BENEFIT OF THE DISTRICT AND INDIVIDUALS HEREIN DESCRIBED.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE ORGANIZATION'S FORM 990 TAX RETURN IS DISTRIBUTED TO THE GOVERNING BOARD OF DIRECTORS PRIOR TO ITS FILING. THE SENIOR ACCOUNTANT, ORGANIZATION TREASURER, AND BOARD OF DIRECTORS ALL REVIEW AND APPROVE BEFORE FILING. THIS FORMAL APPROVAL IS DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS MEETING AND IS A REQUIRED PROCEDURE.

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

THE ORGANIZATION HAS A FORMAL CONFLICT OF INTEREST POLICY. THE FIVE

DISTRICT (IRWD) BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF

THE BOARD OF DIRECTORS. ALL MEMBERS OF THE BOARD OF DIRECTORS OF THE

ORGANIZATION ARE REQUIRED TO SIGN THIS CONFLICT OF INTEREST POLICY ON AN

 ANNUAL BASIS. THE ORGANIZATION MONITORS THIS CONFLICT OF INTEREST POLICY BY

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BARDEEN PARTNERS, INC.	Employer identification number 33-0465358
ENFORCING ITS IMPLEMENTATION AS POLICY TO MEMBERS OF THE E	OARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND PROCEDURES	, AND ANNUAL
FEDERAL AND STATE EXEMPT TAX RETURNS ARE AVAILABLE TO ALL	MEMBERS OF THE
ORGANIZATION AS WELL AS TO THE GENERAL PUBLIC UPON A REQUE	ST MADE TO THE
TREASURER OF THE ORGANIZATION.	

FORM 990 PART XII LINE 2C

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

11120412 149072 65358Q

032161 10-28-20 LHA

Schedule R (Form 990) 2020

Related Organizations and Unrelated Partnerships

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

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

he latest information.		Inspection
	Employer ide	entification number
	33-04	65358

Name of the organization

Department of the Treasury Internal Revenue Service

BARDEEN PARTNERS, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
IRVINE RANCH WATER DISTRICT - 95-2232918							
15600 SAND CANYON ROAD							
IRVINE, CA 92619-7000	WATER DISTRICT	CALIFORNIA	501(C)(4)		N/A		х
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Attach to Form 990.

OMB No. 1545-0047

Open to Public

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Schedule R (Form 990) 2020 BARDEEN PARTNERS, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Genera manag partne	l or Percentage ^{ing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2020 BARDEEN PARTNERS, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
ο	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	
	Other transfer of cash or property from related organization(s)	1s		X

 2
 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

 (a)
 (b)
 (c)
 (d)

 Name of related organization
 (b)
 (c)
 (d)

 (1) IRVINE RANCH WATER DISTRICT
 R
 7,898,338.
 COST

 (2)
 (3)
 (4)
 (4)
 (5)

 (5)
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(6)

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Schedule R (Form 990) 2020 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 (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e Are partner 501(c org: Yes	rs sec. c)(3) s.?		(g) Share of end-of-year assets	(H Dispr tior alloca Yes	ropor- nate tions?		(j) General managin partner Yes N	(k) Percentage ownership
WNP XXI												
630 THE CITY DRIVE SOUTH												
ORANGE, CA 92668	REAL ESTATE	CALIFORNIA	REAL ESTATE		Х	539,258.	32,258,924.		X	N/A		x
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BARDEEN PARTNERS, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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