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Form 990			Under			527, or nter soc														dation	is)		<u>U/</u>		_
		of the Treasury enue Service				www.irs			-							-		-					n to F spect		1
		e 2021 calend	dar year,						1,						nding					022					
B	Check if applicab	C Name of				<u> </u>														entific	catio	n num	ber		
	Addre	BARD	DEEN	PARTI	NERS	, IN	c.																		
	Name Chang	ge Doing b	business	as														33-	-040	6535	58				
	Initial returr Final returr	Number	er and stre • BOX			f mail is r	not deli	vered	1 to st	treet	addre	ess)		R	Room/s	uite	ЕТ	eleph (94		umber 453		300			
	termi ated	n-	town, sta	ite or pro	ovince,	country,	and Z	ZIP o	r fore	əign	post	al co	le				GG	ross rec	ceipts \$		1	.4,2	56,	122	2.
	Amer		INE,		9261												H(a)	Is thi	s a gr	oup re	turn				
	Appli tion pendi	F Name a				officer: (CHER	RXI	- C	LA	RY									inates			Yes		٩٥
		SAME															H(b)			inates ind					١o
		empt status:	501	(c)(3)	X 501	(C) (1)•	◀ (insert	no.)		494	7(a)(1)) or		527				ach a				ons	
		ite:►N/A							.			her 🕨								mptior					<u></u>
	orm o art I	f organization: [Summary		oration		rust	AS	socia	lion			ner			<u> </u> L`	(ear)	ot forn	nation:	19:	91 M	Stat	e of leg	al dom	nicile:	
1 0		Briefly describ					moot		ficent	+		. 9	ਸਸ	q	СНЕ	דוח	<u>ज</u> . ।	0							—
lce	1	Briefly describ	ibe the or	ganizatio	n's mis	sion or	most	signi	ricant	tact	IVITIE	<u>n</u> :s:	66	0		00		0.							
Governance	2	Check this bo	ox 🕨 🗌	if the	e orgar	ization (discon	tinu	ed its	sope	eratic	ons or	dispo	ose	ed of m	nore	than 2	25% c	of its n	et ass	ets.				
ver	3	Number of vot																		3					5
		Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4											0												
\$ 8	5	Total number	r of individ	duals em	ployed	in caler	ndar ye	ear 2	021 ((Part	t V, li	ne 2a)							5					0
vitie	6	Total number	r of volun	teers (est	timate	fneces	sary)													6					0
Activities &	7 a	Total unrelated	ed busine	ss reven	ue fron	ו Part VI	II, colu	umn	(C), li	ine 1	12									7a					0.
_	b	Net unrelated	d busines	<u>s taxable</u>	incom	e from F	Form 9	90-1	, Par	rt I, li	ine 1	1								7b				(0.
																	Р	rior Y	ear	_		Curre	ent Ye		
e	8		ributions and grants (Part VIII, line 1h) ram service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d)										0.					<u>).</u>							
Revenue	9	•							0.				<u> </u>												
Bev	10																								
-	11	Other revenue																	3,85				<u>51,</u>		
	12	Total revenue								- 1							٥,	220	3,31	0.		0,4	91,		<u>.</u>
	13	Grants and sir					-			3)	•••••									0.					<u>).</u>
	14	Benefits paid									· · · · · · · ·		E 10)							0.					<u>).</u>
ses	15	Salaries, other Professional fi																		0.					<u>.</u>
Expenses	l lua	Total fundraisi							(ər						0.										·
Ĕ	17	Other expense							240)	_							7.	974	1,58	81.		8,1	22.	640).
	18	Total expense																	1,58			8,1			
	19	Revenue less															,		3,73				69,		
D.										<u></u>						Be	ginnin		urrent `				of Ye		
t Assets or d Balances	20	Total assets (F	(Part X, lir	ne 16)															3,55		22	21,9).
Ass	21	Total liabilities																	9,62			7	84,	272	2.
Fund	22	Net assets or	r fund bal	ances. S	ubtrac	i line 21	from I	ine 2	20		<u></u>					2	14,	373	3,93	32.	22	21,1	.68,	818	3.
	art II	Signature																							
		alties of perjury,							-											-	know	ledge a	ind bel	ief, it i	S
true	, corre	ct, and complete.	te. Declarat	ion of pre	parer (o	ther than	officer) is t	ased	on a	ll info	ormatio	on of w	whic	ch prep	arer	has an	iy knov	vledge	-					
		Cionoture	ire of office)r															oto						
Sig		, -			~ ~	am	m	~ ~										Da	ate						
Her	е		RYL C			<u>от.</u>	TKF	AS	UKI	ъĸ															

	Type of print name and title										
	Print/Type preparer's name	Preparer's signature	Date								
Paid	TRITIA FOSTER			self-employed P02164134							
Preparer	Firm's name 🕒 DAVIS FARR LLP			Firm's EIN 🕨 47 – 3535842							
Use Only	Firm's address 🖌 18201 VON KARMAN	AVE, SUITE 1100									
	IRVINE, CA 92612			Phone no. 949 – 474 – 2020							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
	000										

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	990 (2021) BARDEEN PARTNERS, INC.	33-0465358	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
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 CU RESIDE WITHIN THE BOUNDARIES OF THE IRVINE RANCH WATER D THE GOVERNMENTAL ENTERPRISES IN THE DISTRICT AND THE SUR	STOMERS WHO ISTRICT AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	KOONDING AREA	40
2	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	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$8, 122, 640. including grants of \$) (Reven		991.)
	BARDEEN PARTNERS WAS FORMED FOR THE PURPOSE OF ACCOUNTIN		
	FINANCIAL DATA AND TRANSACTIONS FOR CERTAIN IRVINE RANCH REAL ESTATE INVESTMENTS, INCLUDING THE INVESTMENTS IN WO		ICT
	VILLAS, SYCAMORE CANYON APARTMENTS, AND IRVINE TECHNOLOG		
	BARDEEN PARTNERS IS GOVERNED BY A BOARD OF DIRECTORS CON		HE
	FIVE MEMBERS OF IRVINE RANCH WATER DISTRICT'S BOARD OF D		
	BARDEEN PARTNERS DOES NOT ISSUE SEPARATE FINANCIAL STATE		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,122,640.		
		Form 9	90 (2021)
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 Form 990 (2021)
 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? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		Х
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. See instructions	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form	990	(2021)
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 Form 990 (2021)
 BARDEEN PARTNERS, INC.
 33-0465358
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

Par	t IV Checklist of Required Schedules (continued)			
			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
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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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			1
	Part V, line 1		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		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	. <u>35b</u>		
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		x	1
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	. 37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	. 38	А	L
	Chack if Schedule O contains a reasonable or note to any line in this Part V			
		<u></u>	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	162	
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on 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	-		
v	(gambling) winnings to prize winners?	1c		
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_	990 (2021) BARDEEN PARTNERS, INC.	33-0465	358	P	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vee	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Zu	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 return	I	2b		
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction				
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 Ad	counts (FBAR).			
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 that it was or is a party to a prohibited tax shelter transac		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		•	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	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 ser	vices provided to the payor?	7a		X
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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	13c			
4a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	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.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv			
			17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 49537				-
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.				

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Form 990	(2021)
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Form 990 (PARTNERS,		33-0465358	Page 6		
Part VI	Governance, Managemen	t, and Disclosur	e. For each "Yes"	response to lines 2 through 7b below, and for a "No" res	sponse		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
	Check if Schedule O contains a rea	sponse or note to any	y line in this Part V	I	X		

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		<u> </u>
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		<u> </u>
D		76		x
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	6	v	
a	The governing body?	<u>8a</u>	X	┣──
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	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 Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	Х	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
Ŭ		12c	х	
3	on Schedule O how this was done Did the organization have a written whistleblower policy?	13		x
		14		X
4	Did the organization have a written document retention and destruction policy?	14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a	──	X
	Other officers or key employees of the organization	15b	1	X
b		100		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	x	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		x	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
6a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		x	
ba b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	<u>16a</u>		
6a b ec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<u>16a</u>		
6a b ec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	16a 16b	x	ble
6a b ec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA	16a 16b	x	ble
6a b ec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16a 16b	x	ble
6a b ec 7 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16a 16b s only)	X	ble
6a b <u>ec</u> 7 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization is policy.	16a 16b s only)	X	ble
6a b <u>ec</u> 7 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website ○ X Upon request ○ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	16a 16b s only)	X	ble
6a b ec 7 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website 义 Upon request ○ Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16a 16b s only)	X	ble
6a b ec 7 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶_ <u>CHERYL CLARY - 949-453-5300</u>	16a 16b s only)	X	ble
6a b ec: 7 8 9	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website 义 Upon request ○ Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16a 16b s only) d financ	X	

Form 990 (2021) BARDEEN PARTNERS, INC.	33-0465358	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.								

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

Name and title Average hours per biolities and builts any between the intermet week Description between the intermet biolities and intermet and intermet biolities and intermet biolities and intermet and	(A)	(B)				C)			(D)	(E)	(F)
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	ATTORNEY				х				0.	0.	0.

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132007 12-09-21

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Form 990 (2021)	BARDEEN		-							33-04	16535	58	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Na	hours per box, unless person is both an compensation com							(E) Reportable compensatio from related	n	Estir amo	F) mated unt of her		
	(list any hours for related up to related up to related <td>SC/</td> <td>fror orgar and i</td> <td>ensation n the nization related izations</td>							SC/	fror orgar and i	ensation n the nization related izations			
1b Subtotal 0. 2,747,984. 490,646.									,646.				
c Total from co	ntinuation sheets to Part VI es 1b and 1c)	I, Section A)	•	0.	2,747,98	0. 34. 4	490	0. ,646.
2 Total number of	of individuals (including but n from the organization							o re					0
												Y	es No
•	zation list any former officer, s," complete Schedule J for s			•	•	-			• •			3	x
-	lual listed on line 1a, is the su ganizations greater than \$150	-							-	-		4	x
	n listed on line 1a receive or a e organization? <i>If</i> "Yes." con											5	x
Section B. Indeper				21 00		/0/0	011 .						•
	table for your five highest co on. Report compensation for										ensatior	n from	1
	(A)				<u> </u>				(B)		Con	(C)	ation
Name and business address Description of services Compensation RELIABLE RENOVATION													
P.O. BOX 78416, CORONA, CA 92877-0147 RENOVATION SERVICES 438,977 VINCO CONSTRUCTION CORPORATION, 4544 E. CONSTRUCTION													
	CIRCLE, ANAHEI TY SERVICES LLC				vo			-	SERVICES			300	<u>,655.</u>
DRIVE, CAL	LER SERVICE #20	05, SOU	TH					_	FACILITY SER	VICES	2	266	,181.
P.O. BOX 14	SSER, DBA ALL S 431, LA MIRADA,	CA 906	37	-1	43		ĽA'J		HVAC SERVICE	S	1	169	,120.
	FACILITIES MAIN 09058, SAN DIEG		-			05	8		MAINTENANCE	SERVICES	1	116	<u>,922.</u>

132008 12-09-21

Form **990** (2021)

	n 990 (ERS, INC.			33-0465	358 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	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
ស ស	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, D D D D	с	Fundraising events 1c					
ar A	d	Related organizations 1d					
s, o	е	Government grants (contributions) 1e					
rtion S	f	All other contributions, gifts, grants, and					
, pi		similar amounts not included above 1f					
ontro	g	Noncash contributions included in lines 1a-1f					
<u>ð</u> õ	h	Total. Add lines 1a-1f	Business Code				
			Business Code				
vice	2 a b						
Ser	c D						
E a	d						
Program Service Revenue	e						
Pre	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		540,214.	540,214.		
	4	Income from investment of tax-exempt bond p	Г				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a 13,364,465.					
		Less: rental expenses 6b 5,764,131. Rental income or (loss) 6c 7,600,334.					
	c c			7,600,334.	7,600,334.		
		Gross amount from sales of (i) Securities	(ii) Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<i>,</i> u	assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
venue	с	Gain or (loss)					
	d	Net gain or (loss)	>				
Other Re	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	d -	Less: direct expenses 8b					
	0 - C	Net income or (loss) from fundraising events Gross income from gaming activities. See	▶				
	5 a	Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
		Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold10b					
	с	Net income or (loss) from sales of inventory					
S			Business Code	254 445			
eon	11 a	REAL ESTATE MISC INCOME	531390	351,443.	351,443.		
llan /ent	b		├				
Miscellaneous Revenue	с С						
Ë	d	All other revenue	•	351,443.			
	<u>е</u> 12	Total revenue. See instructions		8,491,991.	8,491,991.	0.	0.
13200	9 12-09			, , ,	, .		Form 990 (2021)

Form 990 (2021)

BARDEEN PARTNERS, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 8,061,240. 8,061,240. 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 61,400. 61,400. MISCELLANEOUS EXPENSE а b С d All other expenses е 8,122,640. 8,122,640. 0. 0. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

10 2021.05060 BARDEEN PARTNERS, INC.

Form 990 (2021)

BARDEEN	PARTNERS,	INC.
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		BARDEEN PARTNERS, INC.		33-	0465358 Page 1
art		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	797,706.	1	1,177,744.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	22,109
	5	Loans and other receivables from any current or former officer, director,		_	
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
C12000	8	Inventories for sale or use		8	
É	9	Prepaid expenses and deferred charges		9	68,778
		Land, buildings, and equipment: cost or other			
	iea	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	220,684,459
	13	Investments - program-related. See Part IV, line 11	· · · ·	13	220,001,100
	14	Intangible assets		14	
	15			15	
	15 16	Other assets. See Part IV, line 11		16	221,953,090
-	17	Accounts payable and accrued expenses		17	68,685
	17 18			18	00,005
	19	Grants payable		19	
	19 20	Deferred revenue		20	
		Tax-exempt bond liabilities		20	715,587
	21 00	Escrow or custodial account liability. Complete Part IV of Schedule D	. 055,555.	21	715,507
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	<u></u>	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 05	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	00	of Schedule D	759,625.	25	784,272
-	26	Total liabilities. Add lines 17 through 25	155,025.	26	704,272
2		Organizations that follow FASB ASC 958, check here			
	07	and complete lines 27, 28, 32, and 33.		07	
	27	Net assets without donor restrictions		27	
ין ב ס	28	Net assets with donor restrictions		28	
5		Organizations that do not follow FASB ASC 958, check here X			
5.	~	and complete lines 29 through 33.	0.		<u>^</u>
Ver Assets of Fund Datances 82 22 82 28 82 28 82 82 82 82 82 82 82 82 82 82 82 82 8		Capital stock or trust principal, or current funds		29	0
	30 04	Paid-in or capital surplus, or land, building, or equipment fund	·	30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	221,168,818
	32	Total net assets or fund balances	214,373,932.	32	221,168,818
	33	Total liabilities and net assets/fund balances	215,133,557.	33	221,953,090 Form 990 (20)

132011 12-09-21

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 8,491,991. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8,122,640. 3 369,351. 3 369,351. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 214,373,932. 5 Net unrealized gains (losses) on investments 5 6,425,535. 6 Donated services and use of facilities 6 7 Investment expenses 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)) 1 221,168,818. 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)) 1 221,168,818. Part XII Financial Statements and Reporting X Yes No 1 Acc	Form	990 (2021) BARDEEN PARTNERS, INC.	33-(465358	Pa	age 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 8,491,991. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8,122,640. 3 Revenue less expenses. Subtract line 2 from line 1 3 369,351. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 214,373,932. 5 Net unrealized gains (losses) on investments 5 6,425,535. 6 7	Par	t XI Reconciliation of Net Assets								
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 122, 640. 3 Revenue less expenses. Subtract line 2 from line 1 3 369, 351. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 214, 373, 932. 5 Net unrealized gains (losses) on investments 5 6, 425, 535. 6 0 7 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)) 10 221, 168, 818. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XI								
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 122, 640. 3 Revenue less expenses. Subtract line 2 from line 1 3 369, 351. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 214, 373, 932. 5 Net unrealized gains (losses) on investments 5 6, 425, 535. 6 0 6 7										
3 Revenue less expenses. Subtract line 2 from line 1 3 369,351. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 214,373,932. 5 Net unrealized gains (losses) on investments 5 6,425,535. 6 6 6 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)) 10 221,168,818. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	1	Total revenue (must equal Part VIII, column (A), line 12)	1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 214,373,932. 5 Net unrealized gains (losses) on investments 5 6,425,535. 6 6 7 7 8 7 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)) 10 221,168,818. Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	2	Total expenses (must equal Part IX, column (A), line 25)	2							
5 Net unrealized gains (losses) on investments 5 6,425,535. 6 6 7 6 7 7 8 7 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	3	Revenue less expenses. Subtract line 2 from line 1	3							
6 6 7 7 8 7 9 0ther 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)) 10 221, 168, 818. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	4									
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)) 10 221, 168, 818. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	5	Net unrealized gains (losses) on investments	5	6,42	25, <u>5</u>	35.				
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)) 10 221, 168, 818. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	6	Donated services and use of facilities	6							
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)) 10 221,168,818. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	7	Investment expenses	7							
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)) 10 221,168,818. Part XII Financial Statements and Reporting 10 221,168,818. Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	8		8							
column (B)) 10 221,168,818. Part XII 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	9		9			0.				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other I	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
Check if Schedule O contains a response or note to any line in this Part XII		column (B))	10	221,16	<u>8,8</u>	18.				
Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Par	t XII Financial Statements and Reporting								
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII								
				_	Yes	No				
If the organization changed its method of accounting from a prior year or checked "Other " explain on Schedule O	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 on Schedule	Ο.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
separate basis, consolidated basis, or both:		separate basis, consolidated basis, or both:								
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis								
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	X	<u> </u>				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
consolidated basis, or both:		· / ·								
Separate basis X Consolidated basis Both consolidated and separate basis		Separate basis								
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	\square				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		gle Audit							
Act and OMB Circular A-133?				3a		<u> </u>				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2021)

					_				
SC	SCHEDULE D Supplemental Financial Statements								
	n 990)		anization answered "Yes			2021			
Doport	mont of the Treesury), 11a, 11b, 11c, 11d, 11e Attach to Form 990.	, 11f, 12a, or 12b.		Open to Public			
Department of the Treasury Internal Revenue Service For my 990. For instructions and the latest information.									
Name of the organization Employer ide BARDEEN PARTNERS, INC. 33-									
BARDEEN PARTNERS, INC. 33-0465358 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
		n answered "Yes" on Form 990, Part IV, lir			00				
			(a) Donor advised	d funds (b) Funds and o	ther accounts			
1	Total number at e	nd of year							
2		f contributions to (during year)							
3	Aggregate value o	f grants from (during year)							
4	Aggregate value a	t end of year							
5	-	on inform all donors and donor advisors in	-		_				
_		on's property, subject to the organization's				Yes No			
6	•	on inform all grantees, donors, and donor a	• •						
		poses and not for the benefit of the donor o			-				
Pa		ate benefit? ation Easements. Complete if the or				Yes No			
1		servation easements held by the organizati		0110111330,1 attiv,					
•		n of land for public use (for example, recrea		Preservation of a histo	rically importan	it land area			
		of natural habitat		Preservation of a certi					
	Preservation	n of open space							
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribu	tion in the form of a cor	servation ease	ment on the last			
	day of the tax yea	r.			Held at t	he End of the Tax Year			
а	Total number of c	onservation easements			2a				
b	Total acreage rest	ricted by conservation easements			2b				
С	Number of conser	vation easements on a certified historic str	ucture included in (a)		2c				
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure								
		nal Register			2d				
3		vation easements modified, transferred, re	leased, extinguished, or te	erminated by the organiz	zation during th	e tax			
	year								
4		where property subject to conservation east		on handling of					
5		tion have a written policy regarding the per forcement of the conservation easements in			Г	Yes No			
6	,	r hours devoted to monitoring, inspecting,		d enforcing conservatio					
Ŭ			nanding of violations, and			ing the year			
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enfo	orcing conservation eas	ements during	the year			
	▶\$.	C C	C C				
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements	s of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?				Yes No			
9									
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the								
Da	organization's acc	ounting for conservation easements. ations Maintaining Collections of	f Art Historical Trac	sures or Other S	milar Accot				
Fai		f the organization answered "Yes" on Form			inniai Asset				
10		elected, as permitted under FASB ASC 95		nue statement and hale	noo aboot work				
Id		· ·	•			2			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.								
b	•	elected, as permitted under FASB ASC 95			sheet works of	:			
	-	sures, or other similar assets held for public	· ·						
		ing amounts relating to these items:	. ,						
	-	ded on Form 990, Part VIII, line 1			▶ \$				
					▶ \$				
2	If the organization	received or held works of art, historical tre	asures, or other similar as	sets for financial gain, p	orovide				
	-	unts required to be reported under FASB A	-						
		on Form 990, Part VIII, line 1			► \$				
		Form 990, Part X			► \$ 				
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s tor form 990.		Schedul	e D (Form 990) 2021			

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132051 10-28-21

Sche		PARTNERS,						33-04	65358	3 р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	⁻ Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	t make sig	nificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how tł	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if th	e organizatio	on answered	"Yes" on I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:							
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
	Ending balance										
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabilit	y?	X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									X	
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10	0.				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back 🛛 🕻	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	-	ation tha	at are held ar	nd administer	red for the	organiza	ation			
	by:	0					U]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	<u>u</u>									
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Boo	k valu	e
	, , , , , , , , , , , , , , , ,	basis (investr		• •	(other)	.,	reciation		()		-
1 a	Land		· ·								
b	Buildings			1							
	Leasehold improvements			1							
	Equipment										
	Other			1							
	. Add lines 1a through 1e. (Column (d) must e		X colu	nn (B) line 1	00)						0.
		yuun onn 330, Fall			<u></u>			Schedule	D (Forn	1 990	
									,,		

132052 10-28-21

Schedule D (Form 990) 2021 BARDEEN PAR	TNERS, INC.	33-	-0465358 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT REAL ESTATE	220,684,459.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	220,684,459.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements th	at 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) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 BARDEEN PARTNERS, INC.		33-0465358 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
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:		
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 Statem	-	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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:	1 1	
а	Donated services and use of facilities	. 2a	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
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.

132054 10-28-21

SC	HEDULE J	I	545-004	47		
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
-	-	Compensated Employees		20		l
Deres		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	n	Employer	identificatio	on nur	nber
		BARDEEN PARTNERS, INC.	33-0	046535	8	
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.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for con	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
				1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Found time Directory but any later in Directory b	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant				
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		x
b		e payment or change-of-control payment?				X
		ceive payment from an equity-based compensation arrangement?				X
U	-	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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the					
а	-			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?	-		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2021

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-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL COOK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	380,108.	30,000.	0.	30,538.	23,820.	464,466.	0.
(2) PAUL WEGHORST	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,151.	2,000.	0.	23,726.	23,820.	339,697.	0.
(3) KEVIN BURTON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	287,928.	1,750.	0.	23,244.	22,725.	335,647.	0.
(4) CHERYL CLARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	282,666.	2,000.	0.	23,726.	8,987.	317,379.	0.
(5) WENDY CHAMBERS	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR, OPERATIONS	(ii)	257,813.	1,750.	0.	22,203.	22,725.	304,491.	0.
(6) FIONA SANCHEZ	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF WATER RESOURCE	(ii)	254,259.	2,000.	0.	20,327.	23,820.	300,406.	0.
(7) ROBERT JACOBSON	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	246,493.	2,000.	0.	20,327.	23,820.	292,640.	0.
(8) JOSE ZEPEDA	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF RECYCLING OPERATIONS	(ii)	234,390.	2,000.	0.	20,256.	23,820.	280,466.	0.
(9) JENNIFER DAVIS	(i)	0.	0.	0.	0.	0.	0.	0.
ASST. TREASURER	(ii)	156,925.	1,750.	0.	13,367.	18,521.	190,563.	0.
(10) LESLIE BONKOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	155,472.	1,500.	0.	12,239.	8,987.	178,198.	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) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

BARDEEN PARTNERS, INC.

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) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BARDEEN PARTNERS, INC.	Employer identification number 33-0465358
	55 0405550
ENFORCING ITS IMPLEMENTATION AS POLICY TO MEMBERS OF THE E	BOARD 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.

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132161 11-17-21 LHA

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

2021

Open to Public

Inspection Employer identification number

33-0465358

Name of the organization

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)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	ent	tity?
				501(c)(3))		Yes	No
IRVINE RANCH WATER DISTRICT - 95-2232918							
15600 SAND CANYON AVENUE							
IRVINE, CA 92618	WATER DISTRICT	CALIFORNIA	501(C)(4)		N/A		Х

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

Schedule R (Form 990) 2021



SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2021 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)	(I	n)	(i)	(j)				
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 tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io			

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	Primary activity Legal domicile (state or foreign		(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) 2021 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.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
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		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g		1g		X	
h	Purchase of assets from related organization(s)	1h		Х	
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	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X		
	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		
S	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IRVINE RANCH WATER DISTRICT	R	8,061,240.	COST
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 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)	(b)	(c) Legal domicile (state or foreign country)	(related, unrelated, excluded from tax under	(e) Are all partners sec. 501(c)(3) orgs.?		(f)	(g)	(ľ	1) (i)	(i)	(i)		(k)
Name, address, and EIN	Primary activity					Share of	Share of	Dispr tion	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	eral or	Percentage ownership
of entity						total	end-of-year	allocatio	tions?	of Schedule K-1	partner?		ownership
				Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
	_												
WESTERN NATIONAL PARTNERS XXI	_												
- 33-0472262, 8 EXECUTIVE													
CIRCLE, IRVINE, CA 92614	REAL ESTATE	CALIFORNIA	REAL ESTATE		Х	540,002.	34,194,459.		X	N/A		X	100%
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Schedule R (Form 990) 2021

BARDEEN PARTNERS, INC.

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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