# AGENDA BOARD OF DIRECTORS OF THE IRVINE RANCH WATER DISTRICT

# IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION LLC SPECIAL MEETING

### FEBRUARY 12, 2018

CALL TO ORDER 5:15 P.M., Irvine Ranch Water District Board of Directors Meeting Room 15600 Sand Canyon Ave., Irvine, Calif.

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

# 1. <u>APPROVAL OF MINUTES</u>

Recommendation: Approve the minutes of June 12, 2017 annual meeting.

## 2. STATE AND FEDERAL EXEMPT ORGANIZATION TAX FILING

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

Recommendation: Approve both the State and Federal Exempt Organizational Filings for the Water Service Corporation LLC for calendar year 2016.

- 3. COMMUNICATIONS
- 4. <u>ADJOURNMENT</u>

# NOTICE OF SPECIAL MEETING OF BOARD OF DIRECTORS OF IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION LLC

To: Steve La Mar, Doug Reinhart, John Withers and Peer Swan, Members of the Board of Directors of Water Service Corporation LLC.

Pursuant to the call of the President of the Irvine Ranch Water District Water Service Corporation, notice is hereby given that a Special Meeting of the Board of Directors of Water Service Corporation has been called and will be held on February 12, 2018, at the hour of 5:15 p.m. of said day in the Board of Directors' meeting room of the Irvine Ranch Water District, 15600 Sand Canyon Avenue, Irvine, California, for the purpose set forth in Exhibit "A" attached hereto and by this reference made a party hereof.

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

May ala Matheii

Mary Aileen Matheis President

# MINUTES OF ANNUAL MEETING OF THE IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

# June 12, 2017

The Annual Meeting of the Irvine Ranch Water District (IRWD) Water Service Corporation was called to order by President Matheis at 6:35 p.m. in the Board of Directors meeting room of the principal office of the Irvine Ranch Water District, 15600 Sand Canyon Avenue, Irvine, California.

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

Commissioners Absent: Reinhart

Also present: Treasurer Jacobson, and Secretary Bonkowski of the Irvine Ranch Water District Water Service Corporation, Legal Counsel Smith, and members of the IRWD staff and the public.

# APPROVAL OF MINUTES

On <u>MOTION</u> by Withers, seconded and unanimously carried, THE MINUTES OF THE SPECIAL MEETING ON JANUARY 23, 2017 WAS APPROVED AS PRESENTED.

COMMUNICATIONS - None

ADJOURNMENT

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

Dated: July 12, 2017

Leslie Bonkowski, Secretary

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

Mary Aileen Matheis, President

APPROVED AS TO FORM:

Legal Counsel, IRWD Water Service Corporation

	~		Return of Organi	zation Exempt	From l	ncome Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(	a)(1) of the Internal Revenue	e Code (exc	ept private foundation	<sup>15)</sup> 2016
Department of the Treasury				curity numbers on this form			Open to Public Inspection
		ue Service	Information about For	m 990 and its instructions is	s at www.in	UN 30, 2017	mopeouon
			ar year, or tax year beginning JU		renaing 0	D Employer identifi	cation number
B Ch ap	eck if plicable		<sup>i</sup> organization NE RANCH WATER DIST	RICT WATER			oution name.
_	Addres	S GEDIT	ICE CORPORATION				
	change Name	-	usiness as			91-1	874346
	change Initial return		and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephone numbe	r
1	Final		BOX 57000	,		(949	
·	return/ termin- ated		own, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	129,563,456.
	Amend		NE CA 92619			H(a) Is this a group r	
	Applica	F Name a	nd address of principal officer: CHEF	RYL CLARY		for subordinates	
	pendin	<sup>9</sup> SAME	AS C ABOVE			H(b) Are all subordinates in	
1 Ta	ахюхе	mpt status:	501(c)(3) X 501(c) ( 4 )	(insert no.) 4947(a)(1)	) or 527		l list. (see instructions)
JW	/ebsit	e:▶N/A				H(c) Group exemption	
K Fo	orm of		X Corporation 🔲 Trust 🔲 Ass	ociation 🚺 Other 🕨	L Year	of formation: 1997	M State of legal domicile: CA
Pa	rtl	Summary	v :		CHEDI	U.F. O.	
e	1	Briefly describ	e the organization's mission or most s	Bignificant activities:	SCHED		
Activities & Governance			x 🕨 🛄 if the organization discon	tipued its operations or dispo	need more	25% of its net as	sets.
Jern			ting members of the governing body (	Part VI line 1a)		3	5
ခြ			lependent voting members of the governing body (				0
š			of individuals employed in calendar ye				0
iți			of volunteers (estimate if necessary)				0
lĘi			d business revenue from Part VIII, col				0.
Ă			business taxable income from Form S			7b	
						Prior Year	Current Year 0.
a	8	Contributions			X	0.	0.
Revenue			ice revenue (Part VIII, line 2g)			2,853,000.	and the second se
) Š			come (Part VIII, column (A), lines 3, 4,			6,545,000.	
- 1			e (Part VIII, column (A), lines 5, 6d, 8c,			9,398,000.	
-			<ul> <li>add lines 8 through 11 (must equal l milar amounts paid (Part IX, column (A</li> </ul>			0.	
			to or for members (Part IX, column (A)			0.	0.
			r compensation, employee benefits (P			0.	
Expenses			undraising fees (Part IX, column (A), li			0.	0.
ben			ing expenses (Part IX, column (D), line		0.		
EX			es (Part IX, column (A), lines 11a-11d,			9,398,000.	
	18	Total expense	es. Add lines 13-17 (must equal Part I)	(, column (A), line 25)		9,398,000.	
	19	Revenue less	expenses. Subtract line 18 from line			0.	0.
Assets or d Balances					_	eginning of Current Year 55,627,000.	End of Year 124,170,583.
sets						55,627,000	
et As						<u> </u>	
Net	22 Irt II	Net assets or Signatur	fund balances. Subtract line 21 from	line 20			••
		Signatur	I declare that I have examined this return,	including accompanying schedul	les and staten	nents, and to the best of m	v knowledge and belief, it is
true	correc	atties of perjury,	e. Declaration of preparer (other than office	r) is based on all information of v	which prepare	r has any knowledge.	· · · · · · · · · · · · · · · · · · ·
1110,	COLLER		. Doubration of proper of joints, that office				
Sig	n	Signatur	e of officer			Date	
Her				OF FINANCE - I	RWD		
		Type or	print name and title			Data	DTIN
		Print/Type pre		Preparer's signature		Date Check	
Paid		JENNIFE				self-empi	1 0 0 0 0 1 0
	arer	Firm's name	DAVIS FARR LLP			Firm's EIN	47-3333044
Use	Only	Firm's addres	S 2301 DUPONT DRIV	E, SUITE ZUU		Phone po Q	49-474-2020
			IRVINE, CA 92612			Phone no. 9	X Yes No
May	/ the I	RS discuss th	is return with the preparer shown abo	ver (see instructions)			Eorm 990 (2016)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	IRVINE RANCH WATER DISTRICT WATER
	990 (2016) SERVICE CORPORATION 91-1874346 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
1	Briefly describe the organization's mission: THE CORPORATION WAS FORMED FOR PURPOSES WHICH INCLUDE THE RENDERING OF
	FINANCIAL ASSISTANCE TO IRVINE RANCH WATER DISTRICT AND THE
	ACQUISITION BY PURCHASE OR OTHER MEANS OF WATER COMPANIES OR ANY
	INTEREST THEREIN FOR THE BENEFIT OF THE DISTRICT. THE ORGANIZATION HAS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Type X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	PROVIDED FINANCIAL ASSISTANCE TO IRVINE RANCH WATER DISTRICT.
4b	(Code:) (Expenses \$ including gr: , of \$ ) (Revenue \$)
4c	(Code:         ) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
	Form <b>990</b> (2016)
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	990 (2016) SERVICE CORPORATION 91-1874	1346	Р	age 3
Pa	t IV Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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, orot negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily strict ordowments, permanent			
10	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete "che ale D, Parts VI, VII, VII, IX, or X	10	7	
••	as applicable.	1	<u>(</u> )	
2	Did the organization report an amount for land, buildings, and equipment in $P_{\tau} \simeq 10^{\circ}$ line 10° Yes, " complete Schedule D,			
a		11a		x
ь	Part VI Did the organization report an amount for investments - other securities in Part X, 12 that is 5% or more of its total	1.0		
U	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part</i>	11b		х
~	Did the organization report an amount for investments - program relr d in F <sup>1</sup> ine 13 that is 5% or more of its total			
U		11c		х
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part         Did the organization report an amount for other assets in Part X         15 tr.       5% or more of its total assets reported in	1.0		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
•	Did the organization report an amount for other liabilities in X, line ?? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial staten. fr the tax year include a footnote that addresses	110		
f	the organization's liability for uncertain tax positions under FIN 48 (A, C 740)? If "Yes," complete Schedule D, Part X	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
12a		100		x
Ŀ	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
d	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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	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	1000		v
	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,			v
	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,"	0.000		.,
	complete Schedule G. Part III	19		X
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Pa	rt IV Checklist of Required Schedules (continued)			•		
			Yes	No		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X		
b		20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	x			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
2-70	last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete</i>					
		24a	x			
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		<u> </u>		
U		24c		x		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in - excess benefit	240		<u> </u>		
<b>2</b> 0a		25a		x		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part Is the organization aware that it engaged in an excess benefit transaction with a disquality of person a prior year, and	200				
b	that the transaction has not been reported on any of the organization's prior Forms 9° or 990-EZ? II "Yes," complete					
		25b		x		
00	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from convables to any current or	200		<u> </u>		
26	former officers, directors, trustees, key employees, highest compensated employees or dis lifed persons? If "Yes,"					
		26		x		
07	complete Schedule L, Part II	20		<u></u>		
27	Did the organization provide a grant or other assistance to an officer, director, true is, key employee, substantial					
	contributor or employee thereof, a grant selection committee member 35% ntrolled entity or family member	07		x		
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27	-			
28	Was the organization a party to a business transaction with one of the ving parties (see Schedule L, Part IV		1			
	instructions for applicable filing thresholds, conditions, and excerning):	00-		x		
a		28a		X		
b		28b	<u> </u>			
c	An entity of which a current or former officer, director, trustee, o. , ployee (or a family member thereof) was an officer,			x		
	director, trustee, or direct or indirect owner? If "Yes," complete Sche Jule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x		
	contributions? If "Yes," complete Schedule M	30				
31	Did the organization liquidate, terminate, or dissolve and cease operations?	20				
	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	<u> </u>	X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	200	v			
	Part V, line 1	34	X	17		
35a		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		<u> </u>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<b>—</b>	X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	2772				
	Note. All Form 990 filers are required to complete Schedule O	38	X			

Form **990** (2016)

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Form 990 (2016)

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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.15		
	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 e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	,,	<u>3b</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: >			13
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		11	
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 shelte ansaction?	5b		X
с	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 o organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement the such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 17/			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and aruy Js and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or service vided?	7b		
c	where the second s			
•	to file Form 8282?	7c	_	X
d				
e	Did the organization receive any funds, directly or indirectly, to romu on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly indirection on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified inteller of proper did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplan or oner vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Dia donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
Ğ	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		1
10	Section 501(c)(7) organizations. Enter:			
a	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		5.3	
11	Section 501(c)(12) organizations. Enter:			100
a	Gross income from members or shareholders	1.1	. T	f i ra
b	Gross income from other sources (Do not net amounts due or paid to other sources against			2.01
D	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
12	Section 501(c)(29) qualified nonprofit health insurance issuers.			1.00
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>—</b>
а	Note. See the instructions for additional information the organization must report on Schedule O.	104		
			1.00	
b		1,	1728	
	- 9-		1	
C	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		╞╧
n	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Form 990 (2016)

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Form 990 (2016)

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a5			
	If there are material differences in voting rights among members of the governing body, or if the governing		1.1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		<b>b</b> 1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	Part and		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) memory, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken wing the solution by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in '	9		X
Sec	tion B. Policies (This Section B requests information about policies not required byternal Revenue Code.)			
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures g arnin rivities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organ is exempt purposes?	10b	37	<u> </u>
	Has the organization provided a complete copy of this Form 99° "me. rs of its governing body before filing the form?	<u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the orge .ation view this Form 990.		х	
	Did the organization have a written conflict of interest polic, "No," g o line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disc. or .ally interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х	
	in Schedule O how this was done	12c 13	-11	x
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		x
	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>CA</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	)	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHERYL CLARY - 949-453-5300		_	
	15600 SAND CANYON AVENUE, IRVINE, CA 92618		000	
632006	s 11-11-16	Form	990	(2016)

Form 990 (2016)

## IRVINE RANCH WATER DISTRICT WATER

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#### Form 990 (2016) 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

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

SERVICE CORPORATION

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A)	(B)		(C			(C) osition		(D)	(E)	(F)
Name and Title	Average hours per	(do	do not che		not check more than one unless person is both an		one	Reportable compensation	Reportable compensation	Estimated amount of
	week					officer and a director/trustee)		frc	from related	other
	(list any	ector							organizations	compensation
	hours for	or dire	93			ated		0r וו⊾ ח	(W-2/1099-MISC)	from the
	related	Jstee	truste		8	Shens		(M´ `1099-№ı,		organization and related
	organizations below	lual tr	tional		nploy	yee	-	IL D		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY AILEEN MATHEIS	1.00					1				
PRESIDENT	6.00	X		X			<u>r</u> 1	L 0.	29,379.	13,502.
(2) DOUG REINHART	1.00				1.1					
VICE PRESIDENT	3.00	X		X		÷		<u>٥.</u>	27,315.	15,110.
(3) STEVE LAMAR	1.00			A		2			05 005	45 440
DIRECTOR	3.00	X		$\geq$	-	4		0.	27,097.	15,110.
(4) JOHN WITHERS	1.00	I								
DIRECTOR	3.00	X	_	-	t i	-		0.	27,774.	20,603.
(5) PEER SWAN	1.00				18			0.	29,105.	21,258.
DIRECTOR	5.00	X	-		-	⊢	-	U.	<u>29,105</u> .	21,230.
(6) LESLIE BONKOWSKI	1.00 40.00			x				0.	122,263.	34 954
SECRETARY (7) ROBERT JACOBSON	1.00	$\vdash$		⊢≏	-	$\vdash$		0.	122,203.	34,954.
TREASURER	40.00	1		x				0.	208,262.	61,794.
INEASORER	1 10.00	-		<u> </u>					20072020	01/1010
		1								
2 <del></del>										
		1								
x										
					<u> </u>	_				
		⊢	⊢	<u> </u>	-	-				
		1								
		┢	⊢			⊢	-			
3		┢			⊢	⊢				
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)		$\vdash$	$\vdash$		F					
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632007 11-11-16

	NE RANCH WAT			STF	RIC	Т	WATER	91-19	74346	Page 8
	ICE CORPORAT		_	nd Lli	aboo	+ 0	omponented Employee		74540	age •
	rs, Trustees, Key Emp (B)	loyee	es, a	(C)	gnes	10	(D)	s (continued) (E)	(F)	
(A)	Average		P	ositio	n		Reportable	(⊏) Reportable	Estima	ted
Name and title	hours per			ck more person			compensation	compensatio		
	week			a direct			from	from related	othe	
	(list any	ctor					the	organizations	compens	ation
	hours for	direc			g		organization	(W-2/1099-MIS	C) from t	he
	related	tee or	ustee		ensat		(W-2/1099-MISC)		organiza	ation
	organizations	I trus	nal tr	oyee	dimo				and rela	
	below	Individual trustee or director	Institutional trustee	urricer Key employee	Highest compensated employee	Former			organiza	tions
	line)	Indi	Inst	Key	Hig	For				
		$\square$	_	_		_				
				_		-				
		$\vdash$	+	+						
		$\vdash$	-	+	-					
		1								
		$\vdash$	-	-		-				
				+	+	-				
		┝─┢		+	+	-				
		1			1.3					
		$\vdash$		+	+		└────			
		11		1.1						
				-'-	<b>-</b>	-	+0.	471,19	5. 182,	331.
1b Sub-total					7		0.		0.	0.
c Total from continuation sheets to							0.	471,19	7020-01	
<ul> <li><u>d</u> Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (includi</li> </ul>			tod			-				<u> </u>
		US	steu	aL	⇒) wr	UTE	eceived more than \$100,			0
compensation from the organizatio	n	-	5	7					Yes	
3 Did the organization list any forme	- officer director or tri	istoo	kov	ank	0000	or	highest compensated er	mplovee on		1.
									3	X
<ul><li>line 1a? <i>If</i> "Yes," complete Schedu.</li><li>4 For any individual listed on line 1a,</li></ul>										1
4 For any individual listed on line 1a, and related organizations greater tl									4 X	
5 Did any person listed on line 1a rec										
rendered to the organization? If "Y									5	X
Section B. Independent Contractors	es. complete Schedul	2 1 10	500	ILDEL	5011 .					
1 Complete this table for your five his	nhest compensated inc	lepen	dent	contr	ractor	s ti	hat received more than \$	3100,000 of comp	ensation from	
the organization. Report compensation										
the organization, heport compense	(A)	our or	i cin rej	, which i	01 111		(B)		(C)	
Name and t	ousiness address	NO	NE			. 1	Description of s	services	Compensat	ion
								×		
			_							
2 Total number of independent contr	ractors (including but n	ot lim	ited 1	to tho	se lis	ted	above) who received m	ore than		
\$100,000 of compensation from th				_	0					N.

Form **990** (2016)

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Form 990 (2016) SERVICE
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to any line	in this Part VIII			
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20 00	1 a	Federated campaigns	a				
Contributions, Gifts, Grants and Other Similar Amounts			b				and the second
			c				an an as the first
			d		10.11		1
			e	2 3 2 3 3 -			1.1.1.1.1.1.1
	f	All other contributions, gifts, grants, and					
			f		1.1.1.1.1.1.1.1		
	g	Noncash contributions included in lines 1a-1f: \$					
and	h	Total. Add lines 1a-1f				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			Business Code	1. T.Y. 1. T.Y.			
8	2 a						
ž a	b						
Program Service Revenue	С						
Tan	d						
5 E	е						
٩		All other program service revenue					The second second
-		Total. Add lines 2a-2f					
	3	Investment income (including dividends,		5,683,456.	5,683,456.		0
		other similar amounts)		5,005,450.	5,005,450.		
- 1	4	Income from investment of tax-exempt b	20				
	5	Royalties(i) Re			-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6 .			uine - stiffing			4-7-24
	6 a b		0.				
	c	D					4 - F - F - F - F
				7,135,000.	7,135,000.		
		Gross amount from sales of (i) Secu	and a second			A	
		assets other than inventory			S		A 25 & 5 Br
	b	Less: cost or other basis					9
		and sales expenses		1 - D. (J. 197	S 10 1 1 1 1 1		
	с			1. 1. 1. 1. 1.			
	d	Net gain or (loss)	►				
o	8 a	Gross income from fundraising events (r	ot				
Ž		including \$ of					the perile
Other Revenu		contributions reported on line 1c). See			1 1 A 2 1 1 1 1		1
鉴		Part IV, line 18	a	N 1 1 1			
١Ę		Less: direct expenses					
۲ľ		Net income or (loss) from fundraising evo					
	9 a	Gross income from gaming activities. Se			1 64 5 10 10		1
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activiti	es		8 × 1		
	10 a	Gross sales of inventory, less returns		2			
	h	and allowances Less: cost of goods sold		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Net income or (loss) from sales of invent					
	0	Miscellaneous Revenue	Business Code				
ł	11 a	TAX-EXEMPT BOND PROCEEDS	900099	116,745,000.	116,745,000.		
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		116,745,000.			
	12	Total revenue. See instructions.		129,563,456.	129,563,456.	0	
632009	9 11-11						Form <b>990</b> (2016)

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2016.05050 IRVINE RANCH WATER DISTRI 74346Q\_1

#### Form 990 (2016)

Part IX Statement of Functional Expenses

#### IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

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#### 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 (D) Fundraising (A) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 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 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 Management а Legal b Accounting С d Lobbying 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 5,683,456. 5,683,456. 20 Interest 74,064,214. 74,064,214. Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 -----Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 49,345,000. 49,345,000. RETIREMENT OF LT DEBT а 470,786. OTHER EXPENDITURES -470,786. IS b С d All other expenses е 0.129,563,456. 0. 129,563,456. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if following SOP 98-2 (ASC 958-720)

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#### 14230208 149072 743460

Form **990** (2016)

2016.05050 IRVINE RANCH WATER DISTRI 74346Q\_1

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Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	Ver 1 vin gesterdi		224 1 1 1 1 1 1 1 1 1 1
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		- < /	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
g		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	892,000.	9	2,035,583.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	54,735,000.	14	122,135,000.
	15	Other assets. See Part IV, line 11	55,627,000.	15	124,170,583.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,027,000.	16 17	124,110,303.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		19	
	19	Deferred revenue	54,735,000.	20	122,135,000.
	20	Tax-exempt bond liabilities	51,755,000.	21	102/200/0001
	21	Escrow or custodial account liability. Complete Part IV Scheu, D		21	
ies	22	Loans and other payables to current and former offic. director: rustees, key employees, highest compensated employees, and dis "if", persons.			
Liabilities		Complete Part II of Schedule L		22	
Lial	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	892,000.	25	2,035,583.
	26	Total liabilities. Add lines 17 through 25	55,627,000.	26	124,170,583.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
ر س		complete lines 27 through 29, and lines 33 and 34.			
jCe	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		28	
q	29	Permanently restricted net assets		29	
Ŭ.		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗴		i. ii	
orF		and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds	0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Ż	33	Total net assets or fund balances	0.	33	0.
	34	Total liabilities and net assets/fund balances	55,627,000.	34	124,170,583.

Form **990** (2016)

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IRVINE	RANCH	WATER	DISTRICT	WATER
SERVICE	CORPO	DRATION	1	

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Forn	1990 (2016) SERVICE CORPORATION	91-	18743	346	Pag	<sub>je</sub> 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	129,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,	563	,4	
3	Revenue less expenses, Subtract line 2 from line 1	3				0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10				0.
Pa	column (B)) 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
Ut -	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," ex ain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent acco +?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year wer- complex reviewed	on a	1			
	separate basis, consolidated basis, or both:		1	5 (5)	1	
	Separate basis Consolidated basis Both consolidated a sep ate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the sor were aed on a separate	basis,				
	consolidated basis, or both:			1.0		
	Separate basis X Consolidated basis Both consolidatec separate basis			. 3		
с	If "Yes" to line 2a or 2b, does the organization have a committee that es resk_sibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an upper countant?			2c	х	
	If the organization changed either its oversight process or selection p. , during the tax year, explain in Sche	dule O.				
3a	As a result of a federal award, was the organization required to a organiza	gle Aud	it	24		171.9
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or the r					
	or audits, explain why in Schedule O and describe any steps tak or dergo such audits			3b		
				Form S	<b>990</b> (	2016)

632012 11-11-16

## 14230208 149072 74346Q

12 2016.05050 IRVINE RANCH WATER DISTRI 74346Q\_1

SC	HEDULE D Supplemental Financial Statements	OMB No. 1545-0047
	990) Complete if the organization answered "Yes" on Form 990.	2016
Departi	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/fc	
Nam	e of the organization IRVINE RANCH WATER DISTRICT WATER	Employer identification number 91-1874346
Par	SERVICE CORPORATION t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Act	
Pal	organizations maintaining bonor Advised Funds of Other Similar Funds of Adv organization answered "Yes" on Form 990, Part IV, line 6.	Complete il tre
		) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	s
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	ng
1	impermissible private benefit?	Yes No
Par		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contretion the form of a contretion of a contretion contretion contretion of a contretion contretion of a contretion co	
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b 2c
c	Number of conservation easements on a certified historic structure included in (a, Number of conservation easements included in (c) acquired after 8/17/ <sup>r</sup> , + not + a historic structure	20
d		2d
3	listed in the National Register Number of conservation easements modified, transferred, released, e	
3	year	
4	Number of states where property subject to conservation ear nent is rateo	
5	Does the organization have a written policy regarding the p. vic moni ing, inspection, handling of	
-	violations, and enforcement of the conservation easements it he	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the orga	anization's accounting for
	conservation easements.	miler Acceto
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	ublic service, provide, in Part All,
Ŀ	the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public serv	
	relating to these items:	tes, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	► \$
	Assets included in Form 990, Part X	\$
-	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2016
	08-29-16	

13 2016.05050 IRVINE RANCH WATER DISTRI 74346Q\_1

# IRVINE RANCH WATER DISTRICT WATER

Sche	dule D (Form 990) 2016 SERVICE	CORPORATIO	ON			91-1	874346	Page 2
	t III Organizations Maintaining Co			easures, o	r Other S			
3	Using the organization's acquisition, accessic	on, and other records	s, check any of the	following that	t are a signif	icant use of its	s collection it	ems
	(check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	the organizatio	on's exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations c	of art, historical trea	asures, or othe	er similar as:	sets		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organizati	on answered '	"Yes" on Fo	rm 990, Part l'	V, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia					Г		<b></b>
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			<u> </u>	Americat	
							Amount	
	Beginning balance							
	Additions during the year					1d		
	Distributions during the year					1e 1f		
T	Ending balance Did the organization include an amount on Fo				unt liability?		Yes	No
	If "Yes," explain the arrangement in Part XIII.				and the constraint some size			H
Par						*****		
U.S. ABO		(a) Current year	(b) Prior year	A starting to the second		Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance	Jul Content Jour						
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships			11				
e	Other expenditures for facilities							
	and programs		A Non	Y				
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end be' .ce	e (line , coiumn (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment 🕨	%						
с	Temporarily restricted endowment 🕨	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administer	red for the o	organization	-	
	by:							res No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization			300			3b	
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.					
Pa				Can Farm 000	Doub V line	- 10		
	Complete if the organization answered							
	Description of property	(a) Cost or o basis (investr		st or other s (other)		umulated ciation	(d) Book	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			_				
	Other		10 11 1221010 0	10.1				0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line	<u>70c.)</u>			ule D (Eorm	

Schedule D (Form 990) 2016

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Complete if the organization answered "Yes" o			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A) (B)		-	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		Sec. 25.	
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, Iir (b) Book value		13. ost or end-of-year market value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o	n Form 990, Page 1 and 1 Description	ne 11a. See Form 990, Part X, line	15. (b) Book value
(1) INTER-COMPANY ACCOUNT RECE		WD	122,135,000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990. Part X. col. (B) line 'art X Other Liabilities.	15.)		▶ 122,135,000
Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	e 11e or 11f. See Form 990, Part	X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) INTEREST PAYABLE - NOTES		2,035,583.	
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
<ul> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>			
(3) (4) (5) (6) (7)	251	2,035,583.	

Schedule D (Form 990) 2016

632053 08-29-16

# IRVINE RANCH WATER DISTRICT WATER

Part XI       Reconciliation of Evenue per Audited Financial statements with Revenue per Return.         Complete if the organization answered "Yes" on Form 990, Part VII, line 12.       1         1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       1         3       Donated services and use of facilities       2a         4       Donated services and use of facilities       2a         5       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         4       Amounts included on Form 990, Part VIII, line 7b       4a         4       Amounts included on Form 990, Part VIII, line 7b       4a         6       Other (Describe in Part XIII.)       4c         5       Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.       1         1       Total expenses and use of facilities       2a         2       Amounts included on line 1 but not on Form 990, Part IV, line 25;       1         3       Donated services and use of facilities       2a         4       Amounts included on Form 990, Part IX		Bule D (Form 990) 2016         SERVICE CORPORATION           XI         Reconciliation of Revenue per Audited Financial Statements	tatements With Revenu	e per Return.
1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2a         c       Recoveries of prior year grants       2a         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       3         3       Subtract line 2e from line 1       4a         4       Amounts included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4c         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XIII       Reconciliation on Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.       1         2       Amounts included on line 1 but not on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:	rai			•
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   a Net unrealized gains (losses) on investments   b Donated services and use of facilities   c Recoveries of prior year grants   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   3   3   4   Amounts included on Form 990, Part VIII, line 12, but not on line 1:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 7b)   b Other (Describe in Part XIII.)   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   c Add lines 4 and 4b   5   5   c Add lines 4 and 4b   6   5   6   7   7   7   7   8   2   9   90, Part IV, line 25:   a Donated services and use of facilities   2   9 <td>4</td> <td></td> <td></td> <td>1</td>	4			1
a Net unrealized gains (losses) on investments   b Donated services and use of facilities   c Recoveries of prior year grants   d Other (Describe in Part XIII.)   e Add lines 4a and 4b   5 Total expenses and losses per audited financial statements   2 Amounts included on form 990, Part VIII, line 7b   4 Amounts included on Form 990, Part VIII, line 7b   4 Add lines 4a and 4b   5 Total expenses and losses per audited financial statements   2 Amounts included on form 990, Part IX, line 25;   a Donated services and use of facilities   b Other (Describe in Part XIII.)   c 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 form 990, Part IX, line 25;   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   c Add lines 2a through 2d   3 Subtract line 2e from line 1   4 Amounts included on Form 990, Part IX, line 25;   a Donated services and use of facilities   2 Amounts included on Form 990, Part IX, line 25, but not on line 1:   a Investment expenses Add lines 3 and 4c. <i>This must equal Form 990, Part IX</i> .   a Add lines 4a and 4b   5 Total expenses, Add lines 3 and 4c. <i>This must equal Form 990, Part IX</i> .   a Add lines 4a and 4b   5 Total expenses, Add lines 3 and 4c. <i>This must equal Form 990, Part IX</i> .   a Add lines 4a and 4b   5 Total expenses, Add lines 3 and 4c. <i>This must equal Form 990, Part IX</i> . <t< td=""><td>-</td><td></td><td></td><td></td></t<>	-			
a in this uncluded services and use of facilities       2b         b Donated services and use of facilities       2c         c Recoveries of prior year grants       2d         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 3 and 4b       4c         5 Total expenses not included financial statements       4c         1 Total expenses and use of facilities       2a         2 Amounts included on line 1 but not on Form 990, Part IX, line 25;       1         a Donated services and use of facilities       2a         b Prior year adjustments       2a         c Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2a         3 Subtract line 2 from line 1       2a         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       2a         a Amounts included on Form 990, Part IV, line 7b       4a         4 Ad lines 2a through 2d       2a         3 Subtract line 2 from line 1       4c         4 Add lines 4a and 4b       5         5 Dether (Describe in Part XIII.) <t< td=""><td></td><td></td><td>2a</td><td></td></t<>			2a	
b) Didated services and use and services   c) Recoveries of prior year grants   d) Other (Describe in Part XIII.)   e) 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:   a) Investment expenses not included on Form 990, Part VIII, line 7b   b) Other (Describe in Part XIII.)   c) Add lines 4a and 4b   5) Total expenses and losses per audited financial statements   2) Amounts included on form 990, Part VIII, line 25:   a) Donated services and use of facilities   b) Prior year adjustments   c) Other (Describe in Part XIII.)   4) Amounts included on Form 990, Part IX, line 25:   a) Donated services and use of facilities   b) Prior year adjustments   c) Other (Describe in Part XIII.)   a) 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:   a) Novestment expenses and inses 3 and 4c. (This must equal Form 990, Part IX, line 25;   a) Donated services and use of facilities   b) Prior year adjustments   c) Other (Describe in Part XIII.)   a) 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:   a) Investment expenses. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 7b   4) Other (Describe in Part XIII.)   c) Add lines 4a and 4b   5   6) Total expenses. Add lines 3 and 4c. (This must equal Form 9		-		
Check (Describe in Part XIII.)       2d         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part VIII, line 7b         4       4a         4       b         4       b         4       b         5       Total expenses and losses per audited financial statements         2       c         2       a         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25;         2       Donated services and use of facilities         6       Total revenue, Add lines 2 athrough 2d         2       Amounts included on line 1 but not on Form 990, Part IX, line 25;         2       Donated services and use of facilities         6       Total revenue, Add lines 2 athrough 2d         3       2d         2       4         4       4         4       4         6       Total revenue, Add lines 2 athrough 2d         2       4         6       Total expenses, Add lines 2 and 4c. (This must equal Form 990, Part X, line 2; but not on line 1:         1       Total expenses, Add li	D			
Add lines 2a through 2d     Subtract line 2e from line 1     Amounts included on Form 990, Part VIII, line 12, but not on line 1:     a Investment expenses not included on Form 990, Part VIII, line 7b     Add lines 3 and 4a. <i>(This must equal Form 990, Part II, line 12)</i> Part XII Peconciliation of Expenses per Audited Financial Statements With Expenses per Return.     Complete if the organization answered "Yes" on Form 990, Part IV, line 12.     Total expenses and losses per audited financial statements     Amounts included on line 1 but not on Form 990, Part IX, line 25:     Donated services and use of facilities     Prior year adjustments     C Other losses     d Other (Describe in Part XIII.)     Add lines 2a through 2d     Subtract line 2e from line 1     Investment expenses not included on Form 990, Part IV, line 7b     b Other (Describe in Part XIII.)     c Add lines 3 and 4e. <i>(This must equal Form 990, Part II</i> , line 7b     b Other (Describe in Part XIII.)     c Add lines 4a and 4b     S Total expenses, Add lines 3 and 4e. <i>(This must equal Form 990, Part II</i> , lines 1b and 2b; Part V, line 2; Part X, lin	c			(C
e 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:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total revenue, Add lines 3 and 4c. (This must equal 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;         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other losses<	-			2e
3 Subtract line 2e from line 1         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b         b Other (Describe in Part XIII.)         c Add lines 4a and 4b         5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)         Part XII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complet 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:         a Donated services and use of facilities         b Prior year adjustments         c Other losses         d Other (Describe in Part XIII.)         e Add lines 2a through 2d         3 Subtract line 2e from line 1         a Amounts included on Form 990, Part VIII, line 7b         b Other (Describe in Part XIII.)         c Add lines 2a through 2d         3 Subtract line 2e from line 1         a Amounts included on Form 990, Part VIII, line 7b         b Other (Describe in Part XIII.)         c Add lines 4a and 4b         5         5         7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II.         <	е			
a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b   5 Total revenue, Add lines 3 and 4c. ( <i>This must equal Form 990, Part I. line 12</i> .)   Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses 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;   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 Subtract line 2e from line 1   4 4b   4 4b     4a   4b     2e     3     4d lines 4a and 4b     5     7   4a   4b     4a     4a     4a   4b     4a     4a     4a     4a     4b     4a     4a     4a     4a     4b     4a     4b     4a     4a     4b     4a </td <td></td> <td></td> <td></td> <td></td>				
b Other (Describe in Part XIII.)   c Add lines 4a and 4b   5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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:   a Donated services and use of facilities   b Prior year adjustments   c Cher losses   d Other (Describe in Part XIII.)   e 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:   a Investment expenses not included on Form 990, Part VIII, line 7b   4 4b   4 4b	4		1 22	1. 1 C
b       Other (Describe in Part XIII.)       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II. line 12.)       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II. line 12.)       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV. line 12.)       1         Complete if the organization answered "Yes" on Form 990, Part IV. line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25;       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       c       c         c       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       4a         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II.       (8)       5       5         6       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II.       (8)       5       5	а			
c Add lines 4a and 4b   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12).         Part XII         Reconciliation of Expenses per Audited Financial Statements With Expenses 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:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IV, line 7b         4       Amounts included on Form 990, Part VIII, line 7b         4       Amounts included on Form 990, Part VIII, line 7b         4       Add lines 4a and 4b         5       Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' unes 'h.       ad 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	С	Add lines 4a and 4b	******	
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;         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       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:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1.         B       Add lines 4a and 4b         5       Image: Add B         6       Image: Add B         7       Image: Add B         8       Image: Add B         9       Image: Add B         1       Image: Add B         6       Image: Add B         7       Image: Add B         8       Image: Add B         9       Image: Add B	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	
1 Total expenses and losses per audited financial statements   2 Amounts included on line 1 but not on Form 990, Part IX, line 25;   a Donated services and use of facilities   b Prior year adjustments   c Other losses   d Other (Describe in Part XIII.)   e 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:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c 4a   4b 4c      Provide the descriptions required for Part II, lines 3, 5, and 9; Part If unes 1b, and 2b; Part V, line 4; Part X, line 2; Part XI,	Par			ses per neturn.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 2e   3 3   4 4a   4 4b       b Other (Describe in Part XIII.)   c Add lines 2a through 2d   3 3      4 4a   4 4b       b Other (Describe in Part XIII.)   c Add lines 4a and 4b   5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II.   b Add lines 4a and 4b   5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II.   c Add lines 4a and 4b   5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II.   b Add lines 1a and 4b      Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part II. Ines 1. and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, line				
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I</i>. Ines 1. and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,</li> </ul>	1			
<ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I.</i></li> <li>Bart XIII Supplemental Information.</li> </ul>	2		1	
<ul> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I.</i></li> <li>Bart XIII Supplemental Information.</li> </ul>	а	Donated services and use of facilities	2a	
d Other (Describe in Part XIII.)   e 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:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b   5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.   Bart XIII Supplemental Information.   Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' lines 1. Ind 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	b			
d Other (Describe in Part XIII.)   e 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:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b   5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.   Bert XIII Supplemental Information.   Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' lines 1. Ind 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	с	Other losses	<u></u>	· · · · ·
<ul> <li>Add lines 2a through 2d</li> <li>Subtract line 2e from line 1</li> <li>Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1.</li> <li>Part XIII Supplemental Information.</li> </ul>	d			
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.</li> <li>Part XIII Supplemental Information.</li> </ul>	е			2e
<ul> <li>Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part II.)</li> <li>b Part XIII Supplemental Information.</li> </ul>	-			
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Bart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' lines 1 a d4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	-			
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part 1. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' ines 1. Ind 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,			4a	
c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part       8.)         Part XIII       Supplemental Information.       5         Provide the descriptions required for Part II, lines 3, 5, and 9; Part I' lines 1       nd 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	_			
5       Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part in the provide the descriptions required for Part II, lines 3, 5, and 9; Part I' lines 1				4c
Part XIII Supplemental Information.	0.55			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part V anes 1 and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,		t XIII Supplemental Information.	<u>Ccu</u> .	
and the and the and Part XIL lines 2d and the Also complete this to provide any additional information.	Brow	do the descriptions required for Part II lines 3.5, and 9: Part / unes 1.	nd 4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,
	line	ad and the and Part VII lines 2d and the Also complete this to provi	any additional information.	

Schedule D (Form 990) 2016

632054 08-29-16

14230208 149072 74346Q

(Form 990)     For certain Officers, Directors, Trustees, Key Employees, and Highest Compensate Employees in answered "Nei" in Finance Compensation     2016       Determine of the organization     TRVINE RANCH WATER DISTRICT WATER SRRVICE CORPORATION     Employer identification number 91-1874346       Part I     Questions Regarding Compensation     Employer identification number 91-1874346     Employer identification number 91-1874346       Part I     Questions Regarding Compensation     Important action SRRVICE CORPORATION     91-1874346       Part VI. Section A, line 1a. Complet Part III to provide any roleval information regarding these them. Bis and the section of the section of the section of the following to or for a person listed on Form 980, Part VI. Section A, line 1a. Complet Part III to provide any roleval information regarding these them. Discretonary spending account     Yes No       Ib fany of the boxes on line 1a are checked, did the organization follow a writhon policy regarding payment or reimbursement or provision of all of the seganese described above? If 'No.' complete Part III to explain Discretonary spending account     Ib       Ib fany of the boxes on line 1a are checked, did the organization follow a writhon policy regarding payment or reimbursement or provision of all of the seganese described above? If 'No.' complete Part III to explain Discretionary spending account     Ib       Ib diverse, and offices, inclusing the CEO/Executive Director, regarding the time checked on III 12' Directionary of the delowing the complete Part III. Compensation organizations Bechecked on form 990, Part VI, Section A, 'In writh 'nec'		EDULE J m 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	OMB No		
Information about Schedule J from 990 and is netroclones at vyour a governmedual         Employee identification number           Name of the organization         SERVICE CORPORATION         91-1874346           Part I         Questions Regarding Compensation         91-1874346           Image of the organization provided any of the following to or for a person listed on Form 990.         Part II.         Cuestions Regarding Compensation           Image of the organization provided any of the following to or for a person listed on Form 990.         Part VII.         Sector Aller 1a.           Part VII.         Sector Aller 1a.         Complete Part III to provide any relivant information regarding these items.         Part VII.         Part VII.         Part VII.         Sector Aller 1a.         Part VII.         Sector 2a.         Part VII.         Sector	·	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open to	o Publi	
191-1874346      Part1     Questions Regarding CORPORATION     91-1874346      Part1     Questions Regarding COMPORATION     91-1874346      Part1     Questions Regarding COMPORATION     Part1     Questions Regarding COMPORATION     Part1     Questions Regarding Complexation     Part1     Questions Regarding Complexation     Part1     Questions Regarding Complexation     Part1     Part1     Questions     Part1     Questions     Part1     Part1     Questions     Part1     Part1     Questions     Part1     Part1     Questions     Part1	Interna	Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.			nher
Part I       Questions Regarding Compensation       Yes         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these itoms.       Yes       No.         Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these itoms.       Personal sections regarding the Section A, Ine 1a. Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above 9 ff "No." complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustese, and officers, including the CEO/Executive Director, regarding the times checked on Ite 1a?       2         3       Indicate which, if any, of the following the ting organization used to establish the compensation committee independent compensation orbit at apply. Do not check any boxes for methods use: _u y a related u ganization to establish compensation orbit at apply. Do not check any boxes for methods use: _u y a related u ganization to establish compensation orbit at apply. Do not check any boxes for methods use: _u y a related u ganization to establish compensation orbit at apply. Do not check any boxes for methods use: _u y a related u ganization to establish compensation orbit at apply. Comm 960, Part VII, Section A, 'u with _ubect to the tiling organization or a related organization: a Receive a severance payment form, an ouguly-based comm dation ungenent? Bearcipate in, or receive payment form, an ouguly-based comm dation ungenent? Bearcipate in, or receive payment form, an oug	Name				
1a       Check the appropriate 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.       Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Part IIII to provide any relevant information regarding these items.         Part or companion       Personal prevides (such as, maid, chauffeur, char)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the organization used to establish the complex Part III to provide any relevant information regarding the speaking.       Itel approximation require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustese, and officers, including the ECO/Executive Director, regarding the items checked on it in 1a?       Itel approximation is a complex Part III to provide any - ay related or ganization to establish the compert - any - ay related or ganization to establish compensation committee       Itel approximation and any payment for the relevant information - any		DERVICE CORPORATION	10/404	•	
Image: Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ime 1a, Compited Part III to provide any relevant information regarding these items.       Image: Check the appropriate box(es) if the organization regarding these items.         Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items.       Image: Check the appropriate box(es) if the organization regarding these items.       Image: Check the appropriate box(es) if the organization formation for the imbursting or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the times thecked on Image: trustees, and officers, including the CEO/Executive Director, the CEO/Executive Director, Check all that apply. Do not check any boxes for methods use: dry a related urganization to establish compensation committee       Image: trustee the organization is CEO/Executive Director, but explain in Part III.       Image: trustee the organization is CEO/Executive Director, but explain in Part III.       Image: trustee the organization is compensation committee       Image: trustee the organization is compensation committ	Par	t I Questions Regarding Compensation		Ves	No
<ul> <li>First-class or charter travel</li> <li>First-class or charter travel</li> <li>Housing allowance or residence for personal use</li> <li>Parsonal residence of memory spending account</li> <li>b if any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</li> <li>2 Did the organization regulties usubstantiation prior to reimburging or allowing expenses incurred by all directors.</li> <li>2 Did the organization regulties usubstantiation prior to reimburging or allowing expenses incurred by all directors.</li> <li>2 Indicate which, if any, of the following the filing organization used to establish the compertuation 's CCO/Executive Director. Check all that apply. Do not check any boxes for methods user' or y a related u ganization to establish compensation committee</li> <li>Indicate which, if any, of the following the filing organization used to establish the compertuation's CCO/Executive Director, but explain in Part III.</li> <li>Compensation or a value or organizations</li> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, 's., with "pact to the filing organization committee</li> <li>Participate in, or receive payment from, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment from, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment from, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment form, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment form, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment form, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment from, an equity-based commerciation rangement?</li> <li>Participate in, or receive payment from, an equity-based commerciation rangement?</li> <li>Participate in,</li></ul>	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	110
Image: Travel for companions       Payments for business use of parsonal residence         Image: Travel for companions       Health or social club dues or initiation fees         Image: Discretionary spending account       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Travel for companions       Personal services (such as, maid, chauffeur, cheft)         Image: Traveles and officers, including the Elox expenses described abov? If "No," complete Part III to explain       Personal services (such as the personal services (such as possible as possib					
Tax indemnification and gross up payments       Health or social club dues or initiation fees         Discretionary spending account       Health or social club dues or initiation fees         b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on ite 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compersation or companization resource by all directors, trustees, and officers, including the CEO/Executive Director, boxes for methods use or yar related organization to establish compensation committee       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation committee       2         CO/Executive Director. Check all that apply. Do not check any boxes for methods use or yar related organization regeneration in the CO/Executive Director, but explain in Part III.       2         Compensation committee       Witten employme. ontract       2         Participate in, or receive payment from, an equity-based commensation the in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(20) organization mus. complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a,					
Interstationary spending account       Personal services (such as, maid, chauffeur, cher)         b       If any of the boxes on line 1a are chocked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on Iii 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensition or organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods usr _oy a related usganization to establish compensation committee					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on It" 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compers-vion or companization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods use 'oy a related usganization to establish compensation committee       2         a compensation committee       Written employme. "ontract       0 compensation committee       4b         b Compensation or a related organizations       Approval       the organization?       4a         4 During the year, did any person listed on Form 990, Part VII, Section A, ' - with "pact to the filing organization?       4b       X         4 Participate in, or receive payment from, a supplemental nonqual************************************				-	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on I <sup>-1</sup> 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation corganization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Witten employme, ontract       Organization to establish the compensation committee         Compensation committee       Witten employme, ontract       4a         Compensation or a related organization:       Approval       the, or compensation committee         4 During the year, did any person listed on Form 990, Part VII, Section A, ' - with "pect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, an equity-based commisation angement?       4a       X         Participate in, or receive payment from, an equity-based commisation angement?       5a       X         ft "Yes" to any of lines 4ac, list the persons and provide the "rcable a" ourts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus, complete lines 5-9.       5e or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		Discretionary spending account			12.4
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on I <sup>-1</sup> 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation corganization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Witten employme, ontract       Organization to establish the compensation committee         Compensation committee       Witten employme, ontract       4a         Compensation or a related organization:       Approval       the, or compensation committee         4 During the year, did any person listed on Form 990, Part VII, Section A, ' - with "pect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, an equity-based commisation angement?       4a       X         Participate in, or receive payment from, an equity-based commisation angement?       5a       X         ft "Yes" to any of lines 4ac, list the persons and provide the "rcable a" ourts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus, complete lines 5-9.       5e or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on lie 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensition or organization to establish compensation for the CEO/Executive Director, Check all that apply. Do not check any boxes for methods use " by a related c.ganization to establish compensation committee       2         3       Indicate which, if any, of the following the filing organization used to establish the compensition to establish compensation committee       0 y related c.ganization to establish the compensition committee         4       Compensation committee       Written employmum contract         6       Porn 990 of other organizations       Approval         7       X4         4       During the year, did any person listed on Form 990, Part VII, Section A, ' with "oect to the filing organization or a related organization:       4         9       Participate in, or receive payment from, as equity-based comm. Station:       angement?         4       During the year, list the persons and provide the "licable a" outs for each item in Part III.         0       Only section 601(c)(3), 601(c)(4), and 601(c)(29) organizations mus. complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compertuation companization to establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Juit and the apply. Do not check any boxes for methods use use any a related c.ganization to establish compensation committee       Written employmement and the apply. Do not check any boxes for methods use use any a related c.ganization to establish compensation committee       Written employmement and the apply. Do not check any boxes for methods use use any a related c.ganization to establish compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, ' - with model to the filing organization or a related organization:       Approval the use compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, ' - with model to the filing organization or a related organization:       Agproval the use compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, ' - with model to the filing organization receive payment from, an equity-based commission angement?       Advite X         4       During the year, did any of lines 4ac, list the persons and provide the "frable a sunts for each item in Part III.       Advite X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Sa	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods user by a related c.ganization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation committee</li> <li>Approval the or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, ' with poet to the filing organization or a related organization: <ul> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in, or receive payment from, an equipt-based commission angement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the "icable a burts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus complete lines 5-9.</li> </ul> 5a         X           5b         X         5b         X         5b         X           6a         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>The organization?</li> <li>May related organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>May related organization?</li> <li>May related organization?</li></ul>		trustees, and officers, including the CEO/Executive Director, regarding the items checked on li 1a?	2		-
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employmemontract         Compensation committee       Written employmemontract         Independent compensation consultant       Compensition committee         Provide the p	3	Indicate which, if any, of the following the filing organization used to establish the compensation companization's			
Compensation committee       Written employme_ontract         Independent compensation consultant       Compensition survey_study         Prom 990 of other organizations       Approval         The organization or a related organization:       written employme_ontract         a Receive a severance payment or change-of-control payment?       4a         Participate in, or receive payment from, as upplemental nonqualifeer tires.       blan?         c Participate in, or receive payment from, an equity-based commerstation, angement?       4b         If "Yes" to any of lines 4a-c, list the persons and provide the "icable a bunts for each item in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a The organization?       5a       X         f" "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         b Any related organization?       5b       X         f" "Yes" on line 5a or 5b, describe in Part III.       6a       X         f" "Yes," on line 6a or 6b, describe in Part III.       6a       X         f" "Yes," on line 6a or 6b, describe in Part III.       7       X         g Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization prov					100
Independent compensation consultant       Compension survey study         Form 990 of other organizations       Approval the or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, ' with "bect to the filing organization or a related organization:       4a       X         B Receive a severance payment or change-of-control payment?       4b       X         C Participate in, or receive payment from, an equity-based commental nonquite "tires." blan?       4b       X         If "Yes" to any of lines 4ac, list the persons and provide the "icable a bunts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations musc complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6b       X       6b       X         b Any related organization?       6b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         7       X       6b       X         a The organization?       6a					1.5
Form 990 of other organizations       Approval the or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, 's with spect to the filing organization or a related organization:       4a       X         4       Beceive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualif string. Solar?       4b       X         c       Participate in, or receive payment from, an equity-based corm station angement?       4c       X         dt       'Yes" to any of lines 4a-c, list the persons and provide the scale a burnts for each item in Part III.       6         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X       5b       X         f" Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         f Any related organization?       If "Yes" on line 6a or 6b, describe in Part III.       6a       X         6a       X       6b       X       6b       X         7       Yes" on line 6a or 6b, describe in Part III.       7       X <t< th=""><td></td><td></td><td></td><td></td><td>1.1</td></t<>					1.1
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, <sup>1</sup> with 'bect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in, or receive payment from, an equity-based commisation, angement?</li> <li>c Participate in, or receive payment from, an equity-based commisation, angement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the "icable a bunts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus. complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>chard each file 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>chard each file 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>chard each file 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>chard each file 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>chard each file 1a, did the organization provide any nonfixed payments not describe on Part III.</li> <li>7 X</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4956.4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization as follow the rebuttable presumption procedure described in</li> </ul>					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualif whire.       olan?       4b       X         c Participate in, or receive payment from, an equity-based community of the whice base of the whice				15 J	1.11
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqual*	4	APP HIGHLY V			
b       Participate in, or receive payment from, a supplemental nonqualifient tire	а		<u>4a</u>		
c       Participate in, or receive payment from, an equity-based complication angement? in angement? is allow angement?       4c       A         If "Yes" to any of lines 4a-c, list the persons and provide the isoble a punts for each item in Part III.       Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus. complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a       The organization?       5b       X         b       Any related organization?       6a       X         contingent on the net earnings of:       a       The organization?       6a       X         b       Any related organization?       6b       X       6b       X         b       Any related organization?       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         b       Any relat			4b		-
If "Yes" to any of lines 4a-c, list the persons and provide the "icable a punts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus. complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?         b       Any related organization?         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 compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         b       Any related organization?         contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         if "Yes" on line 6a 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 not described on lines 5 and 6? If "Yes," describe in Part III.         7       X         8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			4c	-	X
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the fact of b, describe in Part III.</li> <li>7 X</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>					
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>contingent on the fact of b, describe in Part III.</li> <li>7 X</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus. complete lines 5-9.		1	
<ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1-01
<ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>		contingent on the revenues of:	1.11		v
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	а	The organization?		-	
<ul> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	b	Comparison of the state of t			
<ul> <li>contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>		If "Yes" on line 5a or 5b, describe in Part III.		1	1.0
<ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	6				5.1
<ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>			63		x
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>					-
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	b				
not described on lines 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       0       0	_	If "Yes" on line 6a or 6b, describe in Part III.			
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	7	For persons listed on Form 990, Part VII, Section A, line Ta, did the organization provide any hornized payments	7		X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_	not described on lines 5 and 6? If "Yes," describe in Part III			1
<ul> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	8	Were any amounts reported on Form 990, Part VII, part of accrued pursuant to a contract that was subject to the	8		X
	~	Initial contract exception described in negulations section 55.4550*4(a)(5): If it is, described in a fine and the properties of the procedure described in			
	9		9		

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Schedule J (Form 990) 2016

632111 09-09-16

91-1874346

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents
1) LESLIE BONKOWSKI	(i)	0.	0.	0.	0.	0
ECRETARY	(ii)	122,263.	0.	0.	25,129.	9,825
2) ROBERT JACOBSON	(i)	0.	0.	0.	0.	0
REASURER	(ü)	208,262.	0.	0.	41,555.	20,239
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)			dis.		
	(ii)					
	(i)				2	
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)		1 N N	1		
	(ii)					
	(i)					
	(i)					
	(i)					
	(ii)					
	(i)					
	(i) (ii)					
	(i)					
	(ii)					
	(i)					
	(ü)					
	(i)					
	(ii)					

632112 09-09-16

Schedule J (Form 990) 2016 Part III Supplemental Information

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

## SCHEDULE J LINE 3

ALL COMPENSATION IS PAID BY IRVINE RANCH WATER DISTRICT. EMPLOYEE

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

#### WATER DISTRICT POLICIES AND PROCEDURES.

632113 09-09-16

Department of the Treasury Internal Revenue Service	Complete if the orga	explanations, and prmation about Sc	d "Ye any hedu	es" on Form 99 additional info ule K (Form 99	90, Part IV, prmation in	line 24a. Part VI.	Provide descr	
SERVICE CON	RPORATION							
Part I Bond Issues SI	EE PART VI	FOR COLUM	N (	F) CONT	INUATI	ONS		
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d	) Date issued	(e) Issu	e price	(f) Descrip	tion of purp
IRVINE RANCH WATER	*		<u> </u>		+		TO FINA	NCE
A DISTRICT SERIES 2016	95-2232918	000000000	1	0/01/16	11674	5000.		
ADISIRICI SERIES 2010	95 2252510	0000000000	<u> </u>	0/01/10	110/1	5000.	Chi I IIII	
В								
с							P	
						$\overline{\mathcal{A}}$		
D							<u> </u>	
Part II Proceeds						1		
				<u>A</u>		-	В	
1 Amount of bonds retired				1		L		
2 Amount of bonds legally defeased					,000.	- T.		
3 Total proceeds of issue				116,745	5,000.			
4 Gross proceeds in reserve funds					10			
5 Capitalized interest from proceeds					<i>y</i>			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds				470	),786.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				74,064	1,214.			
11 Other spent proceeds								
12 Other unspent proceeds			225					
13 Year of substantial completion								
				Yes	No	Yes	No	Yes
14 Were the bonds issued as part of a current re	funding issue?				X			<u> </u>
15 Were the bonds issued as part of an advance	refunding issue?			X				
16 Has the final allocation of proceeds been mad	de?			X				
17 Does the organization maintain adequate books and records	to support the final allocation	n of proceeds?		X				
Part III Private Business Use								
				Ą			В	
1 Was the organization a partner in a partnersh	ip, or a member of an	n LLC,		Yes	No	Yes	No	Yes
which owned property financed by tax-exemp	ot bonds?				X			
2 Are there any lease arrangements that may re	esult in private busine	ss use of			x			
hand financed property?					I		1	

bond-financed property? 632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 20

chedule K (Form 990) 2016 SERVICE CORPORATION			91-1	L874346	_
Part III Private Business Use (Continued)					
		<u>A</u>	F	3	_
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Y
business use of bond-financed property?		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	e	1 1			
counsel to review any management or service contracts relating to the financed propert	y?				
c Are there any research agreements that may result in private business use of bond-financed proper	ty?	X			_
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside	e				
counsel to review any research agreements relating to the financed property?				l	_
4 Enter the percentage of financed property used in a private business use by					
entities other than a section 501(c)(3) organization or a state or local government	•	.00 %		%	
5 Enter the percentage of financed property used in a private business use as a result of					
unrelated trade or business activity carried on by your organization, another	~				
section 501(c)(3) organization, or a state or local government		%	18	%	
6 Total of lines 4 and 5		.00 %		%	_
7 Does the bond issue meet the private security or payment test?		X 1			
8a Has there been a sale or disposition of any of the bond-financed property to a non-			P	1	
governmental person other than a 501(c)(3) organization since the bonds were issued?		' <u>x</u>			
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		121			
of				%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		1			
1.141-12 and 1.145-2?	.S. /b				
9 Has the organization established written procedures to ensure that all nonqualified		Charles .			
bonds of the issue are remediated in accordance with the requirements under	88			1	
Regulations sections 1.141-12 and 1.145-2?		X			
Part IV Arbitrage					
	100 m	A		В	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Y
Penalty in Lieu of Arbitrage Rebate?		X			
2 If "No" to line 1, did the following apply?					
a Rebate not due yet?	X				
b Exception to rebate?		X			
c No rebate due?		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was					
performed					
		X			
<ul><li>3 Is the bond issue a variable rate issue?</li><li>4a Has the organization or the governmental issuer entered into a qualified</li></ul>					
hedge with respect to the bond issue?	1-01 I	x			
and the second					
b Name of provider					
c Term of hedge		T			
d Was the hedge superintegrated?					
e Was the hedge terminated?	N.4.				

632122 10-19-16

91-1874346

Schedule K (Form 990) 2016
Part IV Arbitrage (Continued)

Factor Arbitrage (Communication		Δ.	В		r –
	Yes	No	Yes	No	Yes
	res	X	res	INU	10
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?					
b Name of provider					
c Term of GIC	_		l r		<u> </u>
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		x			<u> </u>
6 Were any gross proceeds invested beyond an available temporary period?	_	<u> </u>			<u> </u>
7 Has the organization established written procedures to monitor the requirements of section 148?	x				
Part V Procedures To Undertake Corrective Action					
		A	В		
	Yes	No	Ye	No	Yes
Has the organization established written procedures to ensure that violations of					
federal tax requirements are timely identified and corrected through the voluntary					
closing agreement program if self-remediation isn't available under applicable		16			
regulations? Part VI Supplemental Information. Provide additional information for responses to questions		<u> </u>	uctions		
					_

632123 10-19-16

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Z) Complete to provide information for responses to specific questions on

Department of the Treasury

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Supplemental Information to Form 990 or 990-EZ



Name of the organization

IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION Employer identification number 91-1874346

#### FORM 990 PART I LINE 1

THE CORPORATION WAS FORMED FOR PURPOSES WHICH INCLUDE THE RENDERING OF

FINANCIAL ASSISTANCE TO IRVINE RANCH WATER DISTRICT AND THE ACQUISITION

BY PURCHASE OR OTHER MEANS OF WATER COMPANIES OR ANY INTEREST THEREIN

FOR THE BENEFIT OF THE DISTRICT. THE ORGANIZATION HAS FACILITATED

TRANSACTIONS NEEDED BY THE DISTRICT FOR THE ACQUISTION OF TWO SMALL

WATER SYSTEMS THAT WERE CONSOLIDATED WITH THE DISTRICT.

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

FACILITATED TRANSACTIONS NEEDED BY THE DISTRICT FOR THE ACQUISTION OF

TWO SMALL WATER SYSTEMS THAT WERE CONSOLIDATED WITH THE DISTRICT.

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 FOR APPROVAL PRIOR TO ITS 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 IRVINE RANCH WATER DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S 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 ENFORCING ITS IMPLEMENTATION AS POLICY TO MEMBERS OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 032211 08-25-16

Schedule O (Form 990 or 9	90-EZ) (2016)					Page 2
Name of the organization	IRVINE	RANCH	WATER	DISTRICT	WATER	Employer identification number
_	SERVICE	E CORPO	DRATIO	N		91-1874346

#### THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE GOVERNING DOCUMENTS, POLICIES AND PROCEDURES AND THE ANNUAL

FEDERAL AND STATE EXEMPT TAX RETURNS ARE AVAILABLE TO ALL MEMBERS OF THE

ORGANIZATION AS WELL AS TO THE GENERAL PUBLIC UPON A REQUEST MADE TO THE

TREASURER OF THE ORGANIZATION.

FORM 990 PART XII LINE 2C

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

632212 08-25-16

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

## IRVINE RANCH WATER DISTRICT WATER

SERVICE CORPORATION

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

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> r Total incol	me End-of-
. Complete if the organ' ar	n、 vred "Yes" on Form 990	, Part IV, line 34 b	ecause it had c
<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public chari status (if sect 501(c)(3))
ER DISTRICT	CALIFORNIA	501(C)(4)	
		2	
	Primary activity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Complete if the organ (b) Primary activity (c) Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Total incom foreign country) Total incom to

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

632161 09-06-16 LHA

# Schedule R (Form 990) 2016 IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

Part III Identification of Related Org organizations treated as a part	anizations Taxable a tnership during the ta	a <b>s a Partne</b> ix year.	ership. Complete if	the organiz	ation answe	ered "Yes	" on Form !	990, Pa	rt IV, line 3	4 be
(a)	(b)	(c)	(d)		e)	(1	f)	(g	))	(1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin (related, excluded fr sections	ant income unrelated, om tax under 512-514) Share of tot income				f-year ets	Disprop alloca Yes
							X	•		
Part IV Identification of Related Organizations treated as a co	ganizations Taxable a	as a Corpo	pration or Trust. Co year.	omp if *	ג וחי	ion answ	ered "Yes"	on Forr	m 990, Par	t IV, I
<b>(a)</b> Name, address, and E of related organizatio	IN		(b)	Legal nicile (ح or elgn country)	(d) Direct con entit	trolling	(e) Type of e (C corp, S or trus	entity corp, st)	(f) Share of incon	total ne

632162 09-06-16

Schedu	le R (Form 990) 2016 SERVICE CORPORATION
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b G	ift, grant, or capital contribution to related organization(s)
c G	ift, grant, or capital contribution from related organization(s)
d Lo	cans or loan guarantees to or for related organization(s)
e Lo	oans or loan guarantees by related organization(s)
fΠ	ividends from related organization(s)
	ale of assets to related organization(s)
	urchase of assets from related organization(s)
	xchange of assets with related organization(s)
	ease of facilities, equipment, or other assets to related organization(s)
jĽ	
k l	ease of facilities, equipment, or other assets from related organization(s)
	erformance of services or membership or fundraising solicitations for related organization(s)
	erformance of services or membership or fundraising solicitations by related organization(s)
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)
o S	haring of paid employees with related organization(s)
n R	eimbursement paid to related organization(s) for expenses
	eimbursement paid by related organization(s) for expenses
чп	

r Other transfer of cash or property to related organization(s)
 s Other transfer of cash or property from related organization(s)

s Other transfer of cash or property from related organization(s)			
2 If the answer to any of the above is "Yes," see the instructions for information of	on who hust complete t	his line, including covered relati	onships and trans:
(a) Name of related organization	<b>(b)</b> Transaction type (a⋅s)	(c) Amount involved	Method (
(1) IRVINE RANCH WATER DISTRICT	D	122,135,000.CO	ST
(2) IRVINE RANCH WATER DISTRICT	В	74,064,214.00	ST
(3)			
(4)			
(5)			
(6)			

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632163 09-06-16

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.....

# Schedule R (Form 990) 2016

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (meas that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(€ Are partne 501 ( org	e) all	(f)	(g)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner 501/	15 SEC.	Share of	Share of
of entity		(state or foreign	excluded from tax under	010	s?	total	end-of-year
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets
	-						
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IRVINE	RANCH	WATER	DISTRICT	WATER
SERVICE	CORPO	RATION	1	

91-1874346 Page 5

Part VII	Supplemental	Information
Schedule R	(Form 990) 2016	SERV

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

12 Schedule R (Form 990) 2016 632165 09-06-16 29

14230208 149072 74346Q

2016.05050 IRVINE RANCH WATER DISTRI 74346Q\_1

		nlifornia Exem Inual Information	• •	tion				FORM
	<u> </u>	r beginning (mm/dd/yyyy)	07/01/2	016 and endir	ng (mm/dd/yyy	0()	06	/30/2017 .
	n/Organization name	Degalaling (nan/du/yyyy)	0770172	, und chuir		fornia corpo		
IRVI	IE RANCH WA	ATER DISTRICT	WATER					
	CE CORPORA				FE	1906	048	
Additional	information, See instruction	IS,				91-1	874	346
Street add	ess (suite or room)					PMB no.	0/1	510
P.O.	BOX 57000							
City					State	ZIP code	^	
IRVI	Untry name		Foreign province/state/	county	CA	9261 Foreign p		de
Foreign co	unity name		Toreign province/state/	county		rorongin p	00101 00	
A First	Return		Yes X No	J If exempt under R&T	C Section 2370	01d, has t	he org	anization
B Ame	ded Return		• Yes X No	engaged in political a				
		t aannaannaannaannaan	Yes X No	•				701g? • Yes 🗴 No
	Information Return?		1	If "Yes," enter the gro L If organization is exer				sources \$
	Dissolved State: (mm/dd/yyyy)	Surrendered (Withdrawn)	Merged/Reorganized	and meets the filing f				
		(1) Cash (2) X Acc	crual (3) Other	fee is required.				• X
		990T (2) • 990-PF (	(3) • Sch H ( 990)	M Is the organizat'. a l	Limited LiabIt	ty Compa	ny? 🛄	• Yes 🗴 No
	C Other 990 series			N Did the orga tion	, Form 100 c	or Form 1	09 to	
G Is thi	s a group filing? See in	structions	Yes X No	report taxable inc	v?		haa th	• Yes X No
	s organization in a grous," what is the parent's	up exemption		0 Is the constantion un IBS autor drug				
11 16		name:		P Is a feder. 102	3/1024 pendir	ng?		• Yes X No Yes X No
I Did t	e organization have ar	ny changes to its guidelines		led wi 'RS				
		e instructions			_			
Part I		less not required to file this					1	129,563,456.00
		or receipts from other sour and assessments from men					2	00
							3	00
Receip	S Total gross red 4 This line must	ibutions, gifts, grants, and s ceipts for filing requirement test. / be completed. If the result is less	Add line 1 through II. s than \$50,000, see Ge.	-tion B		•	4	129,563,456. 00
and Revenu	5 Cost of goo	ds sold		• 5		00		
nevenu	6 Cost or othe	er basis, and sales expenses	of assets sold	• 6		00	- 1	00
		Add line 5 and line 6 income. Subtract line 7 from	n line 4				8	00 129,563,456. 00
		ses and disbursements. From		***************************************		•	9	129,563,456. 00
Expens		eceipts over expenses and d				•	10	00
		ents			*****	•	11	00
							12	00
		lance. If line 11 is more than					13 14	00
Filing F		ance. If line 12 is more than 10 or \$25. See General Instru					15	N/A 00
		id Interest. See General Inst					16	00
	17 Balance du	e. Add line 12, line 15, and arjury, I declare that I have examine a complete. Declaration of prepare					17	00
Sign	it is true, correct, and	rjury, I declare that I have examin I complete. Declaration of prepare	ed this return, including account or (other than taxpayer) is base	ed on all information of which	preparer has any	knowledge	y known	edge and beller,
Here	Signature of officer			Title DIRECTOR OF	<b>FT</b>			Telephone
	of officer			DIRECTOR OF	F I Check	if	_	PTIN
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Preparer		VIS FARR LLP						47-3535842 • Telephone
Use Only	and a data and	01 DUPONT DR		200				949-474-2020
	IR	VINE, CA 9262 uss this return with the prep		nstructions		• X	Ver	949-474-2020
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			022 365	1164 🔽		I	orm 1	99 C1 2016 Side 1

91-1874346

628951 11-30-16

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

				SEE PART	II SUBSTITU	TE ATT	TACHMENT
	1	Gross sales or receipts from all bu	siness activities. See instru	ctions	•	1	00
	2	Interest				2	00
	3	Dividends				3	00
Receipts	4					4	00
from	5	Gross royalties				5	00
Other	6	Gross amount received from sale of				6	00
Sources	7	0.1	•			7	00
0001000	8	Total gross sales or receipts from				8	00
	9	Contributions, gifts, grants, and sin				9	00
	10	Disbursements to or for members				10	00
	11	Compensation of officers, directors				11	0.00
	12	Other salaries and wages				12	00
Funancia						13	00
Expenses		Interest				14	00
and	14	Taxes			COMPACT CONTRACTOR CONTRACTOR	15	00
Disburse		Rents				16	00
ments	16	Depreciation and depletion (See in				17	00
	17	Other Expenses and Disbursement					0.0000
Calend		Total expenses and disbursements			Pr _ 74 9	18 d of taxable ;	00
Sched	ule L	Balance Sheet		f taxable year			2000re
Assets		_	(a)	(b)	(c)	-	(d)
1 Cash				·	( <u></u>	•	
		s receivable			·	•	
		ceivable				•	
4 Inver	ntories			~ -	-	•	
		state government obligations				•	
6 Inves	stments	in other bonds				•	
7 Inves	stments	in stock				•	
8 Mort	gage lo	ans				•	
9 Othe	r invest	ments	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	(X	•	
<b>10 a</b> De	preciat	le assets					
b Le	ss accu	mulated depreciation			(	)	
11 Land	2010/01					•	
		· · · · · · · · · · · · · · · · · · ·				•	
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Liabilitie		<ul> <li>ACT CONTRACTOR AND CONTRACTOR AND CONTRACTOR CONT CONTRACTOR CONTRACTOR CON</li></ul>					
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		payable				•	
		ies			Swind and a second second		
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		tal surplus. Attach reconciliation				•	
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Sched		ties and net worth	r haaka with income para	aturn			
Scheu		1-1 Reconciliation of income per Do not complete this schedu	r books with income per r	de L. line 13. column (d) is	less than \$50,000		
	_						
		per books			led on books this year		
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		pital losses over capital gains	All shares and sh		this return not charged	-	
		recorded on books this year	•		ncome this year		
5 Expe	nses re	corded on books this year not	N	9 Total. Add line			
dedu	icted in	this return	•	10 Net income pe		1	
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