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

To: Steve LaMar, Karen McLaughlin, Peer Swan, and John Withers – Members of the Board of Directors of Water Service Corporation.

Pursuant to the call of the President of the Irvine Ranch Water District Water Service Corporation, notice is hereby given that a Special Annual Meeting of the Board of Directors of Irvine Ranch Water District Water Service Corporation has been called and will be held on March 13, 2023 at the hour of 5:05 p.m. The meeting is called for the purpose set forth in Exhibit "A" attached hereto and by this reference made a part hereof.

This notice is given in accordance with the bylaws of Irvine Ranch Water District Water Service Corporation and Section 54956 of the California Government Code and Corporations Code Section 5211.

Douglas Reinhart President

#### EXHIBIT "A"

### **AGENDA**

### IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION SPECIAL ANNUAL MEETING

March 13, 2023

### CALL TO ORDER 5:05 P.M.

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

### **PUBLIC COMMENT NOTICE**

If you wish to address the Committee on any item, please submit a request to speak. Remarks are limited to three minutes per speaker on each subject. You may also submit a public comment in advance of the meeting by emailing comments@irwd.com before noon on March 13, 2023.

The corporation was formed for purposes including the rendering of financial assistance to IRWD and the acquisition by purchase for other means of water companies or any interest therein for the benefit of IRWD.

### 1. ANNUAL MEETING

Recommendation: Deem this meeting of March 13, 2023 to be the annual meeting of the Board of Directors for 2021 in lieu of the annual meeting normally held on the second Monday in June pursuant to Resolution No. 2018-1.

### 2. ELECTION OF OFFICERS

Section 22 of the Bylaws state the officers of the Board shall be elected annually. Doug Reinhart is currently President and John Withers is Vice President.

Recommendation: Elect a President and Vice President

### 3. APPROVAL OF MINUTES

Recommendation: Approve the minutes of the April 11, 2022 Special Annual Meeting.

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

Due to tax reporting requirements, it is necessary to approve both the State and Federal forms for 2021-21 fiscal year, beginning July 1, 2021 and ending June 30, 2022. 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 for fiscal year 2021-22.

IRWD Water Service Corporation Special Annual Meeting March 13, 2023 Page 2

- 5. COMMUNICATIONS
- 6. ADJOURNMENT

Availability of agenda materials: Agenda exhibits and other writings that are disclosable public records distributed to all or a majority of the members of the above-named Committee in connection with a matter subject to discussion or consideration at an open meeting of the Committee are available for public inspection in the District's office, 15600 Sand Canyon Avenue, Irvine, California ("District Office"). If such writings are distributed to members of the Committee less than 72 hours prior to the meeting, they will be available from the District Secretary of the District Office at the same time as they are distributed to Committee Members, except that if such writings are distributed one hour prior to, or during, the meeting. Upon request, the District will provide for written agenda materials in appropriate alternative formats, and reasonable disability-related modification or accommodation to enable individuals with disabilities to participate in and provide comments at public meetings. Please submit a request, including your name, phone number and/or email address, and a description of the modification, accommodation, or alternative format requested at least two days before the meeting. Requests should be emailed to comments@irwd.com. Requests made by mail must be received at least two days before the meeting. Requests will be granted whenever possible and resolved in favor of accessibility.

Note: This page is intentionally left blank.

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

### APRIL 11, 2022

The Special Annual Meeting of the Board of Directors of the Irvine Ranch Water District Water Service Corporation was called to order on April 11, 2022 by President Reinhart at 5:35 p.m.

Directors Present: LaMar, McLaughlin, Swan, Withers, and Acting President Reinhart

Directors Absent: None

Also Present: Secretary Bonkowski of the Irvine Ranch Water District Water Service

Corporation, Legal Counsel Collins, and members of the IRWD staff and

public.

### **ANNUAL MEETING**

On MOTION by Swan, seconded by LaMar and unanimously carried, THE MEETING OF APRIL 11, 2022 WAS DEEMED TO BE THE ANNUAL MEETING OF THE BOARD OF DIRECTORS FOR 2022 ONLY IN LIEU OF THE ANNUAL MEETING NORMALLY HELD ON THE SECOND MONDAY IN JUNE PURSUANT TO RESOLUTION NO. 2018-1.

### **ELECTION OF OFFICERS**

On <u>MOTION</u> by Swan, seconded by Swan, and unanimously carried, DOUGLAS REINHART WAS ELECTED PRESIDENT AND JOHN WITHERS WAS ELECTED VICE PRESIDENT.

### APPROVAL OF MINUTES

On MOTION by Swan, seconded by LaMar and unanimously carried, THE MINUTES OF THE MARCH 21, 2021 SPECIAL ANNUAL MEETING WERE APPROVED.

### STATE AND FEDERAL EXEMPT ORGANIZATION TAX FILING

On <u>MOTION</u> by Swan, seconded by McLaughlin and unanimously carried, THE STATE AND FEDERAL EXEMPT ORGANIZATIONAL FILINGS FOR THE WATER SERVICE CORPORATION LLC FOR 2020 FISCAL YEAR BEGINNING JULY 1, 2020 AND THE PERIOD ENDING JUNE 30, 2021 WERE APPROVED.

### COMMUNICATIONS - None

### ADJOURNMENT

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

APPROVED and SIGNED this 13th day of March, 2023.

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

	Douglas Reinhart, President
	Irvine Ranch Water District Water Service Corporation
	Leslie Bonkowski, Secretary
ADDROVED ACTO FORM.	
APPROVED AS TO FORM:	
Claire Collins	<del></del>
Legal Counsel, Water Service Corp.	, Inc.

Page 2 April 11, 2022

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2021	
Open to Public Inspection	

Α	ror the	2021 calendar year, or tax year beginning JUL I, ZUZI and	ending U	UN 30, 2	1044					
В	Check if applicabl	INVINE KANCH WAIEK DISIRICI WAIEK		D Employer i	identifica	ation number				
	chang Name			01 10	7121	6				
	chang Initial	- G		91-1874346						
	return Final return	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 57000	E Telephone (949)		3-5300					
	termin ated			<b>G</b> Gross receipts	\$	10,970,156.				
	Amen return	IRVINE, CA 92019		H(a) Is this a	group ret					
	Applic	F Name and address of principal officer: CHEKIL CLAKI		for subor	dinates?	Yes X No				
_	pendir	SAME AS C ABOVE		H(b) Are all subor	rdinates inc	luded? Yes No				
		empt status: $501(c)(3)$ $X$ $501(c)(4)$ (insert no.) 4947(a)(1) of	or 527	If "No," a	ttach a li	ist. See instructions				
		e: N/A		H(c) Group ex						
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 19	997 <u>  м</u>	State of legal domicile: CA				
P	art I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	SCHEDU	LE O.						
Activities & Governance										
rne	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its	net asse	_				
Š	3					5				
ري حم	4	Number of independent voting members of the governing body (Part VI, line 1b)				0				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				0				
Ξ	6	Total number of volunteers (estimate if necessary)				0				
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		. 7b	0.				
			<u> </u>	Prior Year		Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			0.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,3		0.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,846,2		10,970,156.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,889,5		10,970,156.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_		0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		20					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,884,1	80.	5,708,930.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,884,1	180.	5,708,930.				
_	19	Revenue less expenses. Subtract line 18 from line 12		5,005,4		5,261,226.				
Net Assets or	ii ii		Ве	ginning of Curren		End of Year				
sset	ਰੂ 20	Total assets (Part X, line 16)		4,815,6		4,965,094.				
etA	21	Total liabilities (Part X, line 26)		40,121,0		135,009,314.				
Ž.	22 art II	Net assets or fund balances. Subtract line 21 from line 20	-1	.35,305,4	146.	-130,044,220.				
				and a soul to the ba		Lancard and a second back of the Contra				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules				knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowied <u>e</u>	je.					
٠.		Signature of officer		I Date						
Sig				Date						
He	re	CHERYL CLARY, ASST TREASURER  Type or print name and title								
				Date	Check	PTIN				
D-'		Print/Type preparer's name Preparer's signature			if					
Pai		TRITIA FOSTER  Firm's name DAVIS FARR LLP			self-employed	□ <u>P02164134</u> 17-3535842				
	parer	*		Firm's	EIN > 4	1-3333044				
USE	Only	Firm's address 18201 VON KARMAN AVE, SUITE 1100		Diversi	no Q 4 0	9-474-2020				
<u> </u>		IRVINE, CA 92612		Phone	110. 7 4 3					
Ma	y tne II	S discuss this return with the preparer shown above? See instructions				Yes No				

### IRVINE RANCH WATER DISTRICT WATER 91-1874346 Page 2 SERVICE CORPORATION Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III ...... 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 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? \_\_\_\_\_\_\_ Yes X No If "Yes," describe these changes on Schedule O. 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. (Code: \_\_\_\_\_) (Expenses \$ \_ ) (Revenue \$ including grants of \$ PROVIDED FINANCIAL ASSISTANCE TO IRVINE RANCH WATER DISTRICT. (Code: ) (Expenses \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

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including grants of \$

Other program services (Describe on Schedule O.)

Total program service expenses ▶

Form 990 (2021)

) (Revenue \$

### IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the construction of the Helical Obstace	14a		х
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<del></del> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		16		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ <sub>37</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	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			<b>.</b>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

### IRVINE RANCH WATER DISTRICT WATER

Form 990 (2021)

SERVICE CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			. v
<b></b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
· -	Part V, line 1	34	Х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			口
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С				
	(gambling) winnings to prize winners?	1c		

132004 12-09-21

021) SERVICE CORPORATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) 91-1874346 Page **5** Form 990 (2021) Part V Yes No

			162	140
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
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.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	J 1 7 1 7 7 7	_5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		X
_	, , , , , , , , , , , , , , , , , , , ,	5c		
6a				, v
	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 that such contributions or gifts	<b>a</b> .		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		X
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		
d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

2021.05030 IRVINE RANCH WATER DISTRI 74346Q\_1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	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 cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			

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

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

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

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

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

Check this box if neither the organization nei	(B)	J. 90	<u>_</u>		C)	.,,	Jack	(D)	(E)	(F)
(A) Name and title				Pos		1		1	( <b>E)</b> Reportable	Estimated
Name and title	Average hours per			heck	more	than o		Reportable compensation	compensation	amount of
	week					s both or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	cer	empl	hest c	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Fori			
(1) PAUL COOK	0.00									
GENERAL MANAGER	40.00					X		0.	410,108.	54,358
(2) PAUL WEGHORST	0.00									
EXECUTIVE DIRECTOR, WATER POLICY	40.00			L		X	`	0.	292,151.	47,546
(3) KEVIN BURTON	0.00									
EXECUTIVE DIRECTOR, TECHNICAL SERVIC	40.00					X		0.	289,678.	45,969
(4) CHERYL CLARY	1.00									
ASST. TREASURER	40.00			Х				0.	284,666.	32,713
(5) WENDY CHAMBERS	0.00	4								
EXECUTIVE DIRECTOR, OPERATIONS	40.00					Х		0.	259,563.	44,928.
(6) FIONA SANCHEZ	0.00									
DIRECTOR OF WATER RESOURCE	40.00					Х		0.	256,259.	44,147.
(7) ROBERT JACOBSON	1.00									
TREASURER	40.00			Х				0.	248,493.	44,147.
(8) CHRISTINE COMPTON	1.00									
ASST. SECRETARY	0.00			Х				0.	203,334.	27,884
(9) JENNIFER DAVIS	1.00									
ASST. TREASURER	40.00			Х				0.	158,675.	31,888
(10) LESLIE BONKOWSKI	1.00									
SECRETARY	40.00			Х				0.	156,972.	21,226
(11) KRISTINE SWAN	1.00									
ASST. SECRETARY	0.00			Х				0.	108,936.	27,853
(12) JOHN WITHERS	1.00									
VICE PRESIDENT	1.00	Х		Х				0.	33,297.	21,087
(13) PEER SWAN	1.00									
DIRECTOR	2.00	Х						0.	30,757.	20,243.
(14) DOUG REINHART	1.00								-	-
PRESIDENT	1.00	Х		х				0.	32,905.	17,872.
(15) STEVEN LAMAR	1.00								-	-
DIRECTOR	1.00	Х						0.	31,370.	17,955.
(16) KAREN MCLAUGHLIN	1.00								-	-
DIRECTOR	2.00	Х						0.	26,700.	2,491.
(17) CLAIRE HERVEY COLLINS	1.00								•	•
ATTORNEY	3.00	1		х				0.	0.	0.
132007 12-09-21	•				•	•				Form <b>990</b> (202

Form 990 (2021)

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) (C)						(D)	(E)			(F)		
	Name and title	Average	Position (do not check more than one		Reportable	Reportable		Es	timate	d				
		hours per week					s both		compensation	compensatio			ount c	of
		(list any	tor						from the	from related organizations	- 1		other oensat	ion
		hours for	r director				ted		organization	(W-2/1099-MIS			om the	
		related	stee o	trustee			pensat		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		organizations below	ual tru	ional t		ploye	t com		1099-NEC)				l relate nizatio	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	IIIZatic	1115
				_		×								
											-+			
-														
								N						
41- 0-1-1	-1-1				_				0.	2,823,86	. 1	501	2,30	17
	otal								0.	2,023,00	0.	502	4,30	0.
	from continuation sheets to Part VII (add lines 1b and 1c)								0.	2,823,86		503	2,30	
	number of individuals (including but n						_	o re						
	pensation from the organization		4				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0
						7							Yes	No
3 Did th	ne organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
	a? If "Yes," complete Schedule J for se											3	_	<u>X</u>
	ny individual listed on line 1a, is the su	•							•	•				
	elated organizations greater than \$150										·····	4	<u> </u>	
	ny person listed on line 1a receive or a	•				,			J		ŀ			Х
	ered to the organization? If "Yes." com Independent Contractors	plete Schedule	9 <i>J f</i>	or su	ich ţ	oers	on .					5		
	olete this table for your five highest co	mpensated ind	ene	nder	nt cc	ntra	actor	s th	nat received more than \$	100 000 of comp	ensat	ion fro	m	
-	rganization. Report compensation for t	•	•											
	(A)								(B)			(C	)	
	Name and business	address	N	ONE	3				Description of s	ervices	С	omper	sation	1
								-						
2 Total	number of independent contractors (in	ncluding but no	ot lin	nited	l to t	_		ted	above) who received mo	ore than				
<u>\$100</u> ,	000 of compensation from the organiz	zation >				(	)						200	
												Form S	<b>990</b> (2	2021)

Form 990 (2021) SERVICE
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			•	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1	<u> </u>	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
S S			Fundraising events 1c					
fts, Ar								
ig ig								
ns, Sirr			Government grants (contributions)  1e					
utic er		T	All other contributions, gifts, grants, and					
ğ			similar amounts not included above 1f					
ont		_	Noncash contributions included in lines 1a-1f					
<u>O</u> 8		<u>n</u>	Total. Add lines 1a-1f					
				Business Code				
ce	2	а						
Program Service Revenue		b						
Sc		С						
ran Sev		d						
og F		е						
ď		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b>)</b>				
	3		Investment income (including dividends, inter-	est, and				
			other similar amounts)	<b>&gt;</b>				
	4		Income from investment of tax-exempt bond p					
	5		Royalties	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
<u>o</u>		_	and sales expenses 7b					
enc		c	Gain or (loss) 7c					
Şev.		d	Net gain or (loss)	<b></b>				
her Revenue			Gross income from fundraising events (not					
Othe	0	a	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8t					
			Net income or (loss) from fundraising events	<u>'</u>				
			Gross income from gaming activities. See					
	9	a	l l					
			Part IV, line 19 Less: direct expenses  9a 9b					
				<u> </u>				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		_	and allowances 10					
			Less: cost of goods sold10	0				
		С	Net income or (loss) from sales of inventory	<b>.</b>				
ω				Business Code				
eon Je	11		INTERCOMPANY TRANSFER	900099	9,600,456.	9,600,456.		
lane		b	AMORTIZATION OF PREMIUM	900099	1,369,700.	1,369,700.		
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		e	Total. Add lines 11a-11d	<b>)</b>	10,970,156.			
	12		Total revenue. See instructions	<b></b>	10,970,156.	10970156.	0.	0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 5,605,000 5,605,000. 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 102,500. 102,500. AMORTIZATION OF DEFERRE NON-OPERATING EXPENSE 1,430. 1,430 С d All other expenses 5,708,930. 0. 5,708,930. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,681,974.	1	3,940,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	93.
	5	Loans and other receivables from any current or former officer, direc			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin			
ts		under section 4958(f)(1)), and persons described in section 4958(c)(3	e)(B)	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 1 1 2 7 E 0 1	9	1,025,001.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	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		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	4,965,094.
	17	Accounts payable and accrued expenses	1,888,750.	17	1,827,500.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	133,181,814.
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
ű	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or	35%		
Liabilities		controlled entity or family member of any of these persons		22	
וב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir	d		
		parties, and other liabilities not included on lines 17-24). Complete P	art X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	140,121,076.	26	135,009,314.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here	X		
ᇿ		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
As	31	Retained earnings, endowment, accumulated income, or other funds		31	-130,044,220.
Net Assets or Fund Balances	32	Total net assets or fund balances	-135,305,446.	32	-130,044,220.
_	33	Total liabilities and net assets/fund balances		33	4,965,094.

Form **990** (2021)

Pa	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		<u>,97</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,70		
3	Revenue less expenses. Subtract line 2 from line 1	3		,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-135	,30	5,4	46.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-130	,04	4,2	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	1.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2021)

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 91-1874346 \end{array}$ 

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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 line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL COOK	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL MANAGER	(ii)	380,108.	30,000.	0.	30,538.	23,820.	464,466.	0.
(2) PAUL WEGHORST	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR, WATER POLICY	(ii)	290,151.	2,000.	0.	23,726.	23,820.	339,697.	0.
(3) KEVIN BURTON	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR, TECHNICAL SERVIC	(ii)	287,928.	1,750.	0.	23,244.	22,725.	335,647.	0.
(4) CHERYL CLARY	(i)	0.	0.	0.	0.	0.	0.	0.
ASST. TREASURER	(ii)	282,666.	2,000.	0.	23,726.	8,987.	317,379.	0.
(5) WENDY CHAMBERS	(i)	0.	0.	0	0.	0.	0.	0.
EXECUTIVE DIRECTOR, OPERATIONS	(ii)	257,813.	1,750.	0.	22,203.	22,725.	304,491.	0.
(6) FIONA SANCHEZ	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR OF WATER RESOURCE	(ii)	254,259.	2,000.	0.	20,327.	23,820.	300,406.	0.
(7) ROBERT JACOBSON	(i)	0.	0.	0	0.	0.	0.	0.
TREASURER	(ii)	246,493.	2,000.	0.	20,327.	23,820.	292,640.	0.
(8) CHRISTINE COMPTON	(i)	0.	0	0.	0.	0.	0.	0.
ASST. SECRETARY	(ii)	201,334.	2,000.	0.	18,387.	9,497.	231,218.	0.
(9) JENNIFER DAVIS	(i)	0.	0.	0.	0.	0.	0.	0.
ASST. TREASURER	(ii)	156,925.	1,750.	0.	13,367.	18,521.	190,563.	0.
(10) LESLIE BONKOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	155,472.	1,500.	0.	12,239.	8,987.	178,198.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information on Tax-Exempt Bonds**

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

explanations, and any additional information in Part VI.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

IRVINE RANCH WATER DISTRICT WATER

SERVICE CORPORATION

Employer identification number 91-1874346

Part	I Bond Issues SI	EE PART VI	FOR COLUMN	(F) CON'	ITAUNI	<u>ONS</u>								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Descript	ion of purpose	( <b>g)</b> De	feased	(h) On of iss		(i) Po finan	
									Yes	No			Yes	<u> </u>
I	RVINE RANCH WATER						TO FINAN							
ΑD	ISTRICT SERIES 2016	95-2232918	000000000	10/01/16	116745	5000.	CAPITAL	<b>IMPROVEME</b>		X		Х		X
В														
С														
-														
Part	II Proceeds											I		
rait	ii Froceeus			Α			 B	С				D		
1	Amount of bonds retired						_ Б							
	Amount of bonds legally defeased				0,000.									
	Total proceeds of issue			116,74										
	Gross proceeds in reserve funds													
	Capitalized interest from proceeds													
7	Issuance costs from proceeds			47	0,786.									
8	Credit enhancement from proceeds													
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			. 74,06	4,214.									
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion													
				Yes	No	Yes	No	Yes	No		Yes		No	
	Were the bonds issued as part of a refunding	•												
	if issued prior to 2018, a current refunding iss				X									
	Were the bonds issued as part of a refunding		•											
	issued prior to 2018, an advance refunding is											_		
	Has the final allocation of proceeds been made			X								$\perp$		
	Does the organization maintain adequate boo	•	•											
	final allocation of proceeds?			X							dule K			

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

Schedule K (Form 990) 2021

### IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

Part	III Private Business Use								
			4	Е	3	(	С		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
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		%		%		%		%
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		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Part	IV Arbitrage								
			4	E	3	(	Ç		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	X							
b	Exception to rebate?		X						
С	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		T						T
3	Is the bond issue a variable rate issue?		X						

Page 2

IRVINE RANCH WATER DISTRICT WATER

SERVICE CORPORATION

91-1874346

Page 3

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)								
		A	Е	3		С		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A	E	3	(	Ç		<u> </u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: IRVINE RANCH WATER DISTRICT SERI	[ES 201	6						
(F) DESCRIPTION OF PURPOSE:	, i							
TO FINANCE CAPITAL IMPROVEMENTS AND RELATED FACIL	ITIES							

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

**Open to Public** Inspection

OMB No. 1545-0047

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:

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

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

THE ORGANIZATION HAS A FORMAL CONFLICT OF INTEREST POLICY. THE FIVE 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION	Employer identification number 91–1874346
OF INTEREST POLICY BY ENFORCING ITS IMPLEMENTATION AS POLI	CY TO MEMBERS OF
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 REQUE	ST MADE TO THE
TREASURER OF THE ORGANIZATION.	
FORM 990 PART XII LINE 2C	
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRICE	R YEAR.

#### 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.

2021 Open to Publ

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

91-1874346

Department of the Treasury Internal Revenue Service

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

IRVINE RANCH WATER DISTRICT WATER

Name of the organization IRVINE RANCH WATER DISTRICT WATE: SERVICE CORPORATION

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

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

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
IRVINE RANCH WATER DISTRICT - 95-2232918							
15600 SAND CANYON ROAD							
IRVINE, CA 92619-7000	WATER DISTRICT	CALIFORNIA 501(C)(4)			N/A		X
	1						
	1						

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

Schedule R (Form 990) 2021

91-1874346

Page 2

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

		. ,											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI	General o	Percentage ownership		
or related organization		(state or foreign	Critity	(related, unrelated, excluded from tax under sections 512-514)	lilcome	assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	- Ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No			
											+		
											<del>                                     </del>		
	·		·		·	·			·				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		2				Yes	No
									<del></del>
	-								
									<del>                                     </del>
-									
-									
	1								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1	a 📗		X
	Gift, grant, or capital contribution to related organization(s)					b		Х
С	Gift, grant, or capital contribution from related organization(s)				1	С	Х	
	Loans or loan guarantees to or for related organization(s)					d	Х	
е	Loans or loan guarantees by related organization(s)				1	е		X
f	Dividends from related organization(s)				1	f		_X_
g	Sale of assets to related organization(s)				1	g		_X_
h	Purchase of assets from related organization(s)				1	h		_X_
i	Exchange of assets with related organization(s)					<u>i  </u>		_X_
j	Lease of facilities, equipment, or other assets to related organization(s)					<u>i                                    </u>		<u>X</u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1	k L		X
	Performance of services or membership or fundraising solicitations for related organizations					ı		X
n	Performance of services or membership or fundraising solicitations by related organiz	zation(s)			11	n		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1	n	Х	
o	Sharing of paid employees with related organization(s)				1	•	Х	
g	Reimbursement paid to related organization(s) for expenses				1	<sub>o</sub> T		Х
	Reimbursement paid by related organization(s) for expenses					a		X
٦	(o, to o pend o							
r	Other transfer of cash or property to related organization(s)				1	r		Х
	Other transfer of cash or property from related organization(s)					s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who							
_								
	(a) Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	Method of determ	<b>(d)</b> iining amount involve	d		
		type (a-s)			3			
1)	IRVINE RANCH WATER DISTRICT	D	133,181,814.	COST				
•								
2)	IRVINE RANCH WATER DISTRICT	С	9,600,456.	COST				
3)								
•								
4)								
•								
5)								
•								
6)								
3216	3 11-17-21				Schedule R (F	orm	990)	2021

Schedule R (Form 990) 2021

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?  Yes No	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?	(k) Percentage ownership
			18						

Schedule R (Form 990) 2021

TAXABLE YEAR **2021** 

### California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Ca	ılendar Year	r 2021 or fiscal year beginning (mm/dd/yyyy)	07/01/2021	, and ending (n	nm/dd/yyy	ry) 0 6	5/30/2022				
		ganization name			Cali	fornia corporation	number				
I	RVINE	RANCH WATER DISTRICT	T WATER								
<u>S</u>	ERVIC	3									
Ad	ditional inforn	nation. See instructions.			FE						
_						91-1874	1346				
		suite or room)				PMB no.					
<u>P</u>		OX 57000			State	ZIP code					
	, RVINE					92619					
	reign country		Foreign province/state/county		CA	Foreign postal c	ode				
Ā	First retu	ırn	Yes X No I Did	the organization have	any chang	ges to its guide	lines				
В	Amended				e FTB? See instructions • Yes X No						
C	IRC Secti	ion 4947(a)(1) trust		empt under R&TC Se	ection 2370	01d, has the or	ganization				
D	Final info	ormation return?	_			See instructions. • Yes No					
	• 🔲	Dissolved Surrendered (Withdrawn)				der R&TC Section 23701g? ● Yes X No					
_		: (mm/dd/yyyy)		es," enter the gross re				37			
E		counting method: (1) Cash (2) X Acc				ability company? • Yes X N					
F		Other 990 series	turn filed? (1) • 990T (2) • 990PF (3) • sch H (990)								
G		group filing? See instructions						X No			
Н		ganization in a group exemption		audited in a prior yea				X No			
		what is the parent's name?		?	····· = =	X No					
		<u> </u>									
_F	Part I	Complete Part I unless not required to file this					10000				
		1 Gross sales or receipts from other sour					10,970,1				
		2 Gross dues and assessments from mer				-   -		00			
		3 Gross contributions, gifts, grants, and s				• 3		00			
	Receipts	4 Total gross receipts for filing requirement  This line must be completed. If the real				• 4	10,970,1	56 00			
	and	5 Cost of goods sold				00	10,370,1	30100			
F	Revenues	6 Cost or other basis, and sales expenses				00					
		7 Total costs. Add line 5 and line 6				7		00			
		8 Total gross income. Subtract line 7 from					10,970,1				
	Evnonoso	9 Total expenses and disbursements. Fro	m Side 2, Part II, line 18			• <u>9</u>	5,708,9				
_'	Expenses	10 Excess of receipts over expenses and d	isbursements. Subtract line 9 fro	m line 8		• 10	5,261,2	26 00			
								00			
		12 Use tax. See General Information K				• <u>12</u>		00			
,	Filing Fee										
		16 Balance due Add line 12 and line 15		<u>15</u>		00					
_		16 Balance due. Add line 12 and line 15. Under penalties of perjury, I declare that I have examir it is true, correct, and complete. Declaration of prepar	ned this return, including accompanying er (other than taxpaver) is based on all i	schedules and statemen	ts, and to the	e best of my know knowledge.	ledge and belief,				
Sign Here			Date		Telephone						
п	516	Signature of officer	ASS!	TREASURE	R		·				
		Burnanda		Date	Check	if	PTIN				
		Preparer's signature			self-en	nployed	P02164134				
Pa		Firm's name					• Firm's FEIN				
	eparer's	or yours, if self-	ANT ATTE CTTTTE 1	100			47-3535842 ● Telephone				
Us	se Only	and address	AN AVE, SUITE 1	TOO			•	20			
_		IRVINE, CA 926		one		• X Yes	949-474-20	<u>⊿∪</u>			
		May the FTB discuss this return with the prep	varer shown above: See instruct	UIIS	<u></u>	▼ <b></b> ∡ <b></b> Yes	No				

### IRVINE RANCH WATER DISTRICT WATER SERVICE CORPORATION

91-1874346

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.

128951 01-19-22

						SEE PART	II SU	BSTITU'	${f r}{f E}$	ATTACHMENT	
	1	Gross sales or receipts from all	business activ	ities. See instru	ctions			•	1		00
	2	Interest							2		00
	3	Dividends							3		00
Receip	ots 4								4		00
from	5	Gross royalties							5		00
Other	6	Gross amount received from sa						_	6		00
Source	s 7		,						7		00
	8	Total gross sales or receipts fro							8		00
	9	Contributions, gifts, grants, and	similar amour	nts paid	- 			•	9		00
	10	Disbursements to or for member							10		00
	11	Compensation of officers, direct	ors, and truste	ees				•	11	C	00
	12										00
Expens	ses 13	Interest							13		00
and	14	Taxes							14		00
Disbur	se- 15	Rents							15		00
ments	16	Depreciation and depletion (See	instructions)					•	16		00
	17	Other expenses and disburseme	ents					•	17		00
	18	Total expenses and disburseme							18		00
Sche	dule L			Beginning of					of tax	able year	
Assets				(a)		(b)		(c)		(d)	
<b>1</b> Ca	ısh						47			•	
<b>2</b> Ne		s receivable								•	
3 Ne	et notes re	ceivable								•	
							7			•	
	5 Federal and state government obligations									•	
<b>6</b> In	vestments	in other bonds								•	
<b>7</b> In	vestments	in stock								•	
8 M	ortgage lo	ans								•	
<b>9</b> Ot	her invest	ments								•	
10 a	Deprecial	ole assets									
b	Less accu	ımulated depreciation	(				(		)		
<b>11</b> La	ınd				$\mathbf{M}$					•	
<b>12</b> Ot	her assets	S								•	
		<b>3</b>									
Liabili	ties and n	et worth									
<b>14</b> Ac	counts pa	ıyable								•	
		ns, gifts, or grants payable								•	
<b>16</b> Bo	onds and r	notes payable								•	
<b>17</b> M	ortgages p	payable								•	
<b>18</b> Ot	her liabilit	ies									
<b>19</b> Ca	pital stoc	k or principal fund								•	
		ital surplus. Attach reconciliation								•	
<b>21</b> Re	etained ea	rnings or income fund								•	
		ties and net worth									
Sche	edule N	1-1 Reconciliation of income Do not complete this sche				e 13, column (d), is le	ess than \$50,	,000.			
<b>1</b> Ne	et income	per books			<u> </u>	7 Income recorde					
		me tax		Income recorded on books this your				-	e	•	
		capital losses over capital gains				8 Deductions in t					
	Income not recorded on books this year.				against book in						
	Attach schedule				Attach schedule	•					
	5 Expenses recorded on books this year not					9 Total. Add line					
			nis return. Attach schedule • 10 Net income per return.								
		d line 1 through line 5				Subtract line 9					