

2011

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

CLIENT 206211

IRVINE RANCH WATER DISTRICT
IMPROVEMENT CORPORATION

33-0190408

2/26/13

4:18 PM

	2011	2010	DIFF
REVENUE			
TOTAL REVENUE	0	0	0
EXPENSES			
TOTAL EXPENSES	0	0	0
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES	0	0	0
TOTAL ASSETS AT END OF YEAR	0	0	0
TOTAL LIABILITIES AT END OF YEAR	0	0	0
NET ASSETS/FUND BALANCES AT END OF YEAR.	0	0	0

2011

CALIFORNIA 199 TAX SUMMARY

PAGE 1

CLIENT 206211

IRVINE RANCH WATER DISTRICT
IMPROVEMENT CORPORATION

33-0190408

2/26/13

4:18 PM

	2011	2010	DIFF
REVENUE			
TOTAL INCOME.....	0	0	0
EXPENSES AND DISBURSEMENTS			
TOTAL DEDUCTIONS.....	0	0	0
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	0	0	0
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
SCHEDULE L			
BEGINNING ASSETS.....	0	0	0
BEGINNING LIABILITIES & NET WORTH.....	0	0	0
ENDING ASSETS.....	0	0	0
ENDING LIABILITIES & NET WORTH.....	0	0	0

Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 7/01, **2011, and ending** 6/30, **2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION P.O. BOX 57000 IRVINE, CA 92619-7000	D Employer Identification Number 33-0190408 E Telephone number (949) 453-5300 G Gross receipts \$ 0.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

F Name and address of principal officer: SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>
--------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I Tax-exempt status	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
----------------------------	------------------------------------	-----------------------------------------------------------------	----------------------------------------	------------------------------

J Website: ▶ N/A	H(c) Group exemption number ▶
-------------------------	--------------------------------------

K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of Formation:	M State of legal domicile:
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------	-----------------------------------

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION IS TO BE A FINANCING ENTITY TO ASSIST IN THE CREATION AND CONSTRUCTION OF WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a).....	3		5
4	Number of independent voting members of the governing body (Part VI, line 1b).....	4		0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a).....	5		0
6	Total number of volunteers (estimate if necessary).....	6		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		0.
7b	Net unrelated business taxable income from Form 990-T, line 34.....	7b		0.
8	Contributions and grants (Part VIII, line 1h).....		Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g).....			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....			
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....			0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....			
14	Benefits paid to or for members (Part IX, column (A), line 4).....			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....			
16a	Professional fundraising fees (Part IX, column (A), line 11e).....			
b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....			
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....			0.
19	Revenue less expenses. Subtract line 18 from line 12.....			0.
20	Total assets (Part X, line 16).....		Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26).....		0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20.....		0.	0.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>CHERYL CLARY</u> <small>Type or print name and title.</small>	Date IRWD -DIR OF FINANCE
------------------	---------------------------------------------------------------------------------------------	------------------------------

Paid Preparer Use Only	Print/Type preparer's name CHARLES Z. FEDAK CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00558851
	Firm's name ▶ CHARLES Z. FEDAK & CO. Firm's address ▶ 6081 ORANGE AVE STE 2 CYPRESS, CA 90630-3378				Firm's EIN ▶ 01-0825482 Phone no. (714) 527-1818

May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. []

1 Briefly describe the organization's mission:

THE MISSION OF THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION IS TO BE A FINANCING ENTITY TO ASSIST IN THE CREATION AND CONSTRUCTION OF WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 and section 4947(a)(1) trusts 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 \$ [])

4b (Code: []) (Expenses \$ [] including grants of \$ [] (Revenue \$ [])

4c (Code: []) (Expenses \$ [] including grants of \$ [] (Revenue \$ [])

4d Other program services. (Describe in Schedule O.) (Expenses \$ [] including grants of \$ [] (Revenue \$ [])

4e Total program service expenses ▶ 0.

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)? <i>If 'Yes,' complete Schedule A.</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I.</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? <i>If 'Yes,' complete Schedule C, Part II.</i>	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? <i>If 'Yes,' complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	11a	X
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11b	X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>	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? <i>If 'Yes,' complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</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? <i>If 'Yes,' complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	19	X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 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. <input type="text" value="0"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?		
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand. <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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 to any question in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	1 a 5		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent.	1 b		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a 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?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director or 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 in Schedule O.	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c	X	
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?			
a The organization's CEO, Executive Director, or top management official	15 a	X	
b Other officers of key employees of the organization SEE SCHEDULE O	15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ CHERYL CLARY 15600 SAND CANYON AVENUE IRVINE CA 92618 (919) 453-5300

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

Check if Schedule O contains a response to any question in this Part VII

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

1 a 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 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) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY AILEEN MATHEIS VICE PRESIDENT	1						0.	25,866.	8,287.	
(2) STEVE LAMAR DIRECTOR	1						0.	27,168.	16,914.	
(3) JOHN B. WITHERS PRESIDENT	1						0.	26,457.	18,855.	
(4) PEER A. SWAN DIRECTOR	1						0.	25,244.	14,723.	
(5) DOUGLAS J. REINHART DIRECTOR	1						0.	26,409.	12,732.	
(6) ROBERT JACOBSON TREASURER	1						0.	151,790.	33,159.	
(7) LESLIE BONKOWSKI SECRETARY	1						0.	104,692.	17,155.	
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1 b Sub-total	0.	387,626.	121,825.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	387,626.	121,825.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lns 1a-1f: \$ _____					
h Total. Add lines 1a-1f. ▶						
PROGRAM SERVICE REVENUE	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue.					
g Total. Add lines 2a-2f. ▶						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ▶					
	4 Income from investment of tax-exempt bond proceeds. ▶					
	5 Royalties. ▶					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses.					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory.	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a					
	b Less: direct expenses. b					
c Net income or (loss) from fundraising events. ▶						
9 a Gross income from gaming activities. See Part IV, line 19. a						
b Less: direct expenses. b						
c Net income or (loss) from gaming activities. ▶						
10 a Gross sales of inventory, less returns and allowances. a						
b Less: cost of goods sold. b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions. ▶		0.	0.	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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	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	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6	
	7	Notes and loans receivable, net.....		7	
	8	Inventories for sale or use.....		8	
	9	Prepaid expenses and deferred charges.....		9	
	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 34).....	0.	16	0.	
LIABILITIES	17	Accounts payable and accrued expenses.....		17	
	18	Grants payable.....		18	
	19	Deferred revenue.....		19	
	20	Tax-exempt bond liabilities.....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25	
	26	Total liabilities. Add lines 17 through 25.....	0.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets.....		27	
	28	Temporarily restricted net assets.....		28	
	29	Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds.....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32	Retained earnings, endowment, accumulated income, or other funds.....		32	
	33	Total net assets or fund balances	0.	33	0.
	34	Total liabilities and net assets/fund balances	0.	34	0.

BAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0.
2	Total expenses (must equal Part IX, column (A), line 25)	2	0.
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	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	0.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2011

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

IRVINE RANCH WATER DISTRICT

33-0190408

Part I Questions Regarding Compensation

		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
1 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.		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the filing 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. Explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4 a	Receive a severance payment or change-of-control payment?		X
4 b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
4 c	Participate in, or receive payment from, an equity-based compensation arrangement?		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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5 a	The organization?		X
5 b	Any related organization?		X
	If 'Yes' to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6 a	The organization?		X
6 b	Any related organization?		X
	If 'Yes' to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.		X
8	Were any amounts reported in 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.		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2011

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 in 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 are not 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 columns (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 MARY AILEEN MATHEIS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	25,866.	0.	0.	8,287.	0.	34,153.	0.
2 STEVE LAMAR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	27,168.	0.	0.	16,914.	0.	44,082.	0.
3 JOHN B. WITHERS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	26,457.	0.	0.	18,855.	0.	45,312.	0.
4 PEER A. SWAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	25,244.	0.	0.	14,723.	0.	39,967.	0.
5 DOUGLAS J. REINHART	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	26,409.	0.	0.	12,732.	0.	39,141.	0.
6 ROBERT JACOBSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	151,790.	0.	0.	33,159.	0.	184,949.	0.
7 LESLIE BONKOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	104,692.	0.	0.	17,155.	0.	121,847.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION** Employer identification number **33-0190408**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
IRVINE RANCH WATER DISTRICT
IMPROVEMENT CORPORATION

Employer identification number
33-0190408

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE ORGANIZATIONS 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 MEETINGS AND IS A REQUIRED PROCEDURE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE CORPORATION'S ONLY TRANSACTIONS ARE RELATED TO THE DEBT SERVICE PAYMENTS ON THE 1986 CERTIFICATES OF PARTICIPATION. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. IN ADDITION, THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES APPLICABLE TO THE YEAR ENDED JUNE 30, 2010 AND ALL PRECEEDING YEARS AS WELL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 33-0190408
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 57000	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINE, CA 92619-7000	

Enter the Return code for the return that this application is for (file a separate application for each return). **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHERYL CLARY -----

Telephone No. ▶ (919) 453-5300 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15 ____, 20 13 __, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01 ____, 20 11 __, and ending 6/30 ____, 20 12 __.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of exempt organization or other filer, see instructions. IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 33-0190408
	Number, street, and room or suite number. If a P.O. box, see instructions. CHARLES Z. FEDAK & CO. 6081 ORANGE AVE STE 2	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CYPRESS, CA 90630-3378	

Enter the Return code for the return that this application is for (file a separate application for each return).

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **CHERYL CLARY**
Telephone No. **(919) 453-5300** FAX No.
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 2013.
- 5 For calendar year , or other tax year beginning 7/01, 2011, and ending 6/30, 2012.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension. . . . ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE THE FEDERAL RETURN IN A TIMELY AND CORRECT MANNER.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **IRWD -DIR OF FINANCE** Date
BAA FIFZ0502L 07/29/11 Form 8868 (Rev 1-2012)

CLIENT 206211

IRVINE RANCH WATER DISTRICT
IMPROVEMENT CORPORATION

33-0190408

2/26/13

04:18PM

STATEMENT NO. 1
FORM 990
SCHEDULE L
PART IV D
INDIVIDUAL'S COMPENSATION BY RELATED ORGANIZATIONS

EMPLOYEE NAME: ROBERT JACOBSON

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT

FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PRIOR YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$151,790
DEFERRED COMPENSATION \$ 33,159

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

EMPLOYEE NAME: LESLIE BONKOWSKI

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT

FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PREVIOUS YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$104,692
DEFERRED COMPENSATION \$ 17,155

CLIENT 206211

IRVINE RANCH WATER DISTRICT
IMPROVEMENT CORPORATION

33-0190408

2/26/13

04:18PM

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

EMPLOYEE NAME: MARY AILEEN MATHEIS

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT
FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PRIOR YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$ 25,866
DEFERRED COMPENSATION \$ 8,287

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

EMPLOYEE NAME: STEVE LAMAR

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT
FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PRIOR YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$ 27,168
DEFERRED COMPENSATION \$ 16,914

CLIENT 206211

IRVINE RANCH WATER DISTRICT
IMPROVEMENT CORPORATION

33-0190408

2/26/13

04:18PM

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

EMPLOYEE NAME: JOHN B. WITHERS

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT

FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PRIOR YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$ 26,457
DEFERRED COMPENSATION \$ 18,855

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

EMPLOYEE NAME: PEER A. SWAN

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT

FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PRIOR YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$ 25,244
DEFERRED COMPENSATION \$ 14,723

2/26/13

04:18PM

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

EMPLOYEE NAME: DOUGLAS J. REINHART

RELATED ORGANIZATION: IRVINE RANCH WATER DISTRICT

FEIN: 95-2232918

RELATIONSHIP EXPLANATION: IN AUGUST OF 1986, IRVINE RANCH WATER DISTRICT FORMED THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION FOR THE PURPOSE OF FINANCING WATER, SEWER AND OTHER PUBLIC IMPROVEMENTS. IN THE PRIOR YEAR THE CORPORATION'S ONLY TRANSACTIONS WERE RELATED TO THE DEBT SERVICE PAYMENTS ON THE OUTSTANDING 1986 CERTIFICATES OF PARTICIPATION. DURING THE YEAR ENDED JUNE 30, 2010, THESE 1986 CERTIFICATES OF PARTICIPATION WERE PAID OFF BY THE IRWD IMPROVEMENT CORP. THE FIVE DISTRICT BOARD OF DIRECTORS ARE REQUIRED TO BE THE FIVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS. THE IRVINE RANCH WATER DISTRICT ACCOUNTS FOR THE CORPORATION'S ACTIVITIES IN SEVERAL IMPROVEMENT DISTRICTS. THE CORPORATION DOES NOT ISSUE SEPARATE FINANCIAL STATEMENTS

COMPENSATION PAID; \$ 26,409

DEFERRED COMPENSATION \$ 12,732

COMPENSATION ARRANGEMENT EACH BOARD MEMBER IS PAID DIRECTLY BY THE IRVINE RANCH WATER DISTRICT FOR ALL SERVICES RENDERED. ALLOCATION OF THE TIME SPENT APPLICABLE TO THE IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION BY THIS BOARD MEMBER IS ONE HOUR PER WEEK.

2011

California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month 07 day 01 year 2011, and ending month 06 day 30 year 2012

Corporation/Organization Name IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION California corporation number 1382225

Address (suite, room, or PMB no.) P.O. BOX 57000 FEIN 33-0190408

City IRVINE, CA 92619-7000 State ZIP Code

- A First Return. Yes No
- B Amended Return. Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final Return. Yes No
 - Dissolved Surrendered (Withdrawn)
 - Merged/Reorganized Enter date: _____
- E Check accounting method:
 - 1 Cash 2 Accrual 3 Other
- F Federal return filed?
 - 1 990T 2 990 (PF) 3 Sch H (990)
- G Is this a group filing for the subordinates/affiliates? Yes No
If 'Yes,' attach a roster. See instructions
- H Is this organization in a group exemption? Yes No
If 'Yes,' What's the parent's name? _____
- I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If 'Yes,' explain, and attach copies of revised documents.

- J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If 'Yes,' complete and attach form FTB 3509. N/A
- K Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter gross receipts from nonmember sources. \$ _____
- L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M Is the organization a Limited Liability Company? Yes No
- N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	
	2	Gross dues and assessments from members and affiliates	•	2	
	3	Gross contributions, gifts, grants, and similar amounts received	•	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	•	4	
	5	Cost of goods sold	•	5	
	6	Cost or other basis, and sales expenses of assets sold	•	6	
	7	Total costs. Add line 5 and line 6		7	
	8	Total gross income. Subtract line 7 from line 4	•	8	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.		11	10.
	12	Total payments		12	
	13	Penalties and interest. See General Instruction J.		13	
	14	Use tax. See General Instruction K.	•	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result		15	10.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title	Date	<input type="checkbox"/> Telephone (949) 453-5300 <input checked="" type="checkbox"/> Paid PTIN P00558851 <input type="checkbox"/> FEIN 01-0825482 <input type="checkbox"/> Telephone (714) 527-1818	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed		
	Firm's name (or yours, if self-employed) and address	CHARLES Z. FEDAK & CO. 6081 ORANGE AVE STE 2 CYPRESS, CA 90630-3378			
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule.	●	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. . . SEE STATEMENT. 1	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes.	●	14	
	15	Rents.	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule.	●	17	
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1	Cash			●
2	Net accounts receivable			●
3	Net notes receivable			●
4	Inventories			●
5	Federal and state government obligations			●
6	Investments in other bonds			●
7	Investments in stock			●
8	Mortgage loans			●
9	Other investments Attach schedule.			●
10 a	Depreciable assets			
b	Less accumulated depreciation.			
11	Land			●
12	Other assets. Attach schedule.			●
13	Total assets			
Liabilities and net worth				
14	Accounts payable			●
15	Contributions, gifts, or grants payable.			●
16	Bonds and notes payable.			●
17	Mortgages payable.			●
18	Other liabilities. Attach schedule			
19	Capital stock or principle fund			●
20	Paid-in or capital surplus. Attach reconciliation.			●
21	Retained earnings or income fund			●
22	Total liabilities and net worth.			

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	7
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	7
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	●	8
6	Total. Add line 1 through line 5.		
			9
			10

2/26/13

04:18PM

STATEMENT 1
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY AILEEN MATHEIS 15600 SAND CANYON AVENUE IRVINE, CA 92618	VICE PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
STEVE LAMAR 15600 SAND CANYON AVENUE IRVINE, CA 92618	DIRECTOR 1.00	0.	0.	0.
JOHN B. WITHERS 15600 SAND CANYON AVENUE IRVINE, CA 92618	PRESIDENT 1.00	0.	0.	0.
PEER A. SWAN 15600 SAND CANYON AVENUE IRVINE, CA 92618	DIRECTOR 1.00	0.	0.	0.
DOUGLAS J. REINHART 15600 SAND CANYON AVENUE IRVINE, CA 92618	DIRECTOR 1.00	0.	0.	0.
ROBERT JACOBSON 15600 SAND CANYON AVENUE IRVINE, CA 92618	TREASURER 1.00	0.	0.	0.
LESLIE BONKOWSKI 15600 SAND CANYON AVENUE IRVINE, CA 92618	SECRETARY 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

State Charity Registration Number _____ IRVINE RANCH WATER DISTRICT IMPROVEMENT CORPORATION <small>Name of Organization</small> P.O. BOX 57000 <small>Address (Number and Street)</small> IRVINE, CA 92619-7000 <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1382225</u> Federal Employer ID No. <u>33-0190408</u>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/11 ending 6/30/12) list:
 Gross annual revenue \$ _____ 0. Total assets \$ _____ 0.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (949) 453-5300
 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

CHERYL CLARY	IRWD -DIR OF FINANCE		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>