

Return of Organization Exempt From Income Tax

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning MAY 1, 2004 and ending APR 30, 2005

B Check if applicable: C Name of organization CEDARPINES PARK MUTUAL WATER COMPANY D Employer identification number 95-0612820 E Telephone number (909) 338-1821 F Accounting method Accrual

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

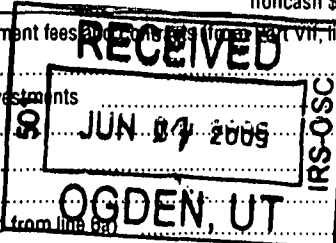
G Website: N/A J Organization type 501(c)(12) K Check here If the organization's gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 559,368. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net gain or loss from sales of assets, Special events, Gross sales of inventory, and Total revenue (558,268).

SCANNED AUG 01 2005



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	3,800.		
26 Other salaries and wages	26	130,862.		
27 Pension plan contributions	27			
28 Other employee benefits	28	8,424.		
29 Payroll taxes	29	11,792.		
30 Professional fundraising fees	30			
31 Accounting fees	31	4,500.		
32 Legal fees	32	3,333.		
33 Supplies	33	6,226.		
34 Telephone	34	4,413.		
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	3,929.		
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	68,229.		
42 Depreciation, depletion, etc. (attach schedule) ...	42	129,702.		
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e	188,596.		
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	563,806.		

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a CEDARPINES PARK MUTUAL WATER COMPANY PROVIDES WATER TO ITS MEMBERSHIP.	(Grants and allocations \$ _____)
b _____	(Grants and allocations \$ _____)
c _____	(Grants and allocations \$ _____)
d _____	(Grants and allocations \$ _____)
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	(Grants and allocations \$ _____)

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	226,013.	46 347,836.
	47 a Accounts receivable	47a 130,328.	
	b Less: allowance for doubtful accounts	47b	47c 130,328.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	9,187.	52 9,187.
	53 Prepaid expenses and deferred charges	12,654.	53 15,621.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 4,651,299.		
b Less: accumulated depreciation STMT 5	57b 1,744,469.	2,930,539.	
58 Other assets (describe SEE STATEMENT 6)		57c 2,906,830.	
		58 129,750.	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,422,622.	59 3,418,715.
Liabilities	60 Accounts payable and accrued expenses	51,710.	60 65,493.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	1,542,504.	64b 1,516,952.
	65 Other liabilities (describe)		65
66 Total liabilities (add lines 60 through 65)		1,594,214.	66 1,582,445.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	233,481.	70 246,881.
	71 Paid-in or capital surplus, or land, building, and equipment fund	1,193,816.	71 1,193,816.
	72 Retained earnings, endowment, accumulated income, or other funds	401,111.	72 395,573.
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,828,408.	73 1,836,270.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,422,622.	74 3,418,715.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT FRIEDMAN 572 N ARROWHEAD AVE SAN BERNARDINO, CA 92401	PRESIDENT 2	700.	0.	0.
WILFRED W. STEINER P O BOX 9165 CEDARPINES PARK, CA 92322	VICE PRESIDENT 2	850.	0.	0.
PERRY DAHLSTROM P O BOX 9259 CEDARPINES PARK, CA 92322	DIRECTOR 2	0.	0.	0.
PAT MORRISSEY P O BOX 3346 CRESTLINE, CA 92325	DIRECTOR 2	650.	0.	0.
FRANK DE CICCO P O BOX 2191 CRESTLINE, CA 92325	DIRECTOR 2	50.	0.	0.
HOWARD MC LEOD P O BOX 9259 CEDARPINES PARK, CA 92322	DIRECTOR 2	400.	0.	0.
ROBERT FAWLEY P O BOX 9259 CEDARPINES PARK, CA 92322	DIRECTOR 2	1,150.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A	85c	
d	Section 162(e) lobbying and political expenditures 85d N/A	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	86a	
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a 547,529.	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b 10,739.	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A		
90 a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 3	90b	3
91	The books are in care of TERRY MABILE Telephone no. (909) 338-1821		
	Located at 21853 CRESTFOREST DR., CEDARPINES PARK, CA ZIP + 4 92322		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a WATER SALES					381,581.
b CONNECTION CHARGES					14,325.
c TRANSFER FEES					1,300.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					150,323.
95 Interest on savings and temporary cash investments			14	3,089.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	7,650.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		10,739.	547,529.
105 Total (add line 104, columns (B), (D), and (E))					558,268.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 6/16/05

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 6-16-05

Check if self-employed:

Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: ROGERS, ANDERSON, MALODY & SCOTT, LLP
290 N D STREET, SUITE 300
SAN BERNARDINO, CA 92401

EIN: _____

Phone no.: (909) 889-0871

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	PROGRAM SERVICES							
			.000	16				0.
2	LAND							
	VARIABLE				46,986.			0.
3	BUILDINGS AND PAVING							
	VARIABLE	SSL	.000	16	181,094.		68,563.	4,567.
4	OFFICE FURNITURE AND EQUIP							
	VARIABLE	SSL	.000	16	58,763.		46,078.	2,718.
5	TANKS, PUMPS AND MISC EQUIP							
	VARIABLE	SSL	.000	16	1,326,214.		474,853.	52,770.
6	PIPELINES							
	VARIABLE	SSL	.000	16	2,737,511.		792,048.	66,095.
7	TRUCKS AND TRACTORS							
	VARIABLE	SSL	.000	16	113,280.		113,280.	0.
8	WELLS							
	VARIABLE	SSL	.000	16	44,834.		25,381.	1,354.
9	METERS AND METER BOXES							
	VARIABLE	SSL	.000	16	72,300.		62,848.	1,040.
10	FIRE HYDRANTS							
	VARIABLE	SSL	.000	16	70,317.		31,716.	1,158.
	* TOTAL 990 PAGE 2 DEPR							
					4,651,299.	0.	1,614,767.	129,702.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LAND	01/15/46	12/31/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ADAM MABILE	3,250.	600.	500.	0.	2,150.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
TRUCK	11/30/94	10/15/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
GARY PHILLIPS	5,500.	21,200.	0.	21,200.	5,500.
TO FM 990, PART I, LN 8	8,750.	21,800.	500.	21,200.	7,650.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
SHARES PURCHASED	13,400.
TOTAL TO FORM 990, PART I, LINE 20	13,400.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PRODUCTION POWER	17,800.			
COST OF WATER	59,867.			
WATER ANALYSIS	1,614.			
PIPELINE MAINTENANCE	25,017.			
TOOLS AND SHOP EXPENSE	7,182.			
TRUCK AND TRACTOR EXP	16,493.			

TAXES - OTHER	8,501.
FRANCHISE TAX	800.
INSURANCE	31,803.
UTILITIES	1,776.
PERMITS	1,819.
MISCELANEOUS	2,533.
COMPUTER MAINTENANCE	2,691.
OUTSIDE SERVICE	10,700.

TOTAL TO FM 990, LN 43 188,596.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

AS STATED IN CODE SECTION 501 (C) (12) OF THE INTERNAL REVENUE CODE, MUTUAL WATER COMPANIES ARE EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	46,986.	0.	46,986.
BUILDINGS AND PAVING	181,094.	73,130.	107,964.
OFFICE FURNITURE AND EQUIP	58,763.	48,796.	9,967.
TANKS, PUMPS AND MISC EQUIP	1,326,214.	527,623.	798,591.
PIPELINES	2,737,511.	858,143.	1,879,368.
TRUCKS AND TRACTORS	113,280.	113,280.	0.
WELLS	44,834.	26,735.	18,099.
METERS AND METER BOXES	72,300.	63,888.	8,412.
FIRE HYDRANTS	70,317.	32,874.	37,443.
TOTAL TO FORM 990, PART IV, LN 57	<u>4,651,299.</u>	<u>1,744,469.</u>	<u>2,906,830.</u>

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
INSURANCE RECEIVABLE	1,413.
CONSTRUCTION IN PROGRESS	7,500.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>8,913.</u>

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 7

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

- 93A WATER SALES ARE OUR EXEMPT PURPOSE, WE ARE A MUTUAL WATER COMPANY.
- 93B CONNECTION CHARGES BENEFIT OUR MEMBERS BY ENABLING THEM TO HOOK UP TO THE WATER SYSTEM.
- 93C TRANSFER FEES ENABLE SHAREHOLDERS TO TRANSFER SERVICES AND SHARES TO NEW SHAREHOLDERS.
- 94 ASSESSMENTS RECEIVED IN EXCHANGE FOR MEMBER BENEFITS, SUCH AS REPAIRS TO THE SYSTEM, AND FUND OPERATING COSTS.