Form 990	Return of Organization Exempt From Inc		, I	OMB No 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Re (except black lung benefit trust or private foundat			2010
nent of the Treasury Revenue Service	(except black lung benefit trust or private foundat ► The organization may have to use a copy of this return to satisfy state repo			Open to Public Inspection
	year, or tax year beginning 5/01 , 2010, and endi			2011
eck if applicable			D Employer Identified	cation Number
	DAN INESTANN, CA J2522		909-338-	1821
			C	661,428
-	Name and address of principal officer	H(a) is this		
		H(b) Are all	affiliates included?	Yes
Tax-exempt status	501(c)(3) X 501(c) (12) ◄ (insert no.) 4947(a)(1) or 527	If 'No,'	attach a list (see instru	uctions)
Website: ► WWW.		H(c) Group	exemption number 🕨	
Form of organization X	Corporation Trust Association Other ► L Year of Forma	ation 192	3 M State of leg	al domicile CA
I Summary				
		<u>IDE_POT</u>	<u>ABLE_WATER</u>	<u>TO_ITS</u>
<u>MEMBERS IN</u>	CEDARPINES_PARK			
2 Check this box	If the organization discontinued its operations or disposed of m		5% of its net ass	
3 Number of votin	g members of the governing body (Part VI, line 1a)		3	
			4	
			76	
		P	rior Year	Current Year
				660,88
				54
			545,107.	661,42
A Repetits paid to	or for members (Part IX, column (A), line 4)			
5 Salaries, other of	ompensation employee the hefits (Part IX, column (A), lines 5-10)		101,076.	140,03
6a Professional fun	draising fees (Part IX, column (A), line 11e)			
b Total fundraising	expenses (Party X; column (P), line 25)			
7 Other expenses	(Part_IX,=column (A); lines_tta-11d; 11f-24f)	-	648,219.	577,79
		-	749,295.	717,83
19 Revenue less ex	penses Subtract line 18 from line 12		-204,188.	-56,40
				End of Year
				2,787,38
21 Total liabilities (Part X, une 26)			1,442,83
		1	.,389,464.	1,344,55
	Address change CE Name change Initial return Terminated Amended return Application pending F Tax-exempt status Website: ► Website: ► WWW. Form of organization X I Summary 1 Briefly describe MEMBERS IN 2 Check this box 3 Number of voting 4 Number of indep 5 Total number of 6 Total number of 7 Total number of 9 Program service 0 Investment incoil 1 Other revenue (f 2 Total newsenue 9 Program service 0 Investment incoil 1 Other revenue (f 2 Total fundraising 7 Other expenses 8 Total fundraising 7 Other expenses 8 Total assets (Pa 1 Total assets or fur	Address change CEDARPINES PARK MUTUAL WATER COMPANY Name change P. O. BOX 9259 Initial return Terminated Amended return Application pending P Name and address of principal officer faxe.exempt status 501(c)(3) X 501(c) (12) - (insert no.) 4947(a)(1) or 527 Website: - WWW. CPPMWC. ORG Other - L Year of Form. 1 Summary 1 Stanmary Association Other - L Year of Form. 2 Check this box +	Address change CEDARPINES PARK MUTUAL WATER COMPANY Name change P.O. BOX 9259 Initial return CEDARPINES PARK, CA 92322 Termmaked Amended return Application pending F Name and address of principal officer Fax: exempt status 501(c)(3) X 501(c) 12 Yebsite: * WWW.CPPMWC.ORG H(c) Formation 192 I Summary I Summary L Year of Formation 192 I Summary I Briefly describe the organization's mission or most significant activities: TO_PROVIDE_POT MEMBERS JN_CEDARPINES_PARK Check this box * if the organization discontinued its operations or disposed of more than 2 Number of voluing members of the goverring body (Part VI, line 1a) Humber of individuals employed in calendar year 2010 (Part VI, line 1b) Total number of volunteers (estimate if necessary) Total aurelated business revenue from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) P 9 Program service revenue (Part VIII, lone 1A), lines 5, 5d, 5c, 9c, 10c, and 11e) I 1 Other evenue (Part VIII, column (A), lines 5, 6d, 5c, 9c, 10c, and 11e) I 1 Other evenue (Part VIII, lone 1A), lin	Address change India return Terminated India return CEDARPINES PARK MUTUAL WATER COMPANY P. O. BOX 9259 95-06128 India return Terminated India return Application pending F. Name and address of principal officer 95-06128 Application pending F. Name and address of principal officer H(a) is this a group return for affiliate (b) Are at affiliates include? 95-06128 Terminated India return F. Name and address of principal officer H(a) is this a group return for affiliates (b) (X(3) X) 501(c) (12) + (insert no.) 1947(a)(1) or 527 Website: MWW. CPPMWC. ORG Total Association Other * L Year of Formation 1923 M State offer (b) affacts include? 1 Summary 1 Briefly describe the organization's mission or most significant activities: TO_PROVIDE_POTABLE_WATER MBBERS_IN_CEDARPINES_PARK 3 2 Check this box * if the organization discontinued its operations or disposed of more than 25% of its net ass 3 3 3 Number of volung members of the goverring body (Part VI, line 1a) 3 4 Number of volunteers (estimate if necessary) 5 7 Total number of volunteers (estimate if necessary) 5 7 Total number of individuals employed in calendar year 2010 (Part V, line 1a) 4 8 Contrib

BAA For Paperwork Reduction Act Notice, see the separate instruction

orm	990 (2010) CEDARPINES PARK MUTUAL W	ATER COMPANY	95-0	612820
àr	Statement of Program Service Accor			
-		ny question in this Part III		
I		MEMBERS IN CEDARPINES	_PARK	
2	Form 990 or 990-EZ?	m services during the year which	were not listed on the price	or 🗌 Yes 🕅
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make signi If 'Yes,' describe these changes on Schedule O.	ificant changes in how it conduct	s, any program services?	Yes X
4		of the organization's three large rusts are required to report the a vice reported	st program services by exp mount of grants and allocat	enses Section 50 lions to others, the
4a				\$
	WATER SERVICE WAS PROVIDED TO THE	E MEMBERS OF THE COMP	ANY.	
		Schedule O contains a response to any question in this Part III the organization's mission: : POTABLE WATER TO ITS MEMBERS IN CEDARPINES PARK sition undertake any significant program services during the year which were not listed on the prior D-E2? e these new services on Schedule O ion cease conducting, or make significant changes in how it conducts, any program services? e these changes on Schedule O. empt purpose achievements for each of the organization's three largest program services by expenses Section granizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others evenue, if any, for each program service reported I) (Expenses \$ including grants of \$ //ICE WAS PROVIDED TO THE MEMBERS OF THE COMPANY. //ICE WAS PROVIDED TO THE MEMBERS OF THE COMPANY. //ICE WAS PROVIDED TO THE MEMBERS OF THE COMPANY.		
				·
4b	(Code) (Expenses \$	including grants of \$) (Revenue	\$
40	: (Code:) (Expenses \$	including grants of \$_) (Revenue	\$
		_		
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	-	x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X	
1	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		x
1	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? If 'Yes,' complete Schedule D, Part VIII	11 c		x
I	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	<u>11f</u>		x
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a 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, and program service activities outside the United States? <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? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	<u>19</u>		x
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
l	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 Б		

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Form 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY PartIV Checklist of Required Schedules (continued)

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1 41			Yes	No
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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? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
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? If 'Yes,' complete Schedule I, Parts I and III	22		<u>_X</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		<u>_X</u>
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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? If 'Yes,' complete Schedule L, Part I	25a		
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
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? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	影響		
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	x A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		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? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
i	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
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Forn	1 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY 95-061282	0	F	age 5
Pa	t 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
1a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			•
ł	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			i i
C	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Ā	
2 a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			-
	ments, filed for the calendar year ending with or within the year covered by this return 2a 3	 2 b	х	
1	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 <i>e-file</i> (see instructions)	20	<u>^</u>	
3.	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		x
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
I	b If 'Yes,' enter the name of the foreign country ►			
	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?	5a		X
H	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		x
I	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
:	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			·
	services provided to the payor?	7a		
I	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_7b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization receive any funds, directly of maneetly, to pay premiums on a personal benefit contract?	7ť		
	g If the organization, during the year, pay premians, directly of mancetry, on a personal benefic contract:			
,	as required?	7g		
I	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
	a Did the organization make any taxable distributions under section 4966?	9a		
I) Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
i	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
1	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	}		
í	a Gross income from members or shareholders			
1	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		_	
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]	ļ		1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
i	a is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
I	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
	c Enter the amount of reserves on hand	1	· ·	
14:	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		
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	1 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY 95-0612820			age 6
Par	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be	low,	and i	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	iges	in	
	Schedule O. See instructions.			X
500	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		
<u> </u>	tion A. Governing Body and Management		Yes	Na
1.			res	No
	a Enter the number of voting members of the governing body at the end of the tax year 1a 5 Enter the number of voting members included in line 1a, above, who are independent 1b 5			1
				1
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? See Sch O	3	x	
4	Did the organization make any significant changes to its governing documents	4		<u>X</u>
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? See Schedule 0	6	Х	
78	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O	7a	х	
ł	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following See Schedule O			1
a	a The governing body?	8a	X	_
t	Each committee with authority to act on behalf of the governing body?	8b		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		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
			Yes	No
10 a	a Does the organization have local chapters, branches, or affiliates?	10a		X
t	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11 a	a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
t	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Ċ	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
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?			1
a	a The organization's CEO, Executive Director, or top management official	15 a		X
t	Other officers of key employees of the organization See Schedule O	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16 a	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?	16a		x
t	If 'Yes,' has the organization adopted 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			
500	organization's exempt status with respect to such arrangements?	16b		
			<u> </u>	
	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) a inspection Indicate how you make these available Check all that apply Own website Another's website X	vailab	e for	public
10		ا بمبر	۲۰۰۰	
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public See Schedule O	•		Incial
	State the name, physical address, and telephone number of the person who possesses the books and records of the org RHIANNON GOWAN 21853 CRESTFOREST DR CEDARPINES PARK CA 92322 909-338-1821	anizat	юп	

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Form 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY

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

95-0612820

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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)	(B)		<u>u ()</u> ,	<u>gan</u> (((D)	(E)	(F)
Name and title	Average hours	· · · · · · · · · · · · · · · · · · ·			r	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	related organiza-	ual tri	ional		nploy	t con	-			and related organizations
	tions in Schedule O)	ustee	truste		æ	pens				
	0,		ä			ated				
(1) PAUL HARTMAN										_
Director	8	X						350.	0.	0.
(2) PERRY DAHLSTROM	-			x				1 100	0.	0.
President (3) RON ALBRIGHT	8			X				1,100.	0.	<u> </u>
Vice President	8			x				1,087.	0.	0.
(4) DONALD PEDERSON	<u>†</u> Ŭ							1/00/1		
Treasurer	8			X				1,050.	0.	0.
(5) WILFRED STEINER										
Secretary	8			Х				900.	0.	0.
_(6)	-									
	-									
	-									
	-									
<u>(10)</u>	-									· · · · · · · · · · · · · · · · · · ·
<u></u>	4									
<u>(12)</u>										
<u>(13)</u>										<u></u>
(14)	-						$\left \right $			
<u>(15)</u>	-								<u></u>	
(16)	+									
<u>(17)</u>	-									
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Form 990 (2010)

Form 990 (2010) CEDARPINES PARK MUTUAL WA								d Llichaat Can	95-061282				age 8
Part VII Section A. Officers, Directors, Trust (A)	(B)	l	Em		bye ः)	es,	an	(D)	E)			(CO) (F)	<u>n)</u>
Name and title	Average	Posi	tion (-	-	hat a	pply)	Reportable	Reportable			mated	
	hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		mour comp fro orga and	it of oth ensation m the nization related nization	on n d
										-			
(19)											ŀ		
(21)													
(23)													
(24)													
(26)													
(29)													
1 b Sub-total						•	•	4,487.	0				0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0. 4,487.	0				0. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se lı	sted	l abo	ove) wh	o re	ceived more than	\$100,000 in repor	table	com	pens	ation
3 Did the organization list any former officer, director	or trust	ee, I	key	emp	oloy	ee, (or hi	ighest compensat	ed employee	·		Yes	No
 on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t 			npe	nsat	tion	and	l oth	er compensation	from		3		X
such individual											4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	ompens complete	atio e Sc	n fro hed	om a ule .	any <i>J fo</i>	unre r sue	elate ch p	ed organization or erson	Individual		5		X
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntra	ctors	s tha	t received more t	han \$100,000 of				
(A) Name and business addres	s							(B) Description) of services	Con	(C oper) Isatio	'n
			<u></u>										
						_							
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	e list	ed a	above) who receiv	ed more than				

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Form 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY Part VIII Statement of Revenue

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95-0612820

Page 9

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
۳S	1a Federated campaigns 1a					ł
INN	b Membership dues 1b		-			
M ^G R	c Fundraising events.					
R A	d Related organizations 1d					
٦	e Government grants (contributions)					1
SNO						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
ĔŇ	g Noncash contributions included in Ins 1a-1f \$					
<u>8</u> <	h Total. Add lines 1a-1f	▶				
PROGRAM SERVICE REVENUE	Business	s Code				· · · · ·
Ξ.	2a WATER SALES 221000		450,735.	450,735.		
2	b MEMBERSHIP_ASSESSMENTS_221000		209,581.	209,581.		
Ę.	c TRANSFER FEES 221000		572.	572.		
<u>ا</u>	d					
Σ	e		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
₩ A	f All other program service revenue					
Š			660,888.			
-	g Total. Add lines 2a-2f		000,000.			
	3 Investment income (including dividends, interest other similar amounts)	and	540.			540.
	·		540.			540.
	4 Income from investment of tax-exempt bond proc	F				
	5 Royalties	•				···- ,
		ersonal				
	6a Gross Rents					1
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
	7a Gross amount from sales of (1) Securities (11) G	Other				
	assets other than inventory					
	b Less cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	►				
ш	8a Gross income from fundraising events					
ENUE	(not including \$					
ي ي	of contributions reported on line 1c)					
- E	See Part IV, line 18 a					
OTHER REV	b Less direct expenses b					
	c Net income or (loss) from fundraising events	►				
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	•				
	10a 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 Busines:	s Code		···· _ · · · ·		
	¹¹ a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	►				
	12 Total revenue. See instructions	►	661,428.	660,888.	0.	540.

Form 990 (2010)

Form 990 (2010)

Page 10

CEDARPINES PARK MUTUAL WATER COMPANY 95-0612820 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) (D) Fundraising (A) Total expenses (B) (C) *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* Management and Program service general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 1 line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 3 Grants and other assistance to governments, US See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 4,487 trustees, and key employees Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 112,358. 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 8 10,022 9 Other employee benefits. 10 Payroll taxes 13,171. 11 Fees for services (non-employees) a Management 10,295 **b** Legal c Accounting 19,399 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 775 g Other 12 Advertising and promotion 13 Office expenses 19,665 Information technology 4,512 14 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 62,681 Payments to affiliates 21 139,767. 22 Depreciation, depletion, and amortization 23 Insurance 24,346 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a OUTSIDE SERVIES 173,638. **b** PRODUCTION POWER 34,376. c BAD DEBT 14,818. d TRUCK AND TRACTOR 13,405. e COST OF WATER 12,840 f All other expenses 47,279. 717,834 25 Total functional expenses Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column

Form 990 (2010)

(B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY

Part X Balance Sheet

Page 11

(B) End of year (A) Beginning of year 123,420 189,172. 1 1 Cash - non-interest-bearing. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 108,249 4 94,614 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 5 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 6 6 organizations (see instructions) A S S E Notes and loans receivable, net 7 7 40,245 8 38,234 8 Inventories for sale or use 8,869 9 Prepaid expenses and deferred charges 9,668 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,914,498 2,377,433. 10b 2,537,065 2,497,389 b Less accumulated depreciation 10 c 11 Investments – publicly traded securities. 11 12 12 Investments – other securities See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 79,066. 15 79,066. 15 Other assets See Part IV, line 11 2,858,037. 2,787,388. 16 Total assets Add lines 1 through 15 (must equal line 34). 16 77,400. 80,699. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 391, 173 23 1. 362, 131 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 1,468,573 26 1,442,830. Organizations that follow SFAS 117, check here > and complete lines ŅĘ 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here > X and complete FUND lines 30 through 34. 297,631 30 Capital stock or trust principal, or current funds 325,131 30 Paid-in or capital surplus, or land, building, or equipment fund 1,193,816. 31 1,232,816. B 31 -129,483 -185,889. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,344,558. 1,389,464. 33 Total net assets or fund balances 33 Ĕ 34 2,858,037 2,787,388. Total liabilities and net assets/fund balances 34

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Form 990 (2010)

Form 990 (2010) CEDARPINES PARK MUTUAL WATER COMPANY	95-0612820		Pa	ige 12
Part XI Reconciliation of Net Assets				_
Check if Schedule O contains a response to any question in this Part XI				X
	1.1	6	c 1 /	120
1 Total revenue (must equal Part VIII, column (A), line 12)			$\frac{61,4}{17}$	
2 Total expenses (must equal Part IX, column (A), line 25)	2		17,8	
3 Revenue less expenses Subtract line 2 from line 1	3		56,4	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,3		
5 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5		11, 5	<u>500.</u>
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	1,3	44,5	58.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
1 Accounting method used to prepare the Form 990 🛛 Cash 🗌 Accrual 🗌 Other			Yes	No
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?		2a		X
b Were the organization's financial statements audited by an independent accountant?		2b	_X_	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2 c		x
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 separate basis, consolidated basis, or both	sissued on a			
X Separate basis Consolidated basis Both consolidated and separate basis				؛ نـــــ ــ
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	Зb		
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SCHEDULE D						OMB No 1545 00
(Form 990)		plemental Financial				2010
Department of the Treasury	► Comple	ete if the organization answere Part IV, lines 6, 7, 8, 9, 10, 1	d 'Yes,' to Form 1. or 12.	990,		Open to Pub
Internal Revenue Service	► Att	ach to Form 990. ► See separ	rate instructions.		Employer identif	Inspection
Name of the organization					Employer latina	
CEDARPINES PAR	K MUTUAL WATER CON	IPANY			95-06128	20
Part I Organizat	ions Maintaining Dono	r Advised Funds or Othe	r Similar Fund	ls or Acc		
the organi	zation answered Yes'	to Form 990, Part IV, line (a) Donor advised fi		(b) F	Funds and othe	er accounts
1 Total number at e	end of year					
	outions to (during year)					
3 Aggregate grants	from (during year)					
4 Aggregate value	at end of year					
5 Did the organizat funds are the org	ion inform all donors and do anization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in do legal control?	nor advised	Ye	es 🔲 N
used only for cha	ion inform all grantees, dong ritable purposes and not for ig impermissible private ben	ors, and donor advisors in writin the benefit of the donor or don efit?	ng that grant fund or advisor, or for	s can be any other	ΠYe	es 🗌 N
1 - 1	<u> </u>	lete if the organization an	swered 'Yes'	to Form 9	90, Part IV,	 line 7.
		by the organization (check all the			, <u></u>	
	of land for public use (e g ,		Preservation o	f an historic	ally important	land area
Protection of	natural habitat		Preservation o	f a certified	historic structi	ure
Preservation	of open space					
2 Complete lines 2 last day of the ta		ion held a qualified conservatio	n contribution in	the form of	a conservation	n easement o
 d Number of consestructure listed in 3 Number of consestax year ► 4 Number of states 	rvation easements included the National Register rvation easements modified, 	ified historic structure included in (c) acquired after 8/17/06, ar , transferred, released, extinguis onservation easement is locate egarding the periodic monitoring	nd not on a histor shed, or terminat d ►	ed by the or		ing the
and enforcement	of the conservation easeme	ing, inspecting, and enforcing c				es 🗌 N
7 Amount of expen ►\$	ses incurred in monitoring, i	inspecting, and enforcing conse	ervation easemen	ts during the	e year	
170(h)(4)(B)(ı) ar	nd section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re-				es 🗌 I
include, if applica conservation eas	able, the text of the footnote	ts conservation easements in its re- to the organization's financial s	statements that d	escribes the	e organization's	s accounting
Complete	If the organization and	ections of Art, Historical swered 'Yes' to Form 990,	, Part IV, line	8.		
art, historical trea	asures, or other similar asse	er SFAS 116 (ASC 958), not to ts held for public exhibition, edu ancial statements that describes	ucation, or resear	nue stateme ch in furthe	ent and balance rance of public	e sheet work: c service, pro
b If the organizatio	n elected, as permitted unde es, or other similar assets he s relating to these items	er SFAS 116 (ASC 958), to repo eld for public exhibition, educati	ort in its revenue ion, or research i	statement a n furtherand	and balance sh ce of public ser	eet works of vice, provide
historical treasur following amount		line 1			►\$ <u></u>	
historical treasur following amount (i) Revenues ind	cluded in Form 990, Part VIII					
historical treasur following amount (i) Revenues ind (ii) Assets includ	led in Form 990, Part X				►\$	
 historical treasure following amount (i) Revenues ind (ii) Assets include 2 If the organization amounts required 	led in Form 990, Part X n received or held works of I to be reported under SFAS	art, historical treasures, or othe 116 (ASC 958) relating to thes	er similar assets f se items	or financial		he following
 historical treasure following amount (i) Revenues ind (ii) Assets include 2 If the organization amounts required a Revenues include 	led in Form 990, Part X n received or held works of a	art, historical treasures, or othe 116 (ASC 958) relating to thes	er sımılar assets f e items	or financial	►\$ gain, provide t ►\$ ►\$	he following

Schedule D (Form 990) 2010 CEDAR	PINES PAR	K MUTUAL	WATE	R COMPANY	95-061	2820
Part III Organizations Maintai	ning Collect	tions of Ar	t, Histo	rical Treasures, o	r Other Similar As	sets (contin
3 Using the organization's acquisition items (check all that apply)	on, accession, a	and other rec	cords, che	eck any of the followin	g that are a significant	use of its colle
a Public exhibition		d [Loan d	or exchange programs		
b Scholarly research		e	Other			
c Preservation for future generation						
4 Provide a description of the organ Part XIV.	nization's collec	tions and ex	plain how	v they further the organ	nization's exempt purpo	ise in
	ion solicit or re	ceive donatio	ons of ar	historical treasures.	or other similar	_
5 During the year, did the organizat assets to be sold to raise funds ra						Yes
Part IV Escrow and Custodial 9, or reported an amou	Arrangeme	nts. Comp	lete if c	organization answe	ered 'Yes' to Form '	990, Part IV
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian,	or other inte	rmediary	for contributions or ot	her assets not	Yes
b If 'Yes,' explain the arrangement	in Part XIV and	t complete th	ne followi	na table		les
						Amount
c Beginning balance					1c	
d Additions during the year					1 d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an ai	mount on Form	990, Part X,	, line 21?			Yes
b If 'Yes,' explain the arrangement						
Part V Endowment Funds. Co	mplete if the	e organizat	tion ans	wered 'Yes' to For	rm 990, Part IV, lin	e 10
	(a) Current ye	ar (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea
1a Beginning of year balance.						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs					** 	
f Administrative expenses						_
g End of year balance						
2 Provide the estimated percentage			eld as			
a Board designated or quasi-endow			i -			
b Permanent endowment ►	%					
· · · · · · · ·	6					
3a Are there endowment funds not in organization by	n the possessio	on of the orga	anization	that are held and adm	inistered for the	Yes
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(i) 3a(ii)
b If 'Yes' to 3a(ii), are the related o	rganizations lis	ted as requir	red on Sc	hedule R?		3b
4 Describe in Part XIV the intended	-					
Part VI Land, Buildings, and E						
Description of investment	(a	Cost or oth (Investme		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v
1 a Land				53,682.		53
b Buildings				191,054.	105,306.	85
c Leasehold improvements				4,604,658.	2,371,934.	

Schedule D (Form 990) 2010

the second se	(Form 990) 2010 CEDARPINES PARK MU			95-061	2820 Page 3
	Investments-Other Securities. See F		ne 12. <u>N/A</u>	(c) Method of valuate	
	(a) Description of security or category (including name of security)	(b) Book value	Co	st or end-of-year mark	et value
	al derivatives				
	r-held equity interests		· · · · · · · · · · · · · · · · · · ·		
(3) Other		·			
<u>(A)</u>					
<u>(B)</u>					
<u>(C)</u>				. <u>.</u>	······
(D) (E)			·		
<u>(E)</u>					
<u>(F)</u>					
(H)			· · · ·		
(I)					
	nn (b) must equal Form 990 Part X, column (B) line 12.)			· ·· ·	
	Investments-Program Related. (See	Form 990, Part X,	line 13)	I/A	
L	(a) Description of investment type	(b) Book value		(c) Method of valuat	
			Co	st or end-of-year mark	et value
(1)					
(2)					
(3)	<u>a en las rendre da secono de s</u>				
<u>(4)</u>					
(5)					
<u>(6)</u>	······································				·····
<u>(7)</u> (8)	····				
(9)	· · · · · · · · · · · · · · · · · · ·				·····
(10)	<u> </u>				<u>.</u> .
	an (b) must equal Form 990, Part X, column (B) line 13.)				
Part IX	Other Assets. (See Form 990, Part X,	line 15) N/A			
	(a) De	scription			(b) Book value
(1)					
(2)					
(3)					
(4)	<u></u>				
(5)					
(6)	······································				
(7)	······································				
(8)	<u></u>				
(9)					
(10)				▶	
Part X	lumn (b) must equal Form 990, Part X, column(E				
Fart A	Other Liabilities. (See Form 990, Part				
(1) Eodo	(a) Description of liability ral income taxes	(b) Amount			
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·				
(4)					í
(5)	<u></u>				
(6)					1
(7)					1
(8)			_		
(9)	<u> </u>				,
(10)					
(11)					
	nn (b) must equal Form 990, Part X, column (B) line 25)	•			;
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text	of the footnote to the	organization's fina	ancial statements that	reports the
organizatio	on's liability for uncertain tax positions under FIN	48 (ASC 740)			- F

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Schedule D (Form 990) 2010 CEDARPINES PARK MUTUAL WATER COMPANY 99	5-061	2820	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1 Total revenue (Form 990, Part VIII,column (A), line 12)			661,428.
2 Total expenses (Form 990, Part IX, column (A), line 25)			717,834.
3 Excess or (deficit) for the year Subtract line 2 from line 1			-56,406.
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV) See Part XIV			11,500.
9 Total adjustments (net) Add lines 4 through 8			11,500.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9			-44,906.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	I	
1 Total revenue, gains, and other support per audited financial statements	1		661,428.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	· · · ·	001,120.
	Ì		
	-		
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
d Other (Describe in Part XIV) 2d			
e Add lines 2a through 2d	<u>2e</u>		
3 Subtract line 2e from line 1	. 3		661,428.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 ²			
a Investments expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIV) 4b			
c Add lines 4a and 4b	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		661,428.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	ırn	
1 Total expenses and losses per audited financial statements	1		717,834.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities 2a			
b Prior year adjustments 2b	1		
c Other losses 2c	1		
d Other (Describe in Part XIV)	-1		
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		717,834.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	F		
a Investments expenses not included on Form 990, Part VIII, line 7b. 4a	1		
b Other (Describe in Part XIV) 4b	1.		
c Add lines 4a and 4b	4c		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		717,834.
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple any additional information	/, lines te this	1b and 2 part to pr	2b, ovide

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Schedule D (Form 990) 2010 CEDARPINES PARK MUTUAL WATER COMPANY Part XIV Supplemental Information (continued)

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	Sumplemental Information to Forms 000 or 000 F	-7	OMB No 1545-0047	
SCHEDULE O (Form 990 or 990-EZ)			2010	
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	on	Open to Public Inspection	
Name of the organization	K MUTUAL WATER COMPANY	Employer identifica 95-0612820		
	t VI, Line 3 - Description of Delegated Duties to Management Com			
MUTUAL_WATE	R COMPANY RETAINED THE SERVICES OF AN THIRD PARTY TO	MANAGE_TH	IE	
OPERATIONS.	_ BOARD_OF_DIRECTORS_DOES_MAINTAIN_CONTROL_OVER_ASSE	TS BY REV.	EWING AND	
SIGNING_ALL	DISBUURSEMENTS.			
Form 990, Par	t VI, Line 6 - Explanation of Classes of Members or Shareholder			
PROPERTY OW	NERS IN THE ORGANIZATION'S SERVICE AREA ARE STOCKHOL	DERS_OF_TH	HE_MUTUAL	
WATER_COMPA	NY			
Form 990, Par	t VI, Line 7a - How Members or Shareholders Elect Governing Bod	ل <u>لا</u>		
STOCKHOLDER	S OF THE ORGANIZATION ELECT THE BOARD OF DIRECTORS			
Form 990, Parl	VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholder	5	
ALL DECISIO	NS OF THE BOARD ARE SUBJECT TO THE APPROVAL OF THE S	HAREHOLDE	RS	
Form 990, Part	VI, Line 8 - Explanation of No Contemporaneously Documentation o	f Meetings		
THE ORGANIZ	ATION HAS NO COMMITTEES			
Form 990, Par	t VI, Line 11b - Form 990 Review Process			
A COPY OF T	HE FORM 990 IS PROVIDED TO MANAGEMENT AND THE BOARD	OF DIRECT	ORS WHICH	
APPROVES IT	BEFORE IT IS FILED.			
Form 990, Parl	VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Empl	oyees	
BOARD WOULD	RECIEVE COMPARABLE WAGES FROM OTHER ENTITIES FOR TH	IE SAME PO	SITION AND	
BOARD WOULD	SET THE COMPENSATION RATE FOR KEY EMPLOYEES.			
Form 990, Par	t VI, Line 19 - Other Organization Documents Publicly Available			
THE ORGANIZ	ATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FI	NANICAL S	TATEMENTS	
AVAILABLE T	O THE PUBLIC AT THE WRITTEN REQUEST OF THE PUBLIC AT	THE ORGA	NIZATION'S	
ADMINISTRAT	IVE OFFICES			
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Schedule O - Supplemental Information

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CEDARPINES PARK MUTUAL WATER COMPANY

95-0612820

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

MEMBERSHIP SHARES SOLD

 \$
 11,500.

 \$
 11,500.

Schedule D, Part XIV - Supplemental Information

CEDARPINES PARK MUTUAL WATER COMPANY

95-0612820

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Schedule D, Part XI, Line 8 Other Changes In Net Assets Or Fund Balances

MEMBERSHIP SHARES SOLD

 \$
 11,500.

 \$
 11,500.