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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CHERRY VALLEY WATER CO. Number and street (or P O box, if mail is not delivered to street address): PO BOX 3166. Room/suite: City or town, state or country, and ZIP + 4: BEAUMONT, CA 92223

D Employer identification number: 95-2983490. E Telephone number: (951) 845-9270. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(12) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 86,672

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Line Number, Amount. Rows include Revenue (Contributions, Program service, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, beginning/end of year).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	59,305	22	97,501
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	59,305	25	97,501
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,305	27	97,501

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
 TO PROVIDE QUALIRY WATER TO THE RESIDENTS RESIDING WITHIN THE BOUNDARIES AND SCOPE OF THE CHERRY VALLEY WATER COMPANY, WHILE MAINTAINING THE WELL AND RESERVOIR, METERES, AND ALL OTHER EQUIPMENT NECESSARY TO PROVIDE SAFE AND QUALITY WATER FOR HUMAN CONSUMPTION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE WATER IS PUMPED FROM OUR WELL INTO THE RESERVOIR AND THEN GRAVITY FEED TO THE HOMES LOCATED WITHIN THE BOUNDARIES OF OUR COMPANY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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 (*****), Date (2012-05-15), Type or print name and title (YVONNE BEEMAN PRESIDENT)

Paid Preparer's Use Only: Preparer's signature (JOEL H HENDRIKS EA), Date (2012-07-26), Check if self-employed (checked), Preparer's taxpayer identification number, Firm's name (PROSPECT FINANCIAL SOLUTIONS), address, and ZIP + 4 (34675 YUCAIPA BLVD STE 112, YUCAIPA, CA 923994155), EIN, Phone no ((909) 797-3140)

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
CHERRY VALLEY WATER CO

Employer identification number

95-2983490

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 1,653 LIABILITY INSURANCE 1,897 ACCESS CHARGE 1,166 ANNEXATION EXPENS 1,000 AUDIT ALLOWANCE 9 AUTO PUMP 7,758 BANK CHARGES -6 FILING FEE 10 LICENES & PERMITS 739 REPAIRS 5,674 SUPPLIES 988 WATER PURCHASE 5,322 WATER TESTING 2,632 TOTAL 28,842
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROVIDE QUALIRY WATER TO THE RESIDENTS RESIDING WITHIN THE BOUNDARIES AND SCOPE OF THE CHERRY VALLEY WATER COMPANY , WHILE MAINTAINING THE WELL AND RESERVOIR, METERES, AND ALL OTHER EQUIPMENT NECESSARY TO PROVIDE SAFE AND QUALITY WATER FOR HUMAN CONSUMPTION

TY 2011 Compensation Explanation

Name: CHERRY VALLEY WATER CO

EIN: 95-2983490

Person Name	Explanation
YVONNE BEEMAN	
SAMUEL TRUSSEL	
KATHERINE HICKEY	
SUZI RIDER	
ART EARLL	
KEN NICHOLS	
HENRY WOLFE	








Additional Data

Software ID:
Software Version:
EIN: 95-2983490
Name: CHERRY VALLEY WATER CO

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
YVONNE BEEMAN  38865 NEWBERRY ST CHERRY VALLEY, CA 92223	PRESIDENT 10 00	0		400
SAMUEL TRUSSEL  9410 LOFTY LANE CHERRY VALLEY, CA 92223	VICE PRESIDE 5 00	0		400
KATHERINE HICKEY  38600 PINE DRIVE CHERRY VALLEY, CA 92223	TREASURER 10 00	0		400
SUZI RIDER  38651 PINE DR CHERRY VALLEY, CA 92223	SECRETARY 3 00	0		400
ART EARLL  38971 CHERRYSTONE AVE CHERRY VALLEY, CA 92223	MEMBER AT LA 2 00	0		400
KEN NICHOLS  9555 BYHAM LANE CHERRY VALLEY, CA 92223	MEMBER AT LA 8 00	0		400
HENRY WOLFE  38640 HILL DRIVE CHERRY VALLEY, CA 92223	MEMBER AT LA 1 00	0		400