

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final 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) Room/suite
PO BOX 3166

City or town, state or province, country, and ZIP or foreign postal code
BEAUMONT, CA 92223

D Employer identification number
95-2983490

E Telephone number
(951) 845-9270

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

H Check 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) 501(c)(12) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 91,357**

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

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

| Revenue | | Expenses | | Net Assets | |
|-----------|--|-----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (list in Schedule O) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe in Schedule O) | | |
| 6 | Gaming and fundraising events | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | |
| 6b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | |
| 6c | Less direct expenses from gaming and fundraising events | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 7b | Less cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 business address of each independent contractor, (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 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 2018-05-14 Date YVONNE BEEMAN PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JOEL H HENDRIKS EA Preparer's signature Date 2018-05-12 Check [X] if self-employed PTIN P00416275 Firm's name PROSPECT FINANCIAL SOLUTIONS LLC Firm's EIN 47-2267516 Firm's address 31629 OUTER HIGHWAY 10 STE E REDLANDS, CA 92373 Phone no (909) 797-3140

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 95-2983490

Name: CHERRY VALLEY WATER CO

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--|
| <p>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 \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p> | 28a | |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
CHERRY VALLEY WATER CO**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

95-2983490

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES OFFICE SUPPLIES 280 TRAVEL, ENTERTAINMENT 236 RENT-MEETING FACILITIES 80 INSURANCE-GENERAL LIABILITY 2,131 BANK SERVICE CHARGES 20 DUES AND SUBSCRIPTIONS 150 EQUIPMENT REPAIRS, MAINTENANCE 10,970 TAXES STATE 10 SUPPLIES FOR RESERVOIR, PUMP 2,713 WATER PURCHASE 3,122 WATER TESTING 3,875 TELEPHONE 1,014 FILING FEES 879 MACHINERY, EQUIPMENT PURCHASE 1,209 INFRASTRUCTURE REPAIRS, MAINTENANCE 39,325 ADMINISTRATIVE STAFF 558 AUTO PUMP - TIMER 240 OUTSIDE, EXTRA LABOR 9,042 RESERVOIR EXPENSES 8,000 NON-INVESTMENT DEPRECIATION 6,861 TOTAL 90,715 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| FORM 990-EZ, PART II, LINE 24 | FIXED ASSETS 111,305 111,305 LESS ACCUMULATED DEPRECIATION 76,997 83,858 TOTAL 34,308 27,447 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|-------------------------------|
| FORM 990-EZ, PART II, LINE 26 | CUSTOMER DEPOSITS 1,600 2,600 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------|---|
| FORM 990-EZ, PART III | TO PROVIDE QUALITY 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 |