ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	: 93492319080207
				Short	Form				OMB No 1545-1150
	Q	90-EZ	Return of O	rganization E		om Inc	ome I	ax	
For	m 🕽 🖯	90-LZ		•	•				2016
•			Under section 501(c), 527	or 4947(a)(1) of the Ir	nternal Revenue (Code (excep	t private fo	undations)	2010
			▶ Do not enter so	ocial security numbers	on this form as	it may be	made publ	ic.	Open to Bublic
Dep	artment	of the Treasury	► Information abo	ut Form 990-EZ and	its instructions	s is at <u>ww</u>	w.irs.gov/	<u> form990</u>	Open to Public Inspection
Inte	rnal Rev	enue Service							Inspection
			ar year, or tax year begin	ning 01-01-2016	, and end	ding 12-31	-2016		
		f applicable s change	C Name of organization LASSEN PINES MUTUAL WATE	R CO INC				D Employ	er identification number
_	Name c	-	Number and street (or P O b	ov if mail is not delivered	to street address)	Room/suite	-	80-0669	
	Initial r		9367 MOUNTAIN MEADOW RD		to street address)	ikoomy suite		E Telephor	
_		turn/terminated . ed return	City or town, state or provinc	e, country, and ZIP or fore	ıgn postal code			((530) 474-5120
_		tion pending	SHINGLETOWN, CA 96088					F Group Ex Number	cemption ▶
						1			
G A	ccoun	ting Method 🗆	Cash 🗹 Accrual Other (s	pecify) ►		"			e organization is not Schedule B
						J			Z, or 990-PF)
		e: ►N/A			1047/ \/4\				
J 18	ax-exe	mpt status(check	only one) - ☐ 501(c)(3) ☑ 501(_c)(12) ¬ (insert no) ⊔ 4	194/(a)(1) or ⊔ 5	52/			
		-	Corporation ☐ Trust ☐ As						
LA	dd line	es 5b, 6c, and 7b	to line 9 to determine gros e Form 990 instead of Form	s receipts If gross rece	eipts are \$200,00	00 or more,	or If total	assets (Pa	rt II, column (B) below)
	art I		Expenses, and Change						
_	aiti	Check if the	organization used Schedule	O to respond to any q	uestion in this Pa	art I	····	ons for Par	· · · · · · · · · · · · · · · · · · ·
	1		gifts, grants, and similar am					1	
	2	Program service	e revenue including governm	ent fees and contracts				2	125,222
	3	Membership du	es and assessments					3	
	4	Investment inco	ome					4	269
	5a	Gross amount f	rom sale of assets other tha	n inventory	5a				
	b	Less cost or ot	her basis and sales expense	s	5b			0	
	С	Gain or (loss) fr	rom sale of assets other tha	n inventory (Subtract li	ne 5b from line	5a)		5c	
	6	Gaming and fur	ndraising events						
9	а	Gross income fr	rom gamıng (attach Schedul	e G ıf greater than \$15	,000) 6a				
Revenue	ь	Gross income fr	rom fundraising events (not	ıncludına \$	of cont	tributions fr	om		
ž			nts reported on line 1) (atta						
		sum of such gro	oss income and contributions	exceeds \$15,000)	6b			0	
	c	Less direct exp	penses from gaming and fun	draising events .	6с			0	
	d	Net income or ((loss) from gaming and fund	raising events (add line	es 6a and 6b and	d subtract li	ne 6c)	6d	
	7a	Gross sales of I	nventory, less returns and a	llowances	7a				
	b	Less cost of go	oods sold		7b			0	
	С	Gross profit or i	(loss) from sales of inventor	y (Subtract line 7b fror	m line 7a)...			7c	
	8	Other revenue	(describe in Schedule O)					8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d	, 7c, and 8				9	125,491
	10	Grants and sim	ılar amounts paıd (lıst ın Sch	edule O)				10	
	11	Benefits paid to	or for members					11	
S	12	Salaries, other	compensation, and employe	e benefits				12	58,358
Expenses	13	Professional fee	es and other payments to inc	lependent contractors				13	5,260
ğ	14	Occupancy, ren	t, utilities, and maintenance					14	
ш	15	Printing, publica	ations, postage, and shipping					15	894
	16	Other expenses	(describe in Schedule O)					16	73,095
	17	Total expense	s. Add lines 10 through 16					▶ 17	137,607
٦	18	Excess or (defic	cit) for the year (Subtract lin	e 17 from line 9)				18	-12,116
Sct	19	Net assets or fu	and balances at beginning of	year (from line 27, co	umn (A)) (must	agree with			
A>		end-of-year figi	ure reported on prior year's	return)				19	417,950
NetAssets	20	Other changes	ın net assets or fund balance	es (explain in Schedule	0)			20	
	21	Net assets or fu	and balances at end of year	Combine lines 18 throi	ugh 20			21	405,834
For	Pape	rwork Reduction	on Act Notice, see the sep	arate instructions.		Cat No	106421		Form 990-EZ (2016)

Part II Balance Sheets (see the instruction Check if the organization used Schedule		question in this Part II			
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments			60,520	22	12,698
23 Land and buildings			76,490	23	71,764
24 Other assets (describe in Schedule O)			309,637	24	351,456
25 Total assets			446,647	25	435,918
26 Total liabilities (describe in Schedule O)			28,697	26	30,084
27 Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	417,950	27	405,834
Check if the organization used Schedule What is the organization's primary exempt purpose? The mission of Lassen Pines Mutual Water Company is proprty owners in the LPMWC service area in an effect the current costs of Water Company operations as we describe the organization's program service accomplimeasured by expenses. In a clear and concise manner benefited, and other relevant information for each process.	s to provide clean, safetive and efficient maniell as to ensure the lon shments for each of its er, describe the service	e drinking water for he ner at a cost to consur ger-term viability of the s three largest program	ousehold use by ners that will cover the Company	(3) org	Expenses equired for section 501(c)) and 501(c)(4) ganizations, optional for ners)
28 See Additional Data Table					
•	it includes foreign gran	nts, check here	. ▶ ⊔	28a	
29				29a	
(Grants \$) If this amour	it includes foreign gran	nts, check here	. ▶ ⊔		
30				30a	
(Grants \$) If this amour	it includes foreign gran	nts, check here	. ▶ 🗆		
31 Other program services (describe in Schedule 0)					
, -	it includes foreign gran	nts check here	· · · ·	31a	
32 Total program service expenses (add lines 28				_	
Part IV List of Officers, Directors, Trustees,					L
Check if the organization used Schedule					
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans,	nploye and	(e) Estimated amoun of other compensation
RAY MITCHAM	15 00	 			1
President					
GORDON ROTH	5 00	(
Vice Dune dent					
Vice President CHARLES LESSJEK	2 00	,)		
CHARLES LESSIER	2 00	\ 	'		
CFO					
RUBY McLAIN	2 00				
Secretary					
ROBERT MARK	1 00	(
Director					
CURTIA LEGERTON	2 00	()		
Director			<u> </u>		
WILLIAM NEVES	1 00	(
Director					
Director					
					1
	-		-		

Form	990-EZ (2016)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
70u	section 4911 , section 4912 , section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed ► The organization's books are in care of ► GORDON ROTH Telephone no ►	(530) 4	74-5120)
72a	Located at ▶ 9367 MOUNTAIN MEADOW RD SHINGLETOWN, CA ZIP + 4 ▶	9608		
	<u> </u>			
b	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)?	425	Yes	No
	If "Yes," enter the name of the foreign country	42b		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		Na
4 E~	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 45a		No No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			140
730	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

	90-EZ (20	16)						Page
							Yes	No
		janization engage, directly or indirect for public office? If "Yes," complete				46		No
Part		ction 501(c)(3) organizations	·			46		No
	All	section 501(c)(3) organizations ick if the organization used Schedule	must answer quest	ions 47-49b and 52,	and complete the table	es for lu	nes 50 _.	and 5
	Cne	ick if the organization used Schedule	O to respond to any o	uestion in this Part VI	<u> </u>		Yes	_ No
47 D	and the era	janization engage in lobbying activiti	os or have a section F	01(h) clastian in affact	during the tay year?			
		mplete Schedule C, Part II	es of flave a section 5	or(ii) election in ellect	- '	47		
48 I	s the orga	nızatıon a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete Sch	edule E	48		
49 a [Old the org	janization make any transfers to an e	exempt non-charitable	related organization?		49a		
b I	f "Yes," wa	as the related organization a section	527 organization? .			49b		
		his table for the organization's five h				and key	employ	ees)
v		eceived more than \$100,000 of come e and title of each employee	pensation from the org	ganization If there is r (c) Reportable	one, enter "None " (d) Health benefits,	(e) Es	timated	amour
	()	,	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employe benefit plans, and deferred compensation			
ONE								
f	Total num	nber of other employees paid over \$:			.			
		his table for the organization's five h		ndependent contractors	who each received more	han \$10	0,000 o	:
		ion from the organization If there is (a) Name and business address of each	·	actor	(b) Type of service (c	:) Comp	ensation	_
JONE		(4)			(2) 1/1/2 2/1 2/1 (2)	,		
NONE								
								_
								_
								_
d	Total num	nber of other independent contractor	s each receiving over	\$100,000				
	Did the d	organization complete Schedule A? N	OTE. All Section 501(c)(3) organizations mu				_ _ _
	Did the d	·	OTE. All Section 501(c)(3) organizations mu		► □ Ye	es 🗆 N	
52 Jnder p	Did the complete	organization complete Schedule A? N ed Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar	d to the	best of	my
52 Jnder p	Did the o complete penalties o dge and be	organization complete Schedule A? N ed Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar is based on all information	d to the	best of	my
52 Under parameter in the second se	Did the complete	organization complete Schedule A? N ed Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar	d to the	best of	my
Jnder paragraphic states and states are states and states and states and states and states are states and states and states and states are states and states and states and states are states and states are states and states and states are states and states are states and states are states and states are states and stat	Did the complete penalties odge and be y knowledge	organization complete Schedule A? N ed Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar is based on all information 2017-11-15	d to the	best of	my
Inder provided in the second s	Did the complete penalties odge and be y knowledge	organization complete Schedule A? Net Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar is based on all information 2017-11-15 Date	d to the	best of	my
Jnder promote in the second se	penalties odge and be y knowledge	organization complete Schedule A? N ed Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar is based on all information 2017-11-15 Date	d to the	best of	my
Jnder promoted and sany Sign Here Paid	penalties odge and be y knowledge	organization complete Schedule A? Ned Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar is based on all information 2017-11-15 Date Check if PTIN P008 self-employed Firm's EIN	d to the of which	best of	my
Jnder proposed in the second s	penalties odge and bey knowledge	organization complete Schedule A? Net Schedule A	OTE. All Section 501(c)(3) organizations mu	edules and statements, ar is based on all information 2017-11-15 Date Check if PTIN P008 self-employed	d to the of which	best of	my

Additional Data

Software ID: 16000303 **Software Version:** 2016v3.0

EIN: 80-0669667

Name: LASSEN PINES MUTUAL WATER CO INC

Evnancac

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.		` (c	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 Provision of residential d	rinking water service to residents within Lassen Pines Mutual Water Company service area	28a			
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93			93492319080207
SCHEDULE	O Supplemental Information to Form 990 o	r 990-F7	OMB No 1545-0047
(Form 990 or 9 EZ) Department of the Trea	On Complete to provide information for responses to specific question form 990 or 990-EZ or to provide any additional information by Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its insertion www.irs.gov/form990.	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	
Internal Revenue Servi Name of the organ LASSEN PINES MUTU	AL WATER CO INC	Employer identi	fication number
990 Schedule	O, Supplemental Information	·	
Return Reference	Explanation		
Other Expenses 1002	Office Expenses \$2064		

990 Schedule O, Supplemental Information Return Explanation Reference Travel \$400 Expenses 1005

Other

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Conferences, Conventions, and Meetings \$125
Expenses 1007

990 Schedule O, Supplemental Information Return Explanation Reference

Other Depreciation \$13712 Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$13016

Other Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference

Other Electricity \$16205

Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other System Repairs/Maintanence \$14554
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other Other \$5729 Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Lab Fees \$3757

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other Expenses 5

Vehicle (fuel/maintanence/reg) \$1952

990 Schedule O, Supplemental Information Return Explanation Reference Other Generator Fuel & Maintanence \$1581

Expenses 6

990 Schedule O, Supplemental Information Return Explanation

Reference
Other Automobiles - Beginning \$6 Automobiles - Ending \$0
Assets 1001

990 Schedule O, Supplemental Information

Return Explanation

Reference	Едріанацон
Other	Machinery and Equipment - Beginning \$20481 Machinery and Equipment - Ending \$16252

Assets 1003

990 Schedule O, Supplemental Information

Return Explanation

Reference
Other Miscellaneous - Beginning \$115637 Miscellaneous - Ending \$119702

Assets 1004

Return Explanation

990 Schedule O, Supplemental Information

Reference
Other Accounts Receivable - Beginning \$26594 Accounts Receivable - Ending \$28135
Assets 1005

990 Schedule O, Supplemental Information Return Explanation

Reference	·
Other	Prepaid Expenses and Deferred Charges - Beginning \$9460 Prepaid Expenses and Deferred Charges - Ending \$9722

Assets 1011

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other - Beginning \$137459 - Ending \$138247
Assets 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other - Beginning \$0 - Ending \$39398
Assets 2

Return Explanation

990 Schedule O, Supplemental Information

Liabilities 1001

Reference	Explanation
Total	Accounts Payable and Accrued Expenses - Beginning \$3491 Accounts Payable and Accrued Expenses - Ending \$3395

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explanation
Total	Deferred Revenue - Beginning \$25206 Deferred Revenue - Ending \$26689

Liabilities 1003