

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

**2021**

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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**MARSHA WATER SUPPLY CORPORATION**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**15504 BRENDA ST.**  
 City or town, state or province, country, and ZIP or foreign postal code  
**AUSTIN, TX 78728**

**D Employer identification number**  
**74-2068667**

**E Telephone number**  
**512-803-8725**

**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).

**I Website:** ▶ **WWW.MARSHAWSC.ORG**

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **191,287.**

**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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	191,241.
3	Membership dues and assessments	
4	Investment income	SEE SCHEDULE O
5a	Gross amount from sale of assets other than inventory	5a
5b	Less: cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
6	Gaming and fundraising events:	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
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)	6b
6c	Less: direct expenses from gaming and fundraising events	6c
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less: cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	8
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	191,287.
10	Grants and similar amounts paid (list in Schedule O)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	30,114.
13	Professional fees and other payments to independent contractors	46,521.
14	Occupancy, rent, utilities, and maintenance	SEE SCHEDULE O
15	Printing, publications, postage, and shipping	2,965.
16	Other expenses (describe in Schedule O)	SEE SCHEDULE O
17	<b>Total expenses.</b> Add lines 10 through 16	178,670.
18	Excess or (deficit) for the year (subtract line 17 from line 9)	12,617.
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)	161,713.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	174,330.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	172,797.	22 265,320.
23 Land and buildings	70,111.	23 65,554.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	58,314.	24 64,156.
25 Total assets	301,222.	25 395,030.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	139,509.	26 220,700.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	161,713.	27 174,330.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.)

28 SEE SCHEDULE O		
(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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEPHANIE LITTON DIRECTOR	1.00	775.	0.	0.
ROBERT RODRIGUEZ VICE PRESIDENT	1.00	5,590.	0.	0.
MATTHEW RODRIGUEZ DIRECTOR	1.00	250.	0.	0.
ROLAND MARTINEZ PRESIDENT	1.00	5,250.	0.	0.
CARL HAMPLE DIRECTOR	1.00	500.	0.	0.
ROSIE DIAZ DIRECTOR	1.00	400.	0.	0.
RANDALL RAEMON SECRETARY/TREASURER	1.00	14,700.	0.	0.

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 Sch. O to respond to any question in this Part V [X]

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
40b 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 40b N/A
40c 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 sections 4912, 4955, and 4958 40c N/A
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d N/A
40e 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 X
41 List the states with which a copy of this return is filed 41 NONE
42a The organization's books are in care of 42a RANDALL RAEMON Telephone no. 512-803-8725 Located at 15504 BRENDA ST., AUSTIN, TX ZIP + 4 78728
42b 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)? 42b X
42c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X
43 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 43 N/A
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 X
44b 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 X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

	<b>Yes</b>	<b>No</b>
<b>46</b> 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		<b>X</b>
	<b>46</b>	

**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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b> If "Yes," was the related organization a section 527 organization?		
<b>49b</b>		

**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."

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

**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." **N/A**

(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.

*Randall Raemon* 11/10/2022  
Signature of officer Date

**RANDALL RAEMON, TREASURER**  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RENAE DUNCAN</b>	Preparer's signature <i>Rena Duncan CPA</i>	Date <b>11/10/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01257722</b>
	Firm's name <b>▶ ATCHLEY &amp; ASSOCIATES, LLP</b>			Firm's EIN <b>▶ 74-2920819</b>	
	Firm's address <b>▶ 1005 LA POSADA DRIVE AUSTIN, TX 78752</b>			Phone no. <b>(512) 346-2086</b>	

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

SCHEDULE O  
(Form 990)

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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

MARSHA WATER SUPPLY CORPORATION

Employer identification number

74-2068667

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	46.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	11,007.
OTHER EXPENSES	1,357.
TOTAL TO FORM 990-EZ, LINE 14	12,364.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PURCHASED WATER	60,025.
PURCHASED ELECTRICITY	1,336.
MATERIAL AND SUPPLIES	15,825.
LIABILITY INSURANCE	989.
BANK AND FINANCE CHARGES	269.
TELEPHONE AND INTERNET	2,947.
OFFICE EXPENSE	332.
MEETINGS	480.
MEMBERSHIP AND DUES	473.
PAYROLL TAX	3,027.
PROPERTY TAX	1,003.
TOTAL TO FORM 990-EZ, LINE 16	86,706.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization <b>MARSHA WATER SUPPLY CORPORATION</b>	Employer identification number <b>74-2068667</b>
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	31,036.	33,234.
PLANT MATERIAL AND SUPPLIES	27,278.	30,922.
TOTAL TO FORM 990-EZ, LINE 24	58,314.	64,156.

## FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CURRENT LIABILITIES	2,390.	5,805.
LONG TERM LIABILITIES	137,119.	214,895.
TOTAL TO FORM 990-EZ, LINE 26	139,509.	220,700.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - NON-PROFIT WATER UTILITY ORGANIZED UNDER TEXAS WATER CODE CHAPTER 67 AS A MEMBER-OWNED, MEMBER-CONTROLLED, MEMBER-BENEFITS CO-OPERATIVE CORPORATION. MARSHA WSC PROVIDES WATER SERVICE TO THE PAMELA HEIGHTS SUBDIVISION IN TRAVIS COUNTY, TEXAS, SERVING PRESENTLY 160 CONNECTIONS.

## FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

NON-PROFIT WATER UTILITY ORGANIZED UNDER TEXAS WATER CODE CHAPTER 67 AS A MEMBER-OWNED, MEMBER-CONTROLLED, MEMBER-BENEFITS CO-OPERATIVE CORPORATION. MARSHA WSC PROVIDES WATER SERVICE TO THE PAMELA HEIGHTS SUBDIVISION IN TRAVIS COUNTY, TEXAS, SERVING PRESENTLY 160 CONNECTIONS.

## FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

Name of the organization

MARSHA WATER SUPPLY CORPORATION

Employer identification number

74-2068667

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Horizontal lines for additional text entry.

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)** 990-EZ

OMB No. 1545-0172

**2021**

Attachment  
Sequence No. 179

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**MARSHA WATER SUPPLY CORPORATION**

**FORM 990-EZ PAGE 1**

**74-2068667**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	6,450.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,557.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,007.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	