

Short Form

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

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

**2020**

▶ 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 2020 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, 990-EZ, or 990-PF).

**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** ▶ \$ **186,521.**

**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

| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 1           |
|------------|--|--|-------------|
|            | 2  | Program service revenue including government fees and contracts  | 2 186,324.  |
|            | 3  | Membership dues and assessments  | 3           |
|            | 4  | Investment income SEE SCHEDULE O   | 4 197.      |
|            | 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 ▶                                    | 9 186,521.   |             |
| Expenses   | 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  | 12 31,964.  |
|            | 13   | Professional fees and other payments to independent contractors  | 13 32,373.  |
|            | 14   | Occupancy, rent, utilities, and maintenance SEE SCHEDULE O   | 14 5,888.   |
|            | 15   | Printing, publications, postage, and shipping  | 15 2,809.   |
|            | 16   | Other expenses (describe in Schedule O) SEE SCHEDULE O   | 16 79,297.  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16 ▶   | 17 152,331.  |             |
| Net Assets | 18   | Excess or (deficit) for the year (subtract line 17 from line 9)  | 18 34,190.  |
|            | 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)   | 19 127,523. |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20 0.       |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶   | 21 161,713. |

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

Form **990-EZ** (2020)

**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   | 122,339.              | 172,797.        |
| 23 Land and buildings   | 74,695.               | 70,111.         |
| 24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>                        | 39,814.               | 58,314.         |
| 25 <b>Total assets</b>  | 236,848.              | 301,222.        |
| 26 <b>Total liabilities</b> (describe in Schedule O) <b>SEE SCHEDULE O</b>            | 109,325.              | 139,509.        |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 127,523.              | 161,713.        |

**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 <b>SEE SCHEDULE O</b>   |     |    |
| (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 <b>Total program service expenses</b> (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) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------------|--|--|---|--|
| STEPHANIE LITTON<br>DIRECTOR          | 1.00   | 855.   | 0.  | 0.   |
| ROBERT RODRIGUEZ<br>VICE PRESIDENT    | 1.00   | 5,740.   | 0.  | 0.   |
| STELLA PRICE<br>DIRECTOR              | 1.00   | 3,844.   | 0.  | 0.   |
| ROLAND MARTINEZ<br>PRESIDENT          | 1.00   | 5,000.   | 0.  | 0.   |
| CARL HAMPLE<br>DIRECTOR               | 1.00   | 450.   | 0.  | 0.   |
| IMRAN MEMON<br>DIRECTOR               | 1.00   | 100.   | 0.  | 0.   |
| RANDALL RAEMON<br>SECRETARY/TREASURER | 1.00   | 14,675.  | 0.  | 0.   |
|                                       |  |  |   |  |
|                                       |  |  |   |  |
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|                                       |  |  |   |  |
|                                       |  |  |   |  |

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

Form 990-EZ (2020) with questions 33-45b and corresponding Yes/No columns. Includes fields for political expenditures, loans, and foreign accounts.

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

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 Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
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 3 columns: Question, Yes, No. Rows 47-49b: Yes/No columns are empty or contain X.

Table for line 50 with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1: 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

Table for line 51 with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

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

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: RANDALL RAEMON, TREASURER; Date: 11/04/2021

Paid Preparer Use Only: Print/Type preparer's name: NICOLE OELTJEN; Preparer's signature: Nicole Oeltjen; Date: 11/03/21; Firm's name: ATCHLEY & ASSOCIATES, LLP; Firm's address: 1005 LA POSADA DRIVE, AUSTIN, TX 78752

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

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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:**

| <b>DESCRIPTION OF PROPERTY:</b> | <b>AMOUNT:</b> |
|---------------------------------|----------------|
| <b>INTEREST INCOME</b>          | <b>197.</b>    |

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

| <b>DESCRIPTION OF EXPENSES:</b>      | <b>AMOUNT:</b> |
|--------------------------------------|----------------|
| <b>DEPRECIATION</b>                  | <b>4,584.</b>  |
| <b>OTHER EXPENSES</b>                | <b>1,304.</b>  |
| <b>TOTAL TO FORM 990-EZ, LINE 14</b> | <b>5,888.</b>  |

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

| <b>DESCRIPTION OF OTHER EXPENSES:</b> | <b>AMOUNT:</b> |
|---------------------------------------|----------------|
| <b>PURCHASED WATER</b>                | <b>53,929.</b> |
| <b>PURCHASED ELECTRICITY</b>          | <b>1,105.</b>  |
| <b>MATERIAL AND SUPPLIES</b>          | <b>13,781.</b> |
| <b>LIABILITY INSURANCE</b>            | <b>989.</b>    |
| <b>BANK AND FINANCE CHARGES</b>       | <b>96.</b>     |
| <b>PROFESSIONAL DEVELOPMENT</b>       | <b>559.</b>    |
| <b>TELEPHONE AND INTERNET</b>         | <b>3,221.</b>  |
| <b>OFFICE EXPENSE</b>                 | <b>1,270.</b>  |
| <b>MEETINGS</b>                       | <b>400.</b>    |
| <b>MEMBERSHIP AND DUES</b>            | <b>1,350.</b>  |
| <b>PAYROLL TAX</b>                    | <b>2,597.</b>  |
| <b>TOTAL TO FORM 990-EZ, LINE 16</b>  | <b>79,297.</b> |

**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 or 990-EZ) 2020

032211 11-20-20

|  |   |
|--|---|
| Name of the organization<br><b>MARSHA WATER SUPPLY CORPORATION</b> | Employer identification number<br><b>74-2068667</b> |
|--|---|

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| ACCOUNTS RECEIVABLE           | 23,617.      | 31,036.     |
| PLANT MATERIAL AND SUPPLIES   | 16,197.      | 27,278.     |
| TOTAL TO FORM 990-EZ, LINE 24 | 39,814.      | 58,314.     |

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

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| CURRENT LIABILITIES           | 9,095.       | 2,390.      |
| LONG TERM LIABILITIES         | 100,230.     | 137,119.    |
| TOTAL TO FORM 990-EZ, LINE 26 | 109,325.     | 139,509.    |

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.

Blank horizontal lines for additional information.