EXTENDED TO NOVEMBER 15, 2021 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)

OMB No. 1545-0047

Do not enter social security numbers on this form, as it may be made public. Open to Public ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service

Form **990-EZ**

_									
ᅀ	Check if	2020 calendar year, or tax year beginning and ending							
ь_	applicat	c Name of organization	D Em	Employer identification number					
L	Addr	ess change							
	Nam	change MARSHA WATER SUPPLY CORPORATION		068667					
			E Tel	E Telephone number					
	Final termi	return/ 15504 BRENDA ST.	5	512-803-8725					
	Ame	ded return City or town, state or province, country, and ZIP or foreign postal code	F Gro	roup Exemption					
	Applic	tion pending AUSTIN, TX 78728	lumber 🕨						
G	Accour	ting Method: Cash X Accrual Other (specify)		Check ► X if the organization is					
		e: ▶ WWW.MARSHAWSC.ORG	not required to attach Schedule B						
		empt status (check only one) — 501(c)(3) X 501(c) (12) ◀(insert no.) 4947(a)(1) or 527	1	(Form 990, 990-EZ, or 990-PF).					
	K Form of organization: X Corporation Trust Association Other								
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	1						
-		(B)\ ara \$500,000 or more file Form 000 instead of Form 000 F7	-	S	186,521.				
Р	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	ıctions	for Par	†I)				
_		Check if the organization used Schedule O to respond to any question in this Part I			X				
_	1	Contributions, gifts, grants, and similar amounts received		1					
				2	186,324.				
	2	Program service revenue including government fees and contracts		3	100,324.				
	3	Membership dues and assessments Investment income SEE SCHEDULE O		4	197.				
	4			4	171.				
	5a	Gross amount from sale of assets other than inventory 5a		-					
	•	Less: cost or other basis and sales expenses							
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c					
	6	Gaming and fundraising events:							
ē	a	Gross income from gaming (attach Schedule G if greater than							
en		\$15,000) 6a		-					
Revenue	b	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							
	C	Less: direct expenses from gaming and fundraising events 6c							
	d	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							
	Ь	Less: cost of goods sold 7b							
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from 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	186,521.				
	10	Grants and similar amounts paid (list in Schedule 0)		10					
	11	Benefits paid to or for members		11					
Ś	12	Salaries, other compensation, and employee benefits		12	31,964.				
Expenses	13	Professional fees and other payments to independent contractors		13	32,373.				
g G	. 14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O		14	5,888.				
ш	15	Printing, publications, postage, and shipping		15	2,809.				
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O		16	79,297.				
	17	Total expenses. Add lines 10 through 16	•	17	152,331.				
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	34,190.				
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			-				
Ass		(must agree with end-of-year figure reported on prior year's return)		19	127,523.				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.				
z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	161,713.				
LH		Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2020)				

032171 01-08-21

	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re-	spond to any ques	tion in this Part II			X
			(A) Beginning of year	Ш.		nd of year
22	Cash, savings, and investments		122,339.			172,797.
23	•		74,695.			70,111.
24		0	39,814.			58,314.
25			236,848.			301,222.
26		0	109,325.			<u>139,509.</u>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21	127,523.	27		161,713.	
Pá	art III Statement of Program Service Accomplishme	,			penses	
	Check if the organization used Schedule O to re	tion in this Part III	X		for section and 501(c)(4)	
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0			organizatio	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program		enses. In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.				
28	SEE SCHEDULE O			-		
				—		
	(O			-,		
	(Grants \$) If this amount includes foreign	grants, check here	P I	\dashv	28a	
29				—		
				-		
	(O			1	00-	
20	(Grants \$) If this amount includes foreign	grants, check here		_	29a	
30				— I		
				-		
	(Grants \$) If this amount includes foreign	arants check here	▶ [— ₁	30a	
31	Other program services (describe in Schedule O)				504	
31	(Grants \$) If this amount includes foreign			\neg I	31a	
32	Total program service expenses (add lines 28a through 31a)				32	
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not compensated - se	e the ir		r Part IV)
	Check if the organization used Schedule O to re					· 🖂
	•	(b) Average hours			alth benefits,	(e) Estimated
	(a) Name and title	per week devoted t	compensation (Forms	emplo	ibutions to yee benefit	amount of other
	• •	position	(if not paid, enter -0-)		and deferred	
SI	TEPHANIE LITTON			COIII	pensation	compensation
DI	RECTOR			COM		compensation
RC	RECTOR	1.00	855.	com		compensation 0.
77T	BERT RODRIGUEZ			COIII	pensation	
	DBERT RODRIGUEZ ICE PRESIDENT	1.00	855. 5,740.	com	pensation	
ST	DBERT RODRIGUEZ ICE PRESIDENT PELLA PRICE	1.00	5,740.	com	0.	0.
ST DI	DBERT RODRIGUEZ ICE PRESIDENT PELLA PRICE IRECTOR			com	0 •	0.
ST DI RO	DBERT RODRIGUEZ ICE PRESIDENT PELLA PRICE IRECTOR DLAND MARTINEZ	1.00	5,740. 3,844.	CONT	0 • 0 •	0.
DI RO PR	DBERT RODRIGUEZ ICE PRESIDENT FELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT	1.00	5,740.	CONT	0.	0.
DI RO PR CA	DBERT RODRIGUEZ ICE PRESIDENT FELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT ARL HAMPLE	1.00	5,740. 3,844. 5,000.	CONT	0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·	0.
DI RC PR CA DI	DBERT RODRIGUEZ ICE PRESIDENT FELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT ARL HAMPLE IRECTOR	1.00	5,740. 3,844.	Comp	0 • 0 •	0.
DI RO PR CA DI	DBERT RODRIGUEZ ICE PRESIDENT FELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT ARL HAMPLE IRECTOR MRAN MEMON	1.00 1.00 1.00 1.00	5,740. 3,844. 5,000. 450.	Comp	0 . 0 . 0 . 0 .	0. 0. 0.
ST DI RC PR CA DI IM	DBERT RODRIGUEZ ICE PRESIDENT TELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT ARL HAMPLE IRECTOR MRAN MEMON IRECTOR	1.00	5,740. 3,844. 5,000.	Comp	0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·	0.
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ST DI RC PR CA DI IM DI RA	DBERT RODRIGUEZ ICE PRESIDENT PELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT ARL HAMPLE IRECTOR MRAN MEMON IRECTOR ANDALL RAEMON	1.00 1.00 1.00 1.00	5,740. 3,844. 5,000. 450.	Comp	0 . 0 . 0 . 0 . 0 .	0. 0. 0. 0.
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ST DI RC PR CA DI IM DI RA	DBERT RODRIGUEZ ICE PRESIDENT PELLA PRICE IRECTOR DLAND MARTINEZ RESIDENT ARL HAMPLE IRECTOR MRAN MEMON IRECTOR ANDALL RAEMON	1.00 1.00 1.00 1.00	5,740. 3,844. 5,000. 450.	Comp	0 . 0 . 0 . 0 . 0 .	0. 0. 0. 0.

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s 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		103	140
•	activity in Schedule 0	33		х
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		Х
35 a	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	<u> </u>	Х
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	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			37
••	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	26		Х
27 a	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36		7.
	Did the organization file Form 1120-POL for this year?	37ь		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	0/10		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	77 A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
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	40b	N/	A
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	transaction? If "Yes," complete Form 8886-T	40e		Х
41	NONE	100		
	The organization's books are in care of ► RANDALL RAEMON Telephone no. ► 512-8	03-8	725	
	Located at ▶ 15504 BRENDA ST., AUSTIN, TX ZIP+4 ▶			
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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			77
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country			
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	N/A		ш
	43	11/11		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
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		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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	00.5-	(0000
		Form 9	9U-EZ	(2020)

.2 2	a minimum manalantania di mila					in and in		Yes	No
	organization engage, directly or indirectly, complete Schedule C, Part I		on behalf of o	r in oppositio	on to candidates for p	ublic office?	46		Х
Part VI	Section 501(c)(3) Organizati								
	All section 501(c)(3) organizations m				e the tables for line	s 50 and 51.			
	Check if the organization used Sche	dule 0 to respond to any o	uestion in th	is Part VI			64600000	Yes	No
17 Did the o	organization engage in lobbying activities o	or have a section 501(h) electi	on in effect du	ring the tax y	ear? If "Yes," complet	e Sch. C, Part II	47	,	
48 Is the or	ganization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes," co	mplete Schedu	le E		E+-2+22-2-200-000+	48		
	organization make any transfers to an exer						49a		
b If 'Yes,"	was the related organization a section 527 e this table for the organization's five high	organization?					49b		000
and the second second	e this table for the organization's rive high 10,000 of compensation from the organiza			cers, director	s, trustees, and key e	inployees) who ea	ch tec	eiveu	nore
	(a) Name and title of each empl		(b) Avera	ge hours	(c) Reportable	(d) Health benefits contributions to	(e) Estim	ated
		975	per week devoted to position		compensation (Forms W-2/1099-MISC)	employee benefit	1000	ount of mpens	
	1	N/A	posi	(OD		compensation	1.0	mpens	ation
							+		
			14.4						
				_			+		
	e this table for the organization's five high tion. If there is none, enter "None."	est compensated independent N/A		ho each rece	ived more than \$100,	000 of compensat	on fro	om the	
	Name and business address of each indep			(b	Type of service	[c]	Compe	ensatio	1
			-						-
						1			
d Total nu	mber of other independent contractors eac	ch receiving over \$100,000	-1.			1			
	organization complete Schedule A? Note:		ions must atta	ch a	0				
	ed Schedule A			electric received and the com-		▶ [Ye	es L	No
	es of perjury, I declare that I have examine						e and	belief,	it is
rue, correct, a	and complete. Declaration of preparer (oth	er than officer) is based on all	information of	which prepa	rer has any knowledg	e.			
Sign	Signature of officer	Randall	Raemon			11704/202	4		
Here	RANDALL RAEMON, I	REASURER				11/04/202			
	Type or print name and title	4			-6				
	Print/Type preparer's name	P'reparer's signature		Date					
Paid		Nicole O	Hanne	11/0	. /01				
Preparer	NICOLE OELTJEN Firm's name > ATCHLEY &								
Use Only		POSADA DRIVE	TIT.		_				
		TX 78752							
May the IRS d	iscuss this return with the preparer shown				41.	▶ [2	Y	es	No
						F	orm 9	190-EZ	(2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

Attach to Form 990 or 990-EZ.

Dopen to Pu

Inspection

Internal Revenue Service

Name of the organization

MARSHA WATER SUPPLY CORPORATION

Employer identification number 74-206867

OMB No. 1545-0047

MARDIA WATER BOTTET CORTORATION	74-200007
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	197.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	4,584.
OTHER EXPENSES	1,304.
TOTAL TO FORM 990-EZ, LINE 14	5,888.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PURCHASED WATER	53,929.
PURCHASED ELECTRICITY	1,105.
MATERIAL AND SUPPLIES	13,781.
LIABILITY INSURANCE	989.
BANK AND FINANCE CHARGES	96.
PROFESSIONAL DEVELOPMENT	559.
TELEPHONE AND INTERNET	3,221.
OFFICE EXPENSE	1,270.
MEETINGS	400.
MEMBERSHIP AND DUES	1,350.
PAYROLL TAX	2,597.
TOTAL TO FORM 990-EZ, LINE 16	79,297.

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

Name of the organization MARSHA WATER SUPPLY CORPORATION	Ī		identification num	nber
DESCRIPTION	BEG. OF Y	EAR]	END OF YEA	AR
ACCOUNTS RECEIVABLE	23,6	17.	31,036	6.
PLANT MATERIAL AND SUPPLIES	16,1	.97.	27,278	8.
TOTAL TO FORM 990-EZ, LINE 24	39,8	14.	58,314	<u>1.</u>
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:			
DESCRIPTION	BEG. OF Y	EAR 1	END OF YE	AR
CURRENT LIABILITIES	9,0	95.	2,390	0.
LONG TERM LIABILITIES	100,2	30.	137,119	9.
TOTAL TO FORM 990-EZ, LINE 26	109,3	25.	139,509	9.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZED UNDER TEXAS WATER CODE CHAPTER 67 AS MEMBER-CONTROLLED, MEMBER-BENEFITS CO-OPERATIVE PROVIDES WATER SERVICE TO THE PAMELA HEIGHTS SU COUNTY, TEXAS, SERVING PRESENTLY 160 CONNECTION	A MEMBER-OW CORPORATIO BDIVISION I	NED,	SHA WSC	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE NON-PROFIT WATER UTILITY ORGANIZED UNDER TEXAS CHAPTER 67 AS A MEMBER-OWNED, MEMBER-CONTROLLED MEMBER-BENEFITS CO-OPERATIVE CORPORATION. MARSH PROVIDES WATER SERVICE TO THE PAMELA HEIGHTS SU COUNTY, TEXAS, SERVING PRESENTLY 160 CONNECTION	WATER CODE , A WSC BDIVISION I		ıs	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BETTHE ORGANIZATION DID NOT, DURING THE YEAR, RECEOR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BETTHE	IVE ANY FUN	DS, DII		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY 092212 11-20-20 7	ANY PREMIU	MS, DII	RECTLY , n 990 or 990-EZ)	2020

Sch	Schedule O (Form 990 or 990-EZ) 2020 Page 2								
Nam	ne of the organization	MZ	AR	SHA WATER	SUPPLY	CORPORATION		Employer identification number 74-2068667	
OR	INDIRECTLY,	ON	Α	PERSONAL	BENEFIT	CONTRACT.			