efile GRAPHIC print Submission Date - 2021-08-11 DLN: 93493223006241 OMB No. 1545-0047 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. Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasurv Internal Revenue Aer For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 Name of organization WINDERMERE OAKS WATER SUPPLY CORP D Employer identification number B Check if applicable: O Address change 74-2785317 O Name change Doing business as ☐ Initial return □ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 424 COVENTRY ROAD E Telephone number O Amended return Application Pending (830) 598-7511 City or town, state or province, country, and ZIP or foreign postal code SPICEWOOD, TX  $\,$  78669 G Gross receipts \$ 677.207 Name and address of principal officer: H(a) Is this a group return for **IOSEPH GIMENEZ** ☐ Yes ✓ No 424 COVENTRY ROAD subordinates? Are all subordinates SPICEWOOD, TX 78669 ☐ Yes ☐No included? Tax-exempt status: 501(c)(3) 4947(a)(1) or 501(c) (12) ◀ (insert no.) If "No," attach a list. (see instructions) Website: ► WWW.WOWSC.ORG **H(c)** Group exemption number ▶ L Year of formation: 1975 M State of legal domicile: TX K Form of organization: 🗹 Corporation 🔘 Trust 🔲 Association 🔲 Other 🕨 Summary 1 Briefly describe the organization's mission or most significant activities: WATER SUPPLY CORPORATION Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 14.134 Revenue Program service revenue (Part VIII, line 2g) . 459.790 662,906 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 481 59.856 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 520,127 677,207 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,992 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 559.653 690.886 559,653 695,878 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -39.526 -18.671 Assets or d Balances Beginning of Current Year End of Year 1,436,719 1,548,227 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 335,520 465,696 Net assets or fund balances. Subtract line 21 from line 20 1,101,199 1,082,531 Signature Block 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 2021-08-11 Signature of officer Sign Here JOSEPH GIMENEZ PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-08-11 P00546547 Paid self-employed ► RAVEN A HERRON & COMPANY PC Firm's name Firm's EIN > 20-4021611 **Preparer** Use Only Firm's address ▶ PO BOX 4237 Phone no. (830) 598-5300 HORSESHOE BAY, TX 78657 🗸 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020) Cat. No. 11282Y

orm	m 990 (2020)			Page
Par	Part III Statement of Program Serv	ice Accomplishments		
	Check if Schedule O contains a resp	oonse or note to any line in this Part III .		🗸
L	Briefly describe the organization's mission:	:		
O PF	PROVIDE TREATED WATER, AND WATER TREAT	TMENT FACILITIES FOR THE CUSTOMERS	of Windermere oaks water supp	LY CORPORATION.
2	Did the organization undertake any signific	cant program services during the year wh	nich were not listed on	
	the prior Form 990 or 990-EZ?			🗆 Yes 🛂 No
	If "Yes," describe these new services on Sci			C les Cito
3	Did the organization cease conducting, or i		icts, any program	
	services?	3	icts, any program	🗆 Yes 💟 No
	If "Yes," describe these changes on Schedu			U les Wo
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program serv	ce accomplishments for each of its three ons are required to report the amount of		
la	(Code: ) (Expenses \$ PROVIDE TREATED WATER, AND WASTE WATER TO	455,093 including grants of \$ REATMENT FACILITIES FOR THE CUSTOMERS OF	) (Revenue \$ WINDERMERE OAKS WATER SUPPLY CORPO	677,040 ) ORATION
lb	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
łc	: (Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
				_
	(Code: ) (Expenses \$ PROVIDE TREATED WATER, AND WASTE WATER TO	including grants of \$ REATMENT FACILITIES FOR THE CUSTOMERS OF	) (Revenue \$ WINDERMERE OAKS WATER SUPPLY CORPO	) ORATION
4d	PROVIDE TREATED WATER, AND WASTE WATER TO  Other program services (Describe in Sched	REATMENT FACILITIES FOR THE CUSTOMERS OF		·

Form 990 (2020) Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . No 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . 7 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Nο Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Nο 1 13

	If res, complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
			Form 99	<b>90</b> (2020)

Par	t N Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No			
27							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>						
b	<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>						
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	<b>b</b> If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2						
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2						
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O						
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_			
	Check if Schedule O contains a response or note to any line in this Part V						
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   16		Yes	No			
	Enter the number reported in Box 3 or Form 1096. Enter -0- if not applicable						
·	(gambling) winnings to prize winners?	1c					

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	No			
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>-</b> -			Nie			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	No No			
		5b	INO			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	-				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	4				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . .

Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year 257 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 257 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? 7 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . No Did the organization have members or stockholders? . . . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a members of the governing body? . Yes . . . . . . . . . . . . . Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

	the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

## Section C. Disclosure

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

✓ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

List the states with which a copy of this Form 990 is required to be filed

- policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ▶WINDERMERE OAKS WATER SUPPLY WINDERMERE OAKS WATER SUPPLY 424 COVENTRY ROAD 424 COVENTRY ROAD SPICEWOOD, TX 78669 (512) 573-0311

16b

of reportable compensation from the organization	n and any relate	ed orgai	nizati	ons.						
<ul> <li>List all of the organization's former directo organization, more than \$10,000 of reportable co</li> </ul>										
See instructions for the order in which to list the	persons above.									
Check this box if neither the organization no	r any related or	ganizat	ion co	omp	ens	ated a	ny c	urrent officer, direc	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off tor/t	t che inle: fice: rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099-MI3C)	related organizations
(1) JOSEPH GIMENEZ CAO/PUBLIC I	0.00			х				4,992	0	0
(2) PATRICIA GERINO VICE PRESIDE				х				0	0	0
(3) JOSEPH GIMENEZ PRESIDENT	0.00			х				0	0	0
(4) MIKE NELSON SECRETARY/TR				х				0	0	0
										Form <b>990</b> (2020)

	(A) Name and title	(B) Average hours per week (list any hours for	than c	ne bo	ox, u n off	t che inles ficer	and a	son	Repo compo fror organiz	D) ortable ensation m the ration (W-	n compensation from related W- organizations (		Estima amount of compen from	ated of other sation
		related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	)	organizat relat organiz	ed
	Sub-Total					•	•							
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Sectio		٠.	٠.	•	<b>*</b>			4,992		+		
2	Total number of individuals (including	but not limited		liste	d ab	ove	) who	recei	ived more	e than \$10	0,000 of	•		
	reportable compensation from the org	anization 🕨 2												
_	Did the conseination list on forman	ee aa alimaahan d						سئما س	h t				Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>								nest com	· · ·	· ·	3		No
4	For any individual listed on line 1a, is organization and related organizations										the			
	individual											4		No
5	Did any person listed on line 1a receive									ion or indiv	idual for			
	services rendered to the organization?		ete Sche	auie ,	j tor	Suc	n pers	on .				5		No
1	ection B. Independent Contract  Complete this table for your five higher		d indene	nder	nt co	ntra	ctors i	that	received	more than	\$100 000 of cor	nnens	ation from	n
_	the organization. Report compensation	n for the calend									year.	препа		
		(A) and business addre	ess								(B) ription of services		Compe	nsation
	ER MANAGEMENT INC									WATER MAN	AGEMEN			291,160
MARE	BLE FALLS, TX 78654									LECAL				152 207
	D GOSSELINK ROCHELLE & TOWNSEND CONGRESS AVE STE 1900									LEGAL				153,367
	IN, TX 78701													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	Check if Schedule O contains a response or note to any				<u> </u>
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	I	1		
5	Compensation of current officers, directors, trustees, and key employees	4,992	4,992		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management				
k	Legal	240,785		240,785	
C	: Accounting	23,410	23,410		
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	4,312	4,312		
	Information technology	5,884	5,884		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	423	423		
20	Interest	10,405	10,405		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	82,364	82,364		
23	Insurance	19,385	19,385		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a COST OF WATER SERVICES	192,499	192,499		
	<b>b</b> REPAIRS & MAINTENANCE	84,673	84,673		
	c INSTALL NEW SERVICE TAPS	15,975	15,975		
	d CONTRACT SERVICES	5,118	5,118		
	e All other expenses	5,653	5,653		
25	Total functional expenses. Add lines 1 through 24e	695,878	455,093	240,785	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

467

1,311,096

42,018

6,203

339.765

119.728

465,696

1,082,531

1,082,531

1,548,227

Form 990 (2020)

1.548.227

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33

1,285,690

42,018

3,531

224.546

107.443

335,520

1,101,199

1,101,199

1,436,719

1.436.719

101111 330	(2020)
Part X	Ba
	_ Che

Assets

Fund Balances

5 29

Assets 30

Net

27

28

31

32

33

alance Sheet ck if Schedule O contains a response or note to any line in this Part IX

	Beginning of year		End of year
1 Cash-non-interest-bearing	48,712	1	59
<b>2</b> Savings and temporary cash investments	60,299	2	135
<b>3</b> Pledges and grants receivable, net		3	

2.354.436

1,043,340

Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1), and persons described in section 4958(c)(3)(B).

or family member of any of these persons . Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges 10a basis. Complete Part VI of Schedule D

Less: accumulated depreciation 10b

**10a** Land, buildings, and equipment: cost or other 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 .

13 Investments—program-related. See Part IV, line 11 14 Intangible assets . . .

15 Other assets. See Part IV, line 11 .

16

17 Accounts payable and accrued expenses .

**Total assets.** Add lines 1 through 15 (must equal line 33) . 18 Grants payable . 19 Deferred revenue .

20 Tax-exempt bond liabilities . . 21 iabilities

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties . . .

23 24

Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 .

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow FASB ASC 958, check here 🕨 🗹 and

Form	990 (2020)			Page <b>12</b>
Par	t XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)			677,207
2	Total expenses (must equal Part IX, column (A), line 25)			695,878
3	Revenue less expenses. Subtract line 2 from line 1			-18,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			1,101,199
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			1,082,531
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
		_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Cother Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	✓ Separate basis  ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

efile GRAPHIC print

**SCHEDULE D** 

Department of the

(Form 990)

Submission Date - 2021-08-11

DLN: 93493223006241

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Trea Inter Serv	nal Revenue	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructi	ons and the latest info	rmation.	In	spection
	me of the organiz				Employer ide	ntification	number
***	IDENTIFICE GARS WAI	EN SOTTE CON			74-2785317		
Pā		zations Maintaining Donor Adv			or Accounts.		
	Comple	te if the organization answered "Ye		or advised funds	(b) Fund	ds and other	accounts
1	Total number at e	end of year			(1)		
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor adviso roperty, subject to the organization's ex					Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do uses and not for the benefit of the donor 	or donor advisor,	or for any other purpose of			) O
Pa		vation Easements.					Yes □ No
ГС		te if the organization answered "Ye	s" on Form 990,	Part IV, line 7.			
1	Purpose(s) of co	nservation easements held by the organ	nization (check all	that apply).			
	☐ Preservation	n of land for public use (e.g., recreation	or education)	Preservation of ar	historically imp	ortant land	area
	Protection	of natural habitat		Preservation of a	certified historic	structure	
	☐ Preservation	n of open space					
2		2a through 2d if the organization held a e last day of the tax year.	qualified conserva	tion contribution in the fo			of the Year
а	Total number of	conservation easements			2a		
b	Total acreage res	stricted by conservation easements			2b		
c	Number of conse	ervation easements on a certified histori	ic structure include	ed in (a)	2c		
d	structure listed in	ervation easements included in (c) acqu n the National Register			2d		
3	Number of constax year	ervation easements modified, transferre	ed, released, exting	guished, or terminated by	the organization	during the	
4	Number of state	s where property subject to conservation	on easement is loca	ated ▶			
5		zation have a written policy regarding the conservation easements it holds? .			of violations, and	d Yes	□ No
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of v	iolations, and enforcing co	onservation ease	ements durir	ng the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violati	ons, and enforcing conser	vation easemen	ts during the	e year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	ribe how the organization reports conse and include, if applicable, the text of the	footnote to the or				
Pa	rt III Organi	's accounting for conservation easemer zations Maintaining Collections te if the organization answered "Ye	of Art, Histor		her Similar A	ssets.	
1a	If the organization historical treasu	on elected, as permitted under FASB AS res, or other similar assets held for publ t of the footnote to its financial stateme	C 958, not to repolic exhibition, educ	t in its revenue statemen ation, or research in furth			
b	historical treasu	on elected, as permitted under FASB AS res, or other similar assets held for publ ats relating to these items:					
(	(i) Revenue includ	ed on Form 990, Part VIII, line 1			▶\$		
(i	i) Assets included	in Form 990, Part X			<b>&gt;</b> \$		
2	If the organization	on received or held works of art, historic tts required to be reported under FASB A	cal treasures, or ot	her similar assets for finar			
а	Revenue include	ed on Form 990, Part VIII, line 1			▶\$		
b	Assets included	in Form 990, Part X			<b>&gt;</b> \$		

Par	it III	Organizations M	iaintaining Co	llections of Ar	t, Histo	rıcaı	ireas	sures, or Otn	er Similar <i>i</i>	<b>ASSETS</b> (cor	itinued,	)
3		g the organization's acq s (check all that apply):		, and other recor	ds, check	any of	the fol	llowing that are	a significant u	se of its coll	ection	
а		Public exhibition			d		Loan	or exchange pr	ograms			
b		Scholarly research			e		Other	r				
c		Preservation for future	generations									
4	Provi Part 2	ide a description of the XIII.	organization's coll	ections and expla	in how the	ey furt	her the	e organization's	exempt purpo	se in		
5		ng the year, did the orga ts to be sold to raise fur								☐ Yes	□ N	0
Pai	rt IV	Escrow and Cust Complete if the ord line 21.			orm 990,	, Part	IV, line	e 9, or reporte	ed an amoun	t on Form 9	990, Pa	art X,
1a		e organization an agent ded on Form 990, Part )								☐ Yes	□ N	o
b	If "Ye	es," explain the arrange	ment in Part XIII ar	nd complete the f	ollowing t	able:			A	mount		_
c		nning balance		·	•			1c				_
d	•	tions during the year .						. 1d				_
е		ributions during the year						H				_
f		ng balance										_
2a		the organization include							iability?	☐ Yes	□ N	<u>-</u> о
b	If "Ye	es," explain the arranger	ment in Part XIII. C	heck here if the e	explanatio	n has l	been pi	rovided in Part 2	xIII С			
Pa	rt V	Endowment Fund	ds.									
		Complete if the or	ganization answ									
1-	D = =: := =	-i	ı	(a) Current year	r (b)	Prior ye	ear	(c) Two years ba	ck (d) Three ye	ars back (e)	Four yea	ars back
	•	ning of year balance .										
		butions										
		vestment earnings, gair	•									
		s or scholarships										
		expenditures for facilition of the contract of	es									
f	Admin	istrative expenses .										
g	End of	f year balance										
2	Provi	ide the estimated perce	ntage of the curre	nt year end balan	ice (line 1	g, colu	mn (a)	) held as:		•		
а	Board	d designated or quasi-e	ndowment 🕨									
b	Perm	nanent endowment 🕨										
c	Term	endowment 🕨										
	The p	percentages on lines 2a	, 2b, and 2c should	d equal 100%.								
3a		there endowment funds nization by:	not in the possess	ion of the organiz	zation that	t are h	eld and	d administered t	for the		Yes	No
	(i) Uı	nrelated organizations								3a(i)		
		Related organizations .								3a(ii)		
b		es" on 3a(ii), are the rela	-				•			3b		
4		cribe in Part XIII the inter		3	owment fi	unas.						
Pal	rt VI	Land, Buildings, Complete if the ord			orm 990	Part	IV line	e 11a. See Fo	rm 990 Part	X line 10		
	Descr	ription of property	(a) Cost or othe (investmen	er basis (b) C	ost or other			(c) Accumulate			ook valu	e
							61 110					61 110
	Land						61,110					61,110
		ngs										
		hold improvements										
		ment										
e	Other		I			2,2	93,326	I	1,043,340			1,249,986

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,311,096

Part VII	Investments Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV line	- 11h գ	See Form 990 Par	+ X I	line 12
	(a) Description of security or category	(b) Book		(c) Method	d of v	aluation:
(1) Financia	(including name of security)	value		Cost or end-of	year	market value
(2) Closely-	held equity interests					
( <b>3</b> )Other						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(1)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments□Program Related.	Þ				
r arc viii	Complete if the organization answered 'Yes' on Form 990,	, Part IV, line	e 11c.			
	(a) Description of investment			(b) Book value	Co	c) Method of valuation: st or end-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						_
(7)					1	
(8)						
(9)						
(10)					$\dagger$	
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11d. 9	See Form 990, Part X	(, line	15.
	(a) Description	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu	mm (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.		• •		•	
	Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11e o	r 11f.See Form 99	0, Pa	
<b>1. (1)</b> Federal	(a) Description of liability income taxes					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	_					
(9)						
	in (b) must equal Form 990, Part X, col.(B) line 25.)			•		119,728
	or uncertain tax positions. In Part XIII, provide the text of the footnot o's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

1

2

3

b

Part XII

5

1

2

3

1

2e

3

4c

2e

3

Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	

Total revenue.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . .

Recoveries of prior year grants . . . .

Other (Describe in Part XIII.) . . . . .

Add lines 2a through 2d . . . . .

Subtract line **2e** from line **1** . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b. 

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements . . . . Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d . . . . .

2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Subtract line **2e** from line **1** . . . . . . Amounts included on Form 990. Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.)

b

4a

4b

2a

2h

2c

2d

2h

2c

2d

4a 4b

## Part XIII **Supplemental Information**

Prior year adjustments . .

Other losses . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines

4c 5 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . .

Return Reference Explanation

Schedule D (Form 990) 2020

		DLN: 93493223006241
Form 990 o	Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	ons on
Department of the		Inspection
lameuof the organ Magamalaeveake v Service	nization VATER SUPPLY CORP	Employer identification number
ervice		74-2785317
Return Reference	Explanation	
	ROVIDE TREATED WATER, AND WASTE WATER TREATMENT FACILITIES FOR /INDERMERE OAKS WATER SUPPLY CORPORATION	THE CUSTOMERS OF
FORM 990, PAGE 6, PART VI, LINE 6		
FORM 990, . PAGE 6, PART VI, LINE 7A		
FORM 990, . PAGE 6, PART VI, LINE 7B		
FORM 990, PAGE 6, PART VI, LINE 11B	O REVIEW WAS OR WILL BE CONDUCTED.	
,	UIDELINES FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST AF ONFLICT OF INTEREST POLICY.	RE DOCUMENTED IN THE
PAGE 6, T	HE PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS OF HE ROLE OF PUBLIC INFORMATION OFFICER, INCLUDED COMPARISON OF TH OLE TO A LAW FIRM AT AN HOURLY RATE.	
FORM 990, N PAGE 6, PART VI, LINE 19	O DOCUMENTS AVAILABLE TO THE PUBLIC	
FORM 990, PART XI, LINE 9	OOK / TAX DEPRECIATION DIFFERENCE 3	