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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Color of companion Color of granization	A F	or the	2023 calendar year, or tax year beginning and	ending						
Tax-accept status: Storogo Sto	B c	heck if pplicable	C Name of organization		D Employer identific	cation number				
Total number of independent voting members of the governing body (Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of voting members of the governing body (Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 2a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of the organization of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward of size standard pass (2.03 Part VI, line 1a) Southward (2.03 Part VII, line 1a) Southward (2.03 Part VII, line 1a) Southwa			MARSHA WATER SUPPLY CORPORATION							
Number and street (NP) D. 0x if mail is not collected to street address) Size 80 3 - 87 25 Size 80 3 - 87 25		change	Doing business as		74-20686	67				
City or town, state or province, country, and zIP or foreign postal code Common control City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or town, state or province, country, and zIP or foreign postal code City or foreign postal code Ci		return □Final	, ,	Room/suite						
AUSTIN, TX 78728		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	194,755.				
Same and address of principal officer RANDALL RAEMON High Part subcordinates? Ves No		Ameno			-					
Tax-exempt status:		tion	F Name and address of principal officer: RANDALL RAEMON							
Website: WRW. MARSHAWSC. ORG		pendin			H(b) Are all subordinates in	cluded? Yes No				
Total controlled business revenue from Form 990T, Part I, Incertain times and grants (Part VIII, column (A), lines 3). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 4). 10 cm revenue (Part VIII, column (A), lines 1). 10 cm revenue (Part VII	<u> </u>	ax-exe	empt status: \square 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ($\boxed{12}$) (insert no.) $\boxed{\square}$ 4947(a)(1) of	or 527	If "No," attach a	list. See instructions				
The state of the program service revenue (Part VIII, column (A), lines 3, 4, and 7d) The other venue (Part VIII, column (A), lines 3, 4, and 7d) The other venue (Part VIII, column (A), lines 4) The other venue (Part VIII, column (A), lines 14) The other venue (Part VIII, column (A), lines 15) The other ven	J۷	Vebsit	e: WWW.MARSHAWSC.ORG		H(c) Group exemption	n number				
Briefly describe the organization's mission or most significant activities: NON-PROFIT WATER UTILITY ORGANIZED UNDER TEXAS WATER CODE CHAPTER 67 AS A MEMBER-OWNED, 2 Check this box	K F	orm of		L Year	of formation: 2017 N	1 State of legal domicile: TX				
Check this box	Pa	_	-							
Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 5 Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 O O O O O O O O O O O O O O O O O O O	Ф	1								
Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 5 Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 O O O O O O O O O O O O O O O O O O O	anc									
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Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 5 Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 O O O O O O O O O O O O O O O O O O O	ŏ	3								
Total number of individuals employed in calendar year 2023 (Part V, line 2a) S S S S S S S S S										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ies				·····					
B Net unrelated business taxable income from Form 990-T, Part I, line 11	Ĭ									
Second Prior Year Current Year 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Act									
8 Contributions and grants (Part VIII, line 1h) 0 .		b	Net unrelated business taxable income from Form 990-1, Part I, line 11							
9 Program service revenue (Part VIII, line 2g) 190,384. 194,427.	venue		Contributions and grants (Dort VIII line 1b)							
12 Total revenue Cart Vill, column (A), lines 5, 6d, 8c, 9c, 10c, 1and Tie) 190, 433 . 194, 755 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 0 . 0 . 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36, 528 . 52, 627 . 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 15 Total fundraising expenses (Part IX, column (A), line 11e) 0 . 0 . 17 Other expenses (Part IX, column (A), line 11e) 0 . 0 . 18 Total expenses (Part IX, column (A), line 11e) 0 . 0 . 19 Revenue less expenses. Subtract line 11a-11d, 11f-24e) 116, 879 . 123, 847 . 19 Revenue less expenses. Subtract line 18 from line 12 37, 026 . 18, 281 . 19 Revenue less expenses. Subtract line 18 from line 12 37, 026 . 18, 281 . 20 Total assets (Part X, line 16) 505, 441 . 604, 218 . 21 Total liabilities (Part X, line 26) 294, 085 . 374, 581 . 22 Net assets or fund balances. Subtract line 21 from line 20 211, 356 . 229, 637 . 21 Total liabilities (Part X, line 26) 294, 085 . 374, 581 . 22 Net assets or fund balances. Subtract line 21 from line 20 211, 356 . 229, 637 . 29 Part II Signature Block		l .								
12 Total revenue Cart Vill, column (A), lines 5, 6d, 8c, 9c, 10c, 1and Tie) 190, 433 . 194, 755 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 0 . 0 . 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36, 528 . 52, 627 . 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 15 Total fundraising expenses (Part IX, column (A), line 11e) 0 . 0 . 17 Other expenses (Part IX, column (A), line 11e) 0 . 0 . 18 Total expenses (Part IX, column (A), line 11e) 0 . 0 . 19 Revenue less expenses. Subtract line 11a-11d, 11f-24e) 116, 879 . 123, 847 . 19 Revenue less expenses. Subtract line 18 from line 12 37, 026 . 18, 281 . 19 Revenue less expenses. Subtract line 18 from line 12 37, 026 . 18, 281 . 20 Total assets (Part X, line 16) 505, 441 . 604, 218 . 21 Total liabilities (Part X, line 26) 294, 085 . 374, 581 . 22 Net assets or fund balances. Subtract line 21 from line 20 211, 356 . 229, 637 . 21 Total liabilities (Part X, line 26) 294, 085 . 374, 581 . 22 Net assets or fund balances. Subtract line 21 from line 20 211, 356 . 229, 637 . 29 Part II Signature Block		l	, , , , , , , , , , , , , , , , , , , ,		·					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 190,433. 194,755. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	Вe									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .		l								
14 Benefits paid to or for members (Part IX, column (A), line 4)										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 337 Jo26. 341. 350. 3441. 350. 374. 351. 364. 374. 375. 374. 374. 375. 374. 374. 375. 375. 374. 375. 374. 375. 374. 375. 375. 375. 376. 376. 377		l			0.					
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 .	"	45			36,528.	52,627.				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 153,407. 176,474. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 27 Inder 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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN	Se	16a								
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 153,407. 176,474. 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 27 Inder 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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN	þe	b ·		_						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 153,407. 176,474. 19 Revenue less expenses. Subtract line 18 from line 12 37,026. 18,281. Beginning of Current Year End of Year 505,441. 604,218. 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 I Signature Block 25 Judger 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 rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,879.	123,847.				
Beginning of Current Year End of Year Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Index 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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature RENAE DUNCAN RENAE DUNCAN Preparer's signature Firm's name ATCHLEY & ASSOCIATES, LLP Firm's EIN 74-2920819 Phone no. (512)346-2086		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			176,474.				
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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer			Revenue less expenses. Subtract line 18 from line 12			18,281.				
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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature RENAE DUNCAN RENAE DUNCAN RENAE DUNCAN Firm's name ATCHLEY & ASSOCIATES, LLP Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512) 346-2086	Pos			Be						
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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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature RENAE DUNCAN RENAE DUNCAN RENAE DUNCAN Firm's name ATCHLEY & ASSOCIATES, LLP Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512) 346-2086	t As	21	, , , , , , , , , , , , , , , , , , , ,							
Juder 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 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	<u>≥</u> 5	22			211,356.	229,637.				
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN RENAE DUNCAN Firm's name ATCHLEY & ASSOCIATES, LLP Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512)346-2086										
Sign Signature of officer RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN Preparer Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Pate Date Check PTIN ### PTIN ### 10/18/24 ### self-employed P01257722 Phone no. (512)346-2086						knowledge and belief, it is				
RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN Preparer Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512)346-2086	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.					
RANDALL RAEMON, TREASURER Type or print name and title Print/Type preparer's name RENAE DUNCAN Preparer Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512)346-2086	C:	_	Signature of officer		I Date					
Type or print name and title Print/Type preparer's name RENAE DUNCAN Preparer Firm's name ATCHLEY & ASSOCIATES, LLP Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512)346-2086			•		54.0					
Print/Type preparer's name Preparer's signature RENAE DUNCAN RENAE DUNCAN 10/18/24 self-employed P01257722 Preparer Firm's name ATCHLEY & ASSOCIATES, LLP Firm's EIN 74-2920819 Firm's address 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512)346-2086	пеі	e								
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AUSTIN, TX 78752 Phone no. (512)346-2086			1.4.4		THE SERVE SERVE					
		•		Phone no. (5	12)346-2086					
	May	the IF	·							

Page 2

Га	Obsel if Oaksida Oasstring a separate a separate to any line in this Dad III	X
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: NON-PROFIT WATER UTILITY ORGANIZED UNDER TEXAS WATER CODE CHAPTER 6	7
	AS A MEMBER-OWNED, MEMBER-CONTROLLED, MEMBER-BENEFITS CO-OPERATIVE	
	CORPORATION. MARSHA WSC PROVIDES WATER SERVICE TO THE PAMELA HEIGHT	<u>s</u>
	SUBDIVISION IN TRAVIS COUNTY, TEXAS, SERVING PRESENTLY 160	
2	Did the organization undertake any significant program services during the year which were not listed on the	T7
		es X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a)
	NON-PROFIT WATER UTILITY ORGANIZED UNDER TEXAS WATER CODE CHAPTER 6	7 AS
	A MEMBER-OWNED, MEMBER-CONTROLLED, MEMBER-BENEFITS CO-OPERATIVE	
	CORPORATION. MARSHA WSC PROVIDES WATER SERVICE TO THE PAMELA HEIGHT	S
	SUBDIVISION IN TRAVIS COUNTY, TEXAS, SERVING PRESENTLY 160 CONNECTI	ONS.
	•	
41.		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	•	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses	
	Form	n 990 (2023)

332002 12-21-23

14321018 796448 08023

Form 990 (2023) MARSHA WATER SUPPLY CORPORATION 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 Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
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 Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		_X_
С	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		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a		144		
b	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		х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X

332003 12-21-23

Form	1 990 (2023) MARSHA WATER SUPPLY CORPORATION 74-206	<u>8667</u>	Р	age 4
Pai	rt IV 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		X
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? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes." complete			
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the 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</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
UZ.		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
0.7		34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
30		36		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		 ^ `
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Chapter if Cahadula Chaptaina a response ar note to any line in this Dort V			
	Check if Schedule O contains a response or note to any line in this Part v			<u> </u>
	Fatoutha number was stad in hour 0 of Farm 1000 Fatou 0 Was to see Backle	8	Yes	No
1a		<u>0</u>		
a	Enter the Hamber of Forms W 2d included on the Tax. Enter of three applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) MARSHA WATER SUPPLY CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
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	2a	5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х					
За	5.11			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		Х				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х				
	, , , , , , , , , , , , , , , , , , , ,									
6a	6a 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	Х					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?			6b	Х					
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a						
b	•			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired							
	to file Form 8282?	 I	 I	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e						
е	7, 1, 1, 1									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		00	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h						
h	, , , , , , , , , , , , , , , , , , , ,									
8										
۵	 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 									
	a Did the sponsoring organization make any taxable distributions under section 4966?									
b										
10	Section 501(c)(7) organizations. Enter:			9b						
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	10b								
11	Section 501(c)(12) organizations. Enter:		•							
а	Gross income from members or shareholders	11a	194,427.							
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	328.							
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	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ı							
	organization is licensed to issue qualified health plans	13b		4						
С	Enter the amount of reserves on hand	13c								
14a				14a		_X_				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					3.7				
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.					37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ne'?	16		X				
4-	If "Yes," complete Form 4720, Schedule O.	40.00								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure ТX List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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 RANDALL RAEMON - 512-803-8725

Form **990** (2023)

78728

15504 BRENDA ST., AUSTIN,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director Institutional trustee		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT RODRIGUEZ	1.00							20.466		•
PRESIDENT	1 00	Х	_	Х				22,466.	0.	0.
(2) RANDALL RAEMON	1.00	х		٠,				17 522	0.	0
SECRETARY/TREASURER	1 00	Λ		Х				17,533.	0.	0.
(3) STEPHANIE LITTON VICE PRESIDENT	1.00	x		x				E 650	0.	^
(4) ROSIE DIAZ	1.00	Λ		A				5,650.	0.	0.
DIRECTOR	1.00	Х						2,333.	0.	0.
(5) CARL HAMPLE	1.00	Δ						4,333.	0.	<u> </u>
DIRECTOR	1.00	Х						550.	0.	0.
(6) MATTHEW RODRIGUEZ	1.00	Λ						330.	0.	<u></u>
DIRECTOR	1.00	х						500.	0.	0.
(7) ENRIQUE PEREZ	1.00	-25						300.	•	
DIRECTOR		х						100.	0.	0.
									•	
		1								
		1								
		-								
		-					-			
		$\left\{ \right.$								

74-2068667

Name and title Average hours per week (list any hours for related) Average hours per week Average hours per week (list any hours for related) Average hours per would not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related) Average hours per would not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related) Average hours per would not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related) Average hours per would not check more than one box, unless person is both an officer and a director/trustee) (list any hours for related)	(E) portable pensation related	1	(F) timate	d
hours per week (do not check more than one box, unless person is both an officer and a director/trustee) (list any bours for	ensation related			d
week officer and a director/trustee) from from (list any bours for	related	_l am	aunt c	
(list any bours for the organ				ΣT
hours for	aizatione	other		tion
related 10 1090 1	099-MISC/	compensation from the		
organizations $\frac{1}{2}$ \frac	9-NEC)	1	anizati	
	01120)		l relate	
organizations below line) sut multiplication sut multiplication line) line		orgai	nizatio	ons
Highest Former F				
		-		
1b Subtotal 49,132.	0.			0.
	0.			0.
10 100	0.			0.
				<u> </u>
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of rep	ortable			^
compensation from the organization			V	0 N o
			Yes	NO
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			-	37
line 1a? If "Yes," complete Schedule J for such individual		3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organiz				37
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for set	rvices			77
rendered to the organization? If "Yes." complete Schedule J for such person		5		X
Section B. Independent Contractors				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 c	of compensa	tion fron	m	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.				
(A) (B)		(C))	
Name and business address NONE Description of services		Compen	sation	1
		_	_	
I				
Total number of independent contractors (including but not limited to those listed above) who received more than				
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				

332008 12-21-23

Form 990 (2023) MARSHA
Part VIII Statement of Revenue

			Check if Schedule O contains	a response o	or note to anv lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events						
fts,			Related organizations						
ij gi									
ons,			Government grants (contributions)						
utic		T	All other contributions, gifts, grants, an						
ĕ			similar amounts not included above						
ont		_	Noncash contributions included in lines 1a-1f	1g \$					
O g		n	Total. Add lines 1a-1f						
	- MAMED DEVENITE			Business Code	100 567	100 567			
ce					221000	192,567.	192,567.		
ervi		b	PROGRAM NON-UTILIT	LY RE	900099	1,860.	1,860.		
Program Service Revenue		С							
ran Sev		d							
.0g		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			194,427.			
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)			328.			328.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			· · · · · · · · · · · · · · · · · · ·	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>e</u>			and sales expenses						
her Revenue		c	Gain or (loss) 7c						
Şe.			Net gain or (loss)						
e F			Gross income from fundraising events						
Ğ.	Ü	u	including \$	` .					
			contributions reported on line 1c).	_					
			Part IV, line 18	I .					
		h	Less: direct expenses						
			Net income or (loss) from fundraising						
			Gross income from gaming activities	-					
	9	а							
		L	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return	I .					
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of i	nventory					
ડ્					Business Code				
eor re	11								
Miscellaneous Revenue		b							
Se.		С							
Ξ			All other revenue						
		е	Total. Add lines 11a-11d			104 755	104 405	^	200
	12		Total revenue. See instructions			194,755.	194,427.	0.	328.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 49,132. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 866. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,629. 10 Payroll taxes Fees for services (nonemployees): Management Legal 5,170. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 39,420. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 11,210. Office expenses 13 Information technology 14 Royalties 15 2,324. 16 Occupancy 496. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 477. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 4,557. Depreciation, depletion, and amortization 22 989. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 55,323. PURCHASED WATER/UTILITI MATERIALS AND SUPPLIES 1,615. 1,017. PROPERTY TAXES 959. DUES AND SUBSCRIPTIONS 290. All other expenses 176,474. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or i	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	377,306.	1	44,671		
	2	Savings and temporary cash investments			2	420,772	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		25,689.	4	22,324	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese persons	s		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ	oed in section	n 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			41,449.	8	60,011
¥	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	261,795. 205,355.			
	b	Less: accumulated depreciation	60,997.	10c	56,440		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			505,441.	16	604,218
	17	Accounts payable and accrued expenses		2,303.	17	2,365	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	,	·	201 702		272 216
	00	of Schedule D			291,782. 294,085.		372,216 374,581
	26	Total liabilities. Add lines 17 through 25			234,000.	26	3/4,301
g		Organizations that follow FASB ASC 958, o	neck nere				
2	07	and complete lines 27, 28, 32, and 33.				27	
ala	27	Net assets without donor restrictions				28	
8 8	28	Net assets with donor restrictions Organizations that do not follow FASB ASC				20	
틸			, 956, CHECK	Tiere 121			
ō	20		and complete lines 29 through 33. Capital stock or trust principal, or current funds				
ets	29 30	Paid-in or capital surplus, or land, building, or			0.	29 30	0
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			211,356.	31	229,637
et/	32			211,356.	32	229,637	
Ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances	505,441.	33	604,218		

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	194	1, 7	<u> 55.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	176	5,4'	74.		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	213	1,3	56.		
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	229	9,6	37.		
Pa	rt 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 X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	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		X		
	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						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			ı		
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ı		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MARSHA WATER SUPPLY CORPORATION

Employer identification number 74-2068667

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or Ad	counts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ring
	impermissible private benefit?			Yes No
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's f	financial statements the	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			•
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

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	t III Organizations Maintaining Co	llections of Ar	t Histo	orical Tre	asures o	r Other			(continu	Page Z
_	•								(CONTINU	<u>iea)</u>
3	Using the organization's acquisition, accession	i, and other records	s, check	any or the i	iollowing that	i make sig	nilicant u	se or its		
	collection items (check all that apply).	<u>.</u>	. —							
a	Public exhibition	d			hange progra					
b	Scholarly research	е	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's college							se in Part	XIII.	
5	During the year, did the organization solicit or r								٦.,	
Day	to be sold to raise funds rather than to be main								Yes	No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the	organizatior	n answered "	Yes" on Fo	orm 990,	Part IV, li	ne 9, or	
12	Is the organization an agent, trustee, custodiar	*	diany for	contribution	ne or other as	ecte not in	ncludod			
Ia									Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII ar								_ 1 C S	NO
b	ii res, explain the arrangement in Fart Alli ar	id complete the for	nowing t	abi c .					Amount	
•	Paginning halange						10		7 tillourit	
	Beginning balance						1c 1d			
	Additions during the year									
_	Distributions during the year						1e			
f Oo	Ending balance						1f		Yes	□ Na
	_								_	∐ No
Par	If "Yes," explain the arrangement in Part XIII. C t V Endowment Funds Complete if the									
		(a) Current year		rior year				ears back	(a) Four v	years back
4.		,	(6)	nor year	(C) TWO you	13 back (aj mico y	cars back	(C) Tour	yours buok
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		<i></i>		<u> </u>					
2	Provide the estimated percentage of the currer	•		j, column (a))) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	sion of the organiza	ation tha	t are held ar	nd administer	red for the				v N.
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the o		wment f	unds.						
Pai	t VI Land, Buildings, and Equipme) David IV	/ lima dda O		Doub V II	10			
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value
		basis (investr	nent)	Dasis	(other)	aepi	reciation			
	Land			•	0 (04		2 61	2	0.5	001
	Buildings			2	8,694.		3,61	ا ۱۵۰	25	,081.
	Leasehold improvements									
	Equipment			0.0	2 1 0 1		01 74	<u> </u>	2.1	250
	Other				3,101.		01,74			,359.
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990. Part	X. line 1	Oc. column	(B))				56	,440.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MARSHA WATER Part VIII Investments - Other Securities			-2068667 _{Page}
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1,571
(2) ADVANCES FOR CONSTRUCTION			370,645
(3)			

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 1,571.

 (2) ADVANCES FOR CONSTRUCTION
 370,645.

 (3)
 (4)

 (5)
 (6)

 (7)
 (8)

 (9)
 (9)

 Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))
 372,216.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

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 for the latest information.

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MARSHA WATER SUPPLY CORPORATION

Employer identification number 74-2068667

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
MEMBER-CONTROLLED, MEMBER-BENEFITS CO-OPERATIVE CORPORATION. MARSH	HA WSC
PROVIDES WATER SERVICE TO THE PAMELA HEIGHTS SUBDIVISION IN TRAVIS	3
COUNTY, TEXAS, SERVING PRESENTLY 160 CONNECTIONS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
CONNECTIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 IS PRESENTED/DISTRIBUTED TO OFFICERS BEFORE FILE	ING
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES	26,400.
TESTING SERVICES	1,132.
OTHER CONTRACT SERVICES	11,888.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	39,420.

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

Schedule O (Form 990) 2023