Tuesday, August 4, 2020 Page 12 of 14

### 11:13:21AM

### WINDERMERE OAKS WSC

## **MEMBERSHIPS**

ACCT#	NAME MI	EMBERSH	IPSDATE	DATE REFUND	CERT#	DEPOSIT 2	DATE	DATE REFUND	CERT#	MEMBER
586	GRISSOM, ROGER-CARI	\$350.00	7/28/16		339	\$0.00			0	
587	MC FARLAND, KATHY	\$350.00	7/28/16		340	\$0.00			0	
588	PUERTA, JACEN	\$350.00	8/15/16		344	\$0.00			0	
589	MILLER, SCOTT-JUDY	\$350.00	8/1/16		341	\$0.00			0	
590	WISNOSKI, PATRICK-LA	\$0.00	8/1/16	7/1/20	342	\$0.00			0	
591	DAVIS, BRAD & GLYNIS	\$350.00	8/15/16		343	\$0.00			0	
592	MENENDEZ, LAUREN	\$350.00	8/15/16		346	\$0.00			0	
593	PENNER, KEN	\$350.00	9/13/16		348	\$0.00			0	
594	FERGUSON, DARLA	\$350.00	9/13/16		349	\$0.00			0	
595	JOHNSON, DEAN	\$0.00	9/21/16	7/27/20	350	\$0.00			0	
596	RATTRAY, EVAN-PHEB	I \$0.00	10/6/16		351	\$0.00			0 I	DISC NON-PAYMENT
597	WHIDDEN, CHARLIE &	\$0.00		6/7/17		\$0.00			0	
598	CARMICHAEL, JUDITH	\$350.00	10/27/16		353	\$0.00			0	
599	JAMES, PATRICK	\$350.00	11/11/16		358	20.00			0	
600	COHEN, ISAAC	\$0.00	12/8/16	3/19/20	359				0	
601	CHRIS ELDER HOMES	\$0.00	1/17/17	1/17/17	361				0	
602	DOSS, MICHAEL	\$350.00	1/17/17	1/1//1/	362				0	
603	HANCOCK, DEBORAH	\$350.00	1/17/17		363				0	
604	BRADY, WILLIAM & SU		10/14/16	2/27/19	364				0	
605	DOUBLE F HANGER	\$350.00	3/8/17	2/2//19	365				0	
606	LAMPLIGHTER 82 LLC	\$350.00	6/1/17		303	\$0.00			0	
607	FFRENCH, LAWRENCE		6/19/17			\$0.00			0	
608	HISCHAR, PAUL-CHRIS		7/18/17			\$0.00			0	
609	PHILLIPS, ROBIN-LINDA		8/18/17			\$0.00			0	
	SHADDOX, JAMES	\$402.50	7/22/19		406				0	
610	DAVIS, ELICE	\$350.00	9/1/17		406	\$0.00			0	
611	FEINGERSH, LARRY	\$0.00	9/15/17	2/12/10		\$0.00			0	
612	WATER LEAKS AND FL		9/13/17	3/12/19		\$0.00			0	
613		\$0.00				\$0.00			0 8	'D
614	CHRIS ELDER HOMES									
615	ZROMA OPERATING LL					\$0.00			0.5	
616	SANDERS-URESTI, MAD					\$0.00			0.5	
617	CHRIS ELDER HOMES	\$0.00	2/10/20			\$0.00			0.8	БВ
618	CHRIS ELDER HOMES	\$402.50	3/19/20			\$0.00			0	T.
619	CHRIS ELDER HOMES	\$0.00				\$0.00			0.8	
620	DUNLAP, LAJUANA	\$0.00				\$0.00			0 8	SB
621	BURT, JAY & AMBER	\$350.00	12/13/17			\$0.00			0	
622	WILLIAMS-CERECEDO,	\$350.00	1/5/18			\$0.00			0	
623	DEUTSCHLANDER, ASH		12/19/17			\$0.00			0	
624	BRYANT, JESSICA H	\$350.00	1/23/18			\$0.00			0	
625	SIMMONS, JUNE	\$350.00	2/1/18			\$0.00				TREEN, SHAWN
626	CHRIS ELDER HOMES	\$0.00				\$0.00			0 8	SB
627	DONATTI, FERNANDO	\$350.00	2/1/18			\$0.00			0	
628	DAVIS, AMY & LANCE	\$350.00	1/31/18			\$0.00			0	
629	PRINCE, SHEILA	\$350.00	2/10/18			\$0.00			0	
630	CHRIS ELDER HOMES	\$0.00				\$0.00			0 8	
631	CHRIS ELDER HOMES	\$0.00				\$0.00			0 8	SB
632	CHRIS ELDER HOMES	\$0.00				\$0.00			0.8	SB
633	MEADE, CARL-CELYNA	\$402.50	12/5/19		409	\$0.00			0	
634	COVINGTON, GARY	\$0.00				\$0.00			0.8	SB
635	CHRIS ELDER HOMES	\$0.00				\$0.00			0.8	SB
636	MERCADO, JILL-VACAN	\$0.00		9/19/18		\$0.00			0 N	MERCADO, JILL
637	GEACCONE, JOSEPH-JE	\$402.50	10/4/18			\$0.00			0	

Tuesday, August 4, 2020 Page 13 of 14

### 11:13:21AM

### WINDERMERE OAKS WSC

## **MEMBERSHIPS**

Color	ACCT#	NAME M	EMBERSH	IIPSDATE	DATE REFUND	CERT# I	DEPOSIT 2	DATE	DATE REFUND	CERT#	MEMBER
March   Dilack   Dankel L   S0,00	638	RECKART, MARK	\$350.00	4/16/18			\$0.00			0	
A	639	FEINGERSH, LARRY A	\$350.00	4/16/18			\$0.00			0	
Color	640	BLACK, DANIEL L	\$0.00	4/16/18	10/4/19		\$0.00			0	
Color	641	KERLEY-JENSEN FAMI	L \$350.00	4/16/18			\$0.00			0	
CHINS ELIDER HOMES	642	DONATTI, FERNANDO	\$0.00				\$0.00			0.8	SB
SANEMAN, STUART	643	MOORE, GLENN & SUS	A \$350.00	5/26/18			\$0.00			0	
646   ATAROD ESSI AND ELS   \$0.00   7.518   \$0.00   0   HINTER FAMILY   R.	644	CHRIS ELDER HOMES	\$0.00		3/29/19		\$0.00			0	
	645	VAN EMAN, STUART	\$0.00				\$0.00			0 7	Temp Meter
648	646	ATAROD, ESSI AND ELS	\$0.00	7/5/18			\$0.00			0 A	Addt Lawn Water Mete
6-99	647	HIGHFILL, KIMBERLY	\$350.00	7/6/18			\$0.00			0 H	HUNTER FAMILY RE
SZUASKI GREG-ANNE   \$359.00   723/18   \$0.00   0	648	NIGH, JOHN W-SANDY	\$0.00		6/21/18		\$0.00			0	
Solid	649	407 KENDALL LLC	\$0.00				\$0.00			0.8	SB 06/03/2019
652   CARPENTER CUSTOM   \$402.50   1/14/19   \$0.00	650	SZUMSKI, GREG-ANNE	\$350.00	7/23/18			\$0.00			0	
CARPENTER CUSTOM H   S0.00   SB REPLAT 3/16/201	651	JOZA, KRISTINA	\$0.00	7/31/18	3/28/19		\$0.00			0	
653   CARPENTER CUSTOM   S0.00   S B REPLAT 3 16 201     654   TRAN, VU NGHLA   \$402.50   \$24718   \$0.00   0     655   FILETCHER, MATTHEW   \$850.00   9   91718   \$0.00   0     656   FIGUEREDO, DAVID   \$402.50   9   91918   \$0.00   0     657   HETZ, STEPHEN P & MA   \$402.50   9   91918   \$0.00   0     658   FOLEY, DYLAN & KATH   \$0.00   9   2018   12   2018   \$0.00   0     659   DONATH, FERNANDO   \$0.00   \$0.00   0     660   BRB DEVELOPMENT   \$0.00   2   22819   \$11719   \$0.00   0     661   BRB DEVELOPMENT   \$0.00   2   22819   \$11719   \$0.00   0     662   YU, JUNG   \$402.50   103718   \$0.00   0   0     663   LANINECK, ANDREA   \$30.00   0   0   TEXAS JEFFERSON     664   DIEGO, TAURINO S   \$0.00   0   0     665   WESTERMAN, MARSHA   \$402.50   11/10/18   \$0.00   0   0     666   no   \$0.00   \$0.00   0     667   RUSSEL MOORE   \$402.50   11/10/18   \$0.00   0   0     668   FRITZLER, MICHAEL &   \$402.50   11/10/18   \$0.00   0   0     669   FRITZLER, MICHAEL &   \$402.50   12/12/18   \$0.00   0   0     670   MC COV, ALAN-PAMEL   \$0.00   2   228/19   \$0.00   0   0     671   BLOMSTROM, EVANATA   \$402.50   12/12/18   \$0.00   0   0     672   GREGG CUSTOM HOME   \$0.00   2   228/19   \$0.00   0   0     673   FALCO, MICHAEL &   \$402.50   2/27/19   \$0.40   \$0.00   0     674   ADPOINT, STEPHEN HIM   \$402.50   2/27/19   \$0.40   \$0.00   0     675   MOREY, JEANNE   \$402.50   3/12/19   \$0.00   0   0     676   BEASLEY, BONNIE   \$402.50   3/12/19   \$0.00   0   0     677   BEASLEY, BONNIE   \$402.50   3/12/19   \$0.00   0   0     681   CHRIS ELDER HOMES   \$0.00   0   SB     682   CHRIS ELDER HOMES   \$0.00   0   SB     683   CHRIS ELDER HOMES   \$0.00   0   SB     684   MAYES, MICHAEL HILL, \$402.50   4/26/19   57   \$0.00   0     685   BELL, PHILLIP-SHERRY   \$402.50   4/26/19   57   \$0.00   0     686   CON, DENNIS   \$402.50   3/28/19   \$0.00   0     687   WATTS-PETNA, KATLES   \$402.50   4/26/19   57   \$0.00   0     688   HARVEY, BEAU-DIANNI   \$402.50   5/1/19   401   \$0.00   0     688   HARVEY, BEAU-DIANNI   \$402.50   5/1/19   402   \$0.00	652	CARPENTER CUSTOM I	H \$402.50	1/14/19			\$0.00			0	
654   Tran, Vu Nciha		CARPENTER CUSTOM I	H \$0.00				\$0.00			0.8	SB REPLAT 3/16/2018
655   FLETCHER, MATTHEW.   \$350.00   \$9/17/18   \$0.00   \$0		TRAN, VU NGHIA	\$402.50	8/24/18			\$0.00			0	
656   FIGUEIREDO, DAVID   \$402.50   919/18   \$0.00   0		FLETCHER, MATTHEW	\$350.00	9/17/18			\$0.00			0	
657		FIGUEIREDO, DAVID	\$402.50	9/19/18			\$0.00			0	
658   FOLEY, DYLAN & KATH   \$0.00   9/20/18   12/20/18   \$0.00   0   \$85		HETZ, STEPHEN P & MA	A \$402.50	9/19/18			\$0.00			0	
Section   Sect				9/20/18	12/20/18		\$0.00			0	
660   BRB DEVELOPMENT   S0.00   2/28/19   5/17/19   S0.00   0     661   BRB DEVELOPMENT   S0.00   2/28/19   4/18/19   S0.00   0     662   YU, JUNG   S402,50   10/3/18   S0.00   0     663   LAMNECK, ANDREA   S359.00   8/16/97   119   S0.00   0     664   DIEGO, TAURINO S   S0.00   SB   S0.00   0     665   WESTERMAN, MASHA   S402,50   11/10/18   S0.00   0     666   no					12/20/10					0.8	SB
661 BRB DEVELOPMENT \$0.00 2/28/19 4/18/19 \$0.00 0 662 YU, JUNG \$402.50 10/3/18 \$0.00 0 663 LAMNECK, ANDREA \$350.00 8/16/97 119 \$0.00 0 TEXAS JEFFERSON 0 664 DIEGG, TAURINO S \$0.00 \$0.00 0 SB 665 WESTERMAN, MARSHA \$402.50 11/10/18 \$0.00 0 666 no \$0.00 \$0.00 0 667 RUSSEL MOORE \$402.50 11/14/18 \$0.00 0 0 668 HARVEY, BEAU \$0.00 \$0.00 0 SB 669 FRITZLER, MICHAEL & \$402.50 17/8/20 \$0.00 0 SB 669 FRITZLER, MICHAEL & \$402.50 17/8/20 \$0.00 0 SB 670 MC COY, ALAN-PAMEL \$0.00 12/12/18 7/1/20 263 \$0.00 0 SB 671 BLOMSTROM, EVAN-TA \$402.50 12/20/18 \$0.00 0 SB 673 FALCO, MICHAEL SCOT \$0.00 \$0.00 0 SB 673 FALCO, MICHAEL SCOT \$0.00 \$0.00 0 SB 674 LAPOINT, STEPHEN-HIE \$402.50 2/27/19 \$0.00 0 SB 675 MOREY, JEANNE \$402.50 9/15/18 \$0.00 0 0 676 HENDRICKS 2011 REVOL \$402.50 3/12/19 \$0.00 0 SB 677 BBASLEY, BONNIE \$402.50 3/12/19 \$0.00 0 SB 678 DONATT, FERNANDO \$0.00 \$0.00 0 SB 679 DONATT, FERNANDO \$0.00 \$0.00 0 SB 680 VICARS II, DAVID-NANK \$0.00 \$0.00 \$0.00 0 SB 681 CHRIS ELDER HOMES \$0.00 \$0.00 0 SB 682 CHRIS ELDER HOMES \$0.00 \$0.00 0 SB 683 CHRIS ELDER HOMES \$0.00 0 SB 684 MAYES, MICHAEL-HEA' \$402.50 3/28/19 \$0.00 0 SB 685 BELL, PHILLIP-SHERRY \$402.50 3/28/19 \$0.00 0 SB 686 COX, DENNIS \$402.50 3/28/19 \$0.00 0 SB 687 WATTS-PENA, KAYLEE \$402.50 4/26/19 57 \$0.00 0 688 HARVEY, BEAU-DIANNI \$402.50 5/1/19 401 \$0.00 0				2/28/19	5/17/19						
662 YU, JUNG \$402.50 10/3/18 \$0.00 0 TEXAS JEFFERSON 663 LAMNECK, ANDREA \$350.00 8/16/97 119 \$0.00 0 TEXAS JEFFERSON 664 DIEGO, TAURINO S \$0.00 \$0.00 0 SB											
663 LAMNECK, ANDREA \$350.00 8/16/97 119 \$0.00 0 TEXAS JEFFERSON 664 DIEGO, TAURINO S \$0.00					4/10/12						
Solution		N- 10 100 100 100-10000000 10 000000-000-				119					TEXAS JEFFERSON F
Color						117					
666   no				11/10/18							
667 RUSSEL MOORE \$402.50 11/14/18 \$0.00 0 0 SB 668 HARVEY, BEAU \$0.00 \$0.00 0 SB 669 FRITZLER, MICHAEL &: \$402.50 7/8/20 \$0.00 0 SB 670 MC COY, ALAN-PAMEL \$0.00 12/12/18 7/1/20 263 \$0.00 0 SB 671 BLOMSTROM, EVAN-TA \$402.50 12/20/18 \$0.00 0 SB 672 GREGG CUSTOM HOME \$0.00 \$0.00 0 SB 673 FALCO, MICHAEL SCOT \$0.00 \$0.00 0 SB 674 LAPOINT, STEPHEN-HIL \$402.50 2/27/19 364 \$0.00 0 SB 675 MOREY, JEANNE \$402.50 9/15/18 \$0.00 0 0 676 HENDRICKS 2011 REVO \$402.50 3/12/19 \$0.00 0 0 677 BEASLEY, BONNIE \$402.50 3/12/19 \$0.00 0 NUNNELLY, VANES 678 DONATTI, FERNANDO \$0.00 \$0.				11/10/10							
668 HARVEY, BEAU \$0.00 \$				11/14/18							
669         FRITZLER, MICHAEL &:         \$402.50         7/8/20         \$0.00         0         0         0         0         670         MC COY, ALAN-PAMEL         \$0.00         12/12/18         7/1/20         263         \$0.00         0         0         0         671         BLOMSTROM, EVAN-TA         \$402.50         12/20/18         \$0.00         0         0         0         0         672         GREGG CUSTOM HOME         \$0.00         \$0.00         0         0         0         85         0         0         0         85         0         0         0         85         0         0         0         85         0         0         0         85         0         0         0         85         0         0         0         85         0				11/11/10							SB
670         MC COY, ALAN-PAMEL         \$0.00         12/12/18         7/1/20         263         \$0.00         0           671         BLOMSTROM, EVAN-TA         \$402.50         12/20/18         \$0.00         0         0           672         GREGG CUSTOM HOME         \$0.00         \$0.00         0         SB           673         FALCO, MICHAEL SCOT         \$0.00         \$0.00         0         SB           674         LAPOINT, STEPHEN-HID         \$402.50         2/27/19         364         \$0.00         0           675         MOREY, JEANNE         \$402.50         9/15/18         \$0.00         0         0           676         HENDRICKS 2011 REVO         \$402.50         3/12/19         \$0.00         0         0         0           677         BEASLEY, BONNIE         \$402.50         3/19/19         281         \$0.00         0         NUNNELLY, VANE         0         0         0         0         0				7/8/20							
671 BLOMSTROM, EVAN-TA \$402.50 12/20/18 \$ \$0.00 0 SB 672 GREGG CUSTOM HOME \$0.00 \$ \$0.00 \$ \$0.00 \$ \$0.00 \$ \$ \$0.00 \$ \$ \$ \$					7/1/20	262					,,,,
672         GREGG CUSTOM HOME         \$0.00         \$0.00         0 SB           673         FALCO, MICHAEL SCOT         \$0.00         \$0.00         0 SB           674         LAPOINT, STEPHEN-HIE         \$402.50         2/27/19         364         \$0.00         0           675         MOREY, JEANNE         \$402.50         9/15/18         \$0.00         0           676         HENDRICKS 2011 REVO         \$402.50         3/12/19         \$0.00         0           677         BEASLEY, BONNIE         \$402.50         3/19/19         281         \$0.00         0         NUNNELLY, VANE:           678         DONATTI, FERNANDO         \$0.00         \$0.00         0 SB         \$0.00					7/1/20	203					
673 FALCO, MICHAEL SCOT \$0.00				12/20/10							l'R
674 LAPOINT, STEPHEN-HIL \$402.50 2/27/19 364 \$0.00 0 675 MOREY, JEANNE \$402.50 9/15/18 \$0.00 0 676 HENDRICKS 2011 REVO! \$402.50 3/12/19 \$0.00 0 677 BEASLEY, BONNIE \$402.50 3/19/19 281 \$0.00 0 NUNNELLY, VANES 678 DONATTI, FERNANDO \$0.00 \$0.00 0 SB 679 VICARS II, DAVID-NANC \$0.00 \$0.00 0 SB 680 VICARS II, DAVID-NANC \$0.00 \$0.00 0 SB 681 CHRIS ELDER HOMES \$0.00 \$0.00 0 SB 682 CHRIS ELDER HOMES \$0.00 \$0.00 0 SB 683 CHRIS ELDER HOMES \$0.00 \$0.00 0 SB 684 MAYES, MICHAEL-HEA' \$402.50 3/28/19 \$0.00 0 SB 685 BELL, PHILLIP-SHERRY \$402.50 4/26/19 57 \$0.00 0 686 COX, DENNIS \$402.50 5/6/19 401 \$0.00 0 687 WATTS-PENA, KAYLEE \$402.50 4/5/19 402 \$0.00 0 688 HARVEY, BEAU-DIANNI \$402.50 5/1/19 107 \$0.00 0											
675       MOREY, JEANNE       \$402.50       9/15/18       \$0.00       0         676       HENDRICKS 2011 REVO       \$402.50       3/12/19       \$0.00       0         677       BEASLEY, BONNIE       \$402.50       3/19/19       281       \$0.00       0       NUNNELLY, VANES         678       DONATTI, FERNANDO       \$0.00       \$0.00       0       SB         679       VICARS II, DAVID-NANC       \$0.00       \$0.00       0       SB         680       VICARS II, DAVID-NANC       \$0.00       \$0.00       0       SB         681       CHRIS ELDER HOMES       \$0.00       \$0.00       0       SB         682       CHRIS ELDER HOMES       \$0.00       \$0.00       0       SB         683       CHRIS ELDER HOMES       \$0.00       \$0.00       0       SB         684       MAYES, MICHAEL-HEA'       \$402.50       3/28/19       \$0.00       0       0         685       BELL, PHILLIP-SHERRY       \$402.50       4/26/19       57       \$0.00       0       0         686       COX, DENNIS       \$402.50       5/6/19       401       \$0.00       0       0         687       WATTS-PENA, KAYLEE       \$402				2/27/10		264					,D
676         HENDRICKS 2011 REVO         \$402.50         3/12/19         \$0.00         0           677         BEASLEY, BONNIE         \$402.50         3/19/19         281         \$0.00         0         NUNNELLY, VANES           678         DONATTI, FERNANDO         \$0.00         \$0.00         0         SB           679         VICARS II, DAVID-NANC         \$0.00         \$0.00         0         SB           680         VICARS II, DAVID-NANC         \$0.00         0         SB           681         CHRIS ELDER HOMES         \$0.00         0         SB           682         CHRIS ELDER HOMES         \$0.00         \$0.00         0         SB           683         CHRIS ELDER HOMES         \$0.00         \$0.00         0         SB           684         MAYES, MICHAEL-HEA'         \$402.50         3/28/19         \$0.00         0         SB           685         BELL, PHILLIP-SHERRY         \$402.50         \$4/26/19         57         \$0.00         0         0           686         COX, DENNIS         \$402.50         \$4/5/19         401         \$0.00         0         0           687         WATTS-PENA, KAYLEE         \$402.50         5/1/19         107 <td></td> <td></td> <td></td> <td></td> <td></td> <td>304</td> <td></td> <td></td> <td></td> <td></td> <td></td>						304					
677       BEASLEY, BONNIE       \$402.50       3/19/19       281       \$0.00       0 NUNNELLY, VANES         678       DONATTI, FERNANDO       \$0.00       \$0.00       0 SB         679       VICARS II, DAVID-NANC       \$0.00       \$0.00       0 SB         680       VICARS II, DAVID-NANC       \$0.00       \$0.00       0 SB         681       CHRIS ELDER HOMES       \$0.00       \$0.00       0 SB         682       CHRIS ELDER HOMES       \$0.00       \$0.00       0 SB         683       CHRIS ELDER HOMES       \$0.00       0 SB         684       MAYES, MICHAEL-HEA'       \$402.50       3/28/19       \$0.00       0         685       BELL, PHILLIP-SHERRY       \$402.50       4/26/19       57       \$0.00       0         686       COX, DENNIS       \$402.50       5/6/19       401       \$0.00       0         687       WATTS-PENA, KAYLEE       \$402.50       5/1/19       402       \$0.00       0         688       HARVEY, BEAU-DIANNI       \$402.50       5/1/19       107       \$0.00       0											
678         DONATTI, FERNANDO         \$0.00         0 SB           679         VICARS II, DAVID-NANC         \$0.00         \$0.00         0 SB           680         VICARS II, DAVID-NANC         \$0.00         0 SB           681         CHRIS ELDER HOMES         \$0.00         0 SB           682         CHRIS ELDER HOMES         \$0.00         0 SB           683         CHRIS ELDER HOMES         \$0.00         0 SB           684         MAYES, MICHAEL-HEA'         \$402.50         3/28/19         \$0.00         0           685         BELL, PHILLIP-SHERRY         \$402.50         4/26/19         57         \$0.00         0           686         COX, DENNIS         \$402.50         5/6/19         401         \$0.00         0           687         WATTS-PENA, KAYLEE         \$402.50         5/1/19         402         \$0.00         0           688         HARVEY, BEAU-DIANNI         \$402.50         5/1/19         107         \$0.00         0						201					JIINNELLV VANESS
679         VICARS II, DAVID-NANC         \$0.00         \$0.00         0 SB           680         VICARS II, DAVID-NANC         \$0.00         0 SB           681         CHRIS ELDER HOMES         \$0.00         0 SB           682         CHRIS ELDER HOMES         \$0.00         0 SB           683         CHRIS ELDER HOMES         \$0.00         0 SB           684         MAYES, MICHAEL-HEA'         \$402.50         3/28/19         \$0.00         0           685         BELL, PHILLIP-SHERRY         \$402.50         4/26/19         57         \$0.00         0           686         COX, DENNIS         \$402.50         5/6/19         401         \$0.00         0           687         WATTS-PENA, KAYLEE         \$402.50         4/5/19         402         \$0.00         0           688         HARVEY, BEAU-DIANNI         \$402.50         5/1/19         107         \$0.00         0				3/17/17		281					
680       VICARS II, DAVID-NANC       \$0.00       \$0.00       0 SB         681       CHRIS ELDER HOMES       \$0.00       \$0.00       0 SB         682       CHRIS ELDER HOMES       \$0.00       \$0.00       0 SB         683       CHRIS ELDER HOMES       \$0.00       0 SB         684       MAYES, MICHAEL-HEA'       \$402.50       3/28/19       \$0.00       0         685       BELL, PHILLIP-SHERRY       \$402.50       4/26/19       57       \$0.00       0         686       COX, DENNIS       \$402.50       5/6/19       401       \$0.00       0         687       WATTS-PENA, KAYLEE       \$402.50       4/5/19       402       \$0.00       0         688       HARVEY, BEAU-DIANNI       \$402.50       5/1/19       107       \$0.00       0											
681         CHRIS ELDER HOMES         \$0.00         0 SB           682         CHRIS ELDER HOMES         \$0.00         0 SB           683         CHRIS ELDER HOMES         \$0.00         0 SB           684         MAYES, MICHAEL-HEA'         \$402.50         3/28/19         \$0.00         0           685         BELL, PHILLIP-SHERRY         \$402.50         4/26/19         57         \$0.00         0           686         COX, DENNIS         \$402.50         5/6/19         401         \$0.00         0           687         WATTS-PENA, KAYLEE         \$402.50         4/5/19         402         \$0.00         0           688         HARVEY, BEAU-DIANNI         \$402.50         5/1/19         107         \$0.00         0											
682       CHRIS ELDER HOMES       \$0.00       \$0.00       0 SB         683       CHRIS ELDER HOMES       \$0.00       \$0.00       0 SB         684       MAYES, MICHAEL-HEA'       \$402.50       3/28/19       \$0.00       0         685       BELL, PHILLIP-SHERRY       \$402.50       4/26/19       57       \$0.00       0         686       COX, DENNIS       \$402.50       5/6/19       401       \$0.00       0         687       WATTS-PENA, KAYLEE       \$402.50       4/5/19       402       \$0.00       0         688       HARVEY, BEAU-DIANNI       \$402.50       5/1/19       107       \$0.00       0											
683 CHRIS ELDER HOMES \$0.00 \$0.00 0 SB 684 MAYES, MICHAEL-HEA' \$402.50 3/28/19 \$0.00 0 685 BELL, PHILLIP-SHERRY \$402.50 4/26/19 57 \$0.00 0 686 COX, DENNIS \$402.50 5/6/19 401 \$0.00 0 687 WATTS-PENA, KAYLEE \$402.50 4/5/19 402 \$0.00 0 688 HARVEY, BEAU-DIANNI \$402.50 5/1/19 107 \$0.00 0											
684       MAYES, MICHAEL-HEA'       \$402.50       3/28/19       \$0.00       0         685       BELL, PHILLIP-SHERRY       \$402.50       4/26/19       57       \$0.00       0         686       COX, DENNIS       \$402.50       5/6/19       401       \$0.00       0         687       WATTS-PENA, KAYLEE       \$402.50       4/5/19       402       \$0.00       0         688       HARVEY, BEAU-DIANNI       \$402.50       5/1/19       107       \$0.00       0											
685 BELL, PHILLIP-SHERRY \$402.50 4/26/19 57 \$0.00 0 686 COX, DENNIS \$402.50 5/6/19 401 \$0.00 0 687 WATTS-PENA, KAYLEE \$402.50 4/5/19 402 \$0.00 0 688 HARVEY, BEAU-DIANNI \$402.50 5/1/19 107 \$0.00 0				2/20/10							9B
686       COX, DENNIS       \$402.50       5/6/19       401       \$0.00       0         687       WATTS-PENA, KAYLEE       \$402.50       4/5/19       402       \$0.00       0         688       HARVEY, BEAU-DIANNI       \$402.50       5/1/19       107       \$0.00       0											
687 WATTS-PENA, KAYLEE \$402.50 4/5/19 402 \$0.00 0 688 HARVEY, BEAU-DIANNI \$402.50 5/1/19 107 \$0.00 0											
688 HARVEY, BEAU-DIANNI \$402.50 5/1/19 107 \$0.00 0											
689 NEUMANN, JULIE \$402.50 2/5/20 410 \$0.00 0											
	689	NEUMANN, JULIE	\$402.50	2/5/20		410	\$0.00			0	

Tuesday, August 4, 2020 Page 14 of 14

#### **MEMBERSHIPS** 11:13:21AM WINDERMERE OAKS WSC

ACCT#	NAME ME	MBERSHIPSDATE	DATE REFUND	CERT # DEP	OSIT 2 DATE	DATE CI REFUND	ERT# MEMBER
690	MADIGAN, JIM-DAWN	\$402.50 6/10/19			\$0.00		0
691	COHEN, JOSEPH-BARBA	\$402.50 6/14/19			\$0.00		0
692	BAYER, NANCY-CURT	\$402.50 5/22/19		404	\$0.00		0
693	JONES, JANE COLLEEN	\$0.00			\$0.00		0 SB
694	BLAKELOC PROPERTIES	\$402.50 7/22/19		403	\$0.00		0
695	TENNIS VILLAGE LIFT S	\$0.00			\$0.00		0
696	SANDERSON, DEBORAE	\$402.50 2/10/20		411	\$0.00		0
697	DEYO, RANDY	\$402.50 8/12/19		156	\$0.00		0
698	MATTISON, JACE J	\$402.50 8/28/19		24	\$0.00		0 MATTISON, JACE J
699	CAVAZOS,ELEANOR-AI	\$0.00			\$0.00		0 SB
700	HARVEY, BEAU-DIANNI	\$0.00			\$0.00		0 SB
701	BURDETT, MIKE-KAREN	\$0.00			\$0.00		0 SB REPLAT 12/19/201
702	BURDETT, MIKE-KAREN	\$0.00			\$0.00		0 SB REPLAT 12/19/201
703	O'NEIL, MICHAEL-PAUL	\$0.00			\$0.00		0 SB replatted
704	O'NEIL, MICHAEL-PAUL	\$0.00			\$0.00		0 SB replatted
705	O'NEIL, MICHAEL-PAUL	\$0.00			\$0.00		0 SB replatted

692 Accounts listed

**Total amount of memberships:** \$101,307.50 **Total amount of Deposit 2:** \$0.00

All Customers

Windermere Oaks Water Supply Corp.

## **Brittney Garza**

From: Joe Gimenez <1129jjg@gmail.com>
Sent: Monday, August 10, 2020 9:39 AM

To: Grant Rabon

**Subject:** Fwd: Recap of Capital Improvement Projects **Attachments:** Capital Improvement Project Recap.docx

#### Grant,

Here is our manager's summary of projects we've got in the works. It is reflective of future projects. It does not reflect the \$80 k we spent last year to install a backup generator to comply with TCEQ requirements for companies which have 250 customers. We just barely crossed that threshold last year I think.

Anyway, please let me know if you have any questions about this document.

thanks, Joe

----- Forwarded message ------

From: **George Burriss** < <u>watermgmt@yahoo.com</u>>

Date: Sun, Aug 9, 2020 at 1:43 PM

Subject: Recap of Capital Improvement Projects

To: Joe Gimenez <1129jjg@gmail.com>

Joe,

After writing recaps of all the projects we have talked about, it turned out to be five hand written pages. That will take me quite a while longer for me to type that. So, I'm sending you a one page summary, assuming you would like to have the numbers sooner rather than later. We have discussed these projects, so you know most of the details already. Anyway, let me know if you questions or comments.

George

**Capital Improvement Projects** 

Security Cameras: Cameras installed at both the Water & Wastewater Plants - Cost: \$11,008

HMI Upgrade at the Water Plant: Replaced computer and software that runs the Water Plant - \$15,975

Recycle Water at the Sewer Plant: Install a recycle pump to replace use of potable water – Estimated

Cost: \$15,000

Recycle Water at the Water Plant: Recycle backwash water instead of disposing of it – Est: \$19,000

Intake Pump Upgrade: Install copper screens and self-cleaning strainer at intake – Est: \$70,000

Reroute Water Main Around Lot 155: Installing water main in the easement – Est: \$7,500

Sewer Plant Irrigation Upgrade: Expanding irrigation field to comply with TCEQ permit - \$80,000

Pretreatment: Installing two clarifiers at the Water Plant - \$485,000

Valve Replacement: Replacing valves on pipes throughout the subdivision - \$175,000



joe gimenez <1129jjg@gmail.com>

### Report

8 messages

Joe Gimenez <1129jjg@gmail.com>

To: Grant Rabon <grabon@newgenstrategies.net>

Mon, Aug 10, 2020 at 3:51 PM

Grant,

I think you had mentioned that you might have a report drafted this week. I am thinking about having a Board meeting next week to approve the loan, but I think it would be good to review your report first and then take up the loan. All of my fellow Board members are available on Monday next week, but that can be changed. Let me know your thoughts. Call me if you would like.

thanks Joe

713.478.8034

**Grant Rabon** <grabon@newgenstrategies.net>
To: Joe Gimenez <1129jjg@gmail.com>

Wed, Aug 12, 2020 at 8:31 AM

Joe,

I apologize for not responding sooner. I am trying to assess if I can be done with the draft analysis this week. I'd like to see how much I am able to get done today and then let you know. Thanks!

#### Grant Rabon | NewGen Strategies & Solutions

**Executive Consultant** 

8140 N. Mopac Expressway | Building 1, Suite 240 | Austin, TX 78759

Office: (512) 900-8232 | Cellular: (512) 565-0123

grabon@newgenstrategies.net

Please visit our website at www.newgenstrategies.net



[Quoted text hidden]

Joe Gimenez <1129jjg@gmail.com>
To: Grant Rabon <grabon@newgenstrategies.net>

Wed, Aug 12, 2020 at 9:06 AM

Works for me. Thank you

[Quoted text hidden]

To: Joe Gimenez <1129jjg@gmail.com>

Joe,

How problematic would it be if I don't get you a draft until next Thursday (Aug 20)? I simply have not had sufficient time to devote to the analysis this week. If that timing is a problem let me know and I will do everything I can to get it to you sooner.

### Grant Rabon | NewGen Strategies & Solutions

**Executive Consultant** 

8140 N. Mopac Expressway | Building 1, Suite 240 | Austin, TX 78759

Office: (512) 900-8232 | Cellular: (512) 565-0123

grabon@newgenstrategies.net

Please visit our website at www.newgenstrategies.net



From: Joe Gimenez <1129jjg@gmail.com> Sent: Monday, August 10, 2020 3:52 PM

To: Grant Rabon <grabon@newgenstrategies.net>

Subject: Report

Grant,

[Quoted text hidden]

### Joe Gimenez <1129jjg@gmail.com>

To: Grant Rabon <grabon@newgenstrategies.net>

Tue, Aug 18, 2020 at 12:22 PM

Grant.

Will you be able to walk us through highlights of the report next week on a Zoom call? I'm thinking about a Board meeting for this either on Tuesday or Thursday. I am preparing agendas in next couple of days so let me know when you can. thanks,

Joe

[Quoted text hidden]

Grant Rabon <grabon@newgenstrategies.net>

Tue, Aug 18, 2020 at 12:28 PM

To: Joe Gimenez <1129jjg@gmail.com>

I won't have trouble having the highlights ready - the only issue may be scheduling conflicts. What time will the meeting be held?

### Grant Rabon | NewGen Strategies & Solutions

**Executive Consultant** 

8140 N. Mopac Expressway | Building 1, Suite 240 | Austin, TX 78759

Office: (512) 900-8232 | Cellular: (512) 565-0123

grabon@newgenstrategies.net

Please visit our website at www.newgenstrategies.net



From: Joe Gimenez <1129jjg@gmail.com> Sent: Tuesday, August 18, 2020 12:23 PM

To: Grant Rabon <grabon@newgenstrategies.net>

Subject: Re: Report

[Quoted text hidden]

### Joe Gimenez <1129jjg@gmail.com>

To: Grant Rabon <grabon@newgenstrategies.net>

Grant

six p.m. start time. Probably 6:30 for your preso. Again, by Zoom.

ig

[Quoted text hidden]

### Grant Rabon <grabon@newgenstrategies.net>

To: Joe Gimenez <1129jjg@gmail.com>

Tue, Aug 18, 2020 at 12:51 PM

Tue, Aug 18, 2020 at 12:41 PM

I can do Thursday, August 27. (I have a presentation I am already giving on Tuesday evening.)

Thanks!

[Quoted text hidden]

### **Brittney Garza**

From: Joe Gimenez <1129jjg@gmail.com>
Sent: Wednesday, August 19, 2020 1:42 PM

To: Grant Rabon

**Subject:** Fwd: Question about Depreciation

**Attachments:** 20200819100413.pdf; Exempt Organization Tax Return 2017.pdf; Exempt Organization

Tax Return 2019.pdf; 2018 tax forms (1).pdf; 990 Tax Return of Exempt Organization

2016.pdf

#### Grant,

See below a response (and document) to your question from our accountant, along with our 990s from the last four years. The accountant is checking for additional information from our tax preparer, but I thought these documents might help in the near term.

best regards,

Joe

----- Forwarded message -----

From: Tim Norden, CPA < tnorden@nordensalinascpa.com >

Date: Wed, Aug 19, 2020 at 10:14 AM Subject: RE: Question about Depreciation To: Joe Gimenez < 1129jjg@gmail.com>

Cc: Mike Nelson < brownsandniners@aol.com >

Joe,

Probably just don't have the financial statement with the final entries. Here is the balance sheet and P&L that I printed from the QBs. I adjusted for depreciation prior to sending the file to Raven, but she may have made additional entries for the 990. I can check with her to see if there are any tax adjustments to include with QB file. The attached financial shows \$56,186 of depreciation. I recommend that when the board gets a copy of the final 990 they pass that on to me and I can make sure the QBs corresponds to the filed 990. I assume the board reviews the 990 prior to the filing. Hope this helps.

Thanks,

Tim W. Norden, CPA, CFE

Managing Member



608 Highway 281 N., Suite 102

Marble Falls, TX 78654

www.nordensalinascpa.com

Office: (830) 798-9978

Fax: (830) 798-8848

Cell: (940) 613-3126

Send Files to us: Securely

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

From: Joe Gimenez < 1129jjg@gmail.com > Sent: Wednesday, August 19, 2020 9:34 AM

To: Tim Norden, CPA < tnorden@nordensalinascpa.com >

Subject: Question about Depreciation

Tim,

Our board has asked a company to look at our financials and develop financial policies that could help guide it.

In reviewing our financial information, they ask the following:

I noticed that the accumulated depreciation on your financial statements in 2018 and 2019 (attached) both show the same amount (\$848,935.83). Any idea what is causing that? Further, depreciation does not seem to be prominently listed on your financial statements. For example, I have a budget amount for depreciation of \$56,000 in 2018, but no actual amount. Do you have actual annual depreciation amounts for the last three years you could provide?

Could you address the two questions he asks? I understand of course that you were not handling our books in 2017 but maybe you could take a guess?

Attachment Ratepayers 8-27D 1814 of 2072

Many thanks,

Joe

## Windermere Oaks W.S.C. Balance Sheet As of December 31, 2019

	-
	Dec 31, 19
ASSETS	
Current Assets	
Checking/Savings	40.742.49
10200 Cash in Bank-2100725	48,712.43 41,982.58
10205 · Capital Expenditures Reserve	60.299.43
10400 · MM/Contingency Funds-128546	
Total Checking/Savings	150,994.44
Total Comment Assets	150,994.44
Total Current Assets	100,00-12-1-1
Fixed Assets	
15000 · Furniture & Fixtures	2,572.62
15100 · Equipment	109,418.15
15200 · Fence	19,017.66 191,994.20
15300 · Water Treatment Facility	6,500.00
15310 · 2004 Water Plant Expansion 15340 · 3-Phase Electrical Upgrade	8,699.00
15350 · 2004 Water Storage Tank	70,649.95
15400 · Improvements	34,888.96
15401 · Tennis Village Lift Station (Replace Lift Station)	59,341.90
15402 · Water Plant Generator (New Generator)	35,000.00
15500 · Building	3,377.58
15600 · Sewer Plant	125,233.87
15650 · Barge Replacement	652.27 9,599.19
15700 · Hydrotank Foundation	4,000.00
15750 · Boat 15800 · Decant Lagoon	18,475.51
15850 · 2014 WW Treatment Plant (Expenditures for WWTP)	788,648.35
15851 · Total Land	
16800 · Lot 253	6,403.75
16900 · Land	54,705.69
Total 15851 · Total Land	61,109.44
15900 · Sewer Plant Bldg new	18,277.70
15950 - 2007 Water Treatment Plant	679,210.33
17000 · Accumulated Depreciation	-961,394.83
	1 205 271 95
Total Fixed Assets	1,285,271.85
Other Assets 19300 · Standby Fees Delinquent	27,569.29
Total Other Assets	27,569.29
TOTAL ASSETS	1,463,835.58
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities	
25000 · Water & Sewer Taxes Payable	3,529.84
Total Other Current Liabilities	3,529.84
Total Current Liabilities	3,529.84
Long Term Liabilities	
27500 · Membership Fees Refundabl 27750 · Loan ABT WWTP April 4 2014 (This is first loan for WWTP)	107,442.75 224,546.24
Total Long Term Liabilities	331,988.99
Total Liabilities	335,518.83
Equity	
39005 ⋅ Retained Earnings	1,140,726.69
Net Income	-12,409.94

## Windermere Oaks W.S.C. Balance Sheet As of December 31, 2019

ec 31, 19
1,128,316.75
1,463,835.58

Cost of Goods Sold

	Jan - Dec 19	Budget	Jan - Dec 19	YTD Budget	Annual Budget
Ordinary Income/Expense					
Income 40000 · Standby Fees 40000-5 · Standby Fees - Water 40000-6 · Standby Fees - Sewer	22,039.44 22,039.44	16,500,00 16,500.00	22,039.44 22,039.44	16,500.00 16,500.00	16,500.00 16,500.00
Total 40000 · Standby Fees	44,078.88	33,000.00	44,078.88	33,000.00	33,000.00
40200 · Water & Sewer Services 40200-5 · Water Services 40200-6 · Sewer Services 40200 · Water & Sewer Services - Other	228,199.16 141,469.36 -127.42	215,000.00 140,000.03	228,199.16 141,469.36 -127.42	215,000.00 140,000.03	215,000.00 140,000.03
Total 40200 · Water & Sewer Services	369,541.10	355,000.03	369,541.10	355,000.03	355,000.03
40300 · Late Charges 40300-5 · Late Charges - Water 40300-6 · Late Charges - Sewer	3,120.41 1,972.01	4,500.00 3,000.00	3,120.41 1,972.01	4,500.00 3,000.00	4,500.00 3,000.00
Total 40300 · Late Charges	5,092.42	7,500.00	5,092.42	7,500.00	7,500.00
40400 · Membership Fees	-1,780.32		-1,780.32		
40410 - Membership Transfer Fees 40410-5 - Membership Transfer Fees-Water 40410-6 - Membership Transfer Fees-Sewer 40410 - Membership Transfer Fees - Other	-160.99 -161.01 120.75	150.00 150.00	-160.99 -161.01 120.75	150.00 150.00	150.00 150.00
Total 40410 · Membership Transfer Fees	-201,25	300.00	-201,25	300.00	300,00
40500 · Equity Buy-In Fees 40500-5 · Equity Buy-In Fees - Water 40500-6 · Equity Buy-In Fees - Sewer	25,300.00 25,300.00	13,800.00 13,800.00	25,300.00 25,300.00	13,800,00 13,800,00	13,800,00 13,800,00
Total 40500 · Equity Buy-In Fees	50,600.00	27,600.00	50,600.00	27,600.00	27,600.00
40600 · Water & Sewer Taps 40600-5 · Water Taps 40600-6 · Sewer Taps	10,350.00 10,350.00	5,175.00 5,175.00	10,350.00 10,350.00	5,175.00 5,175.00	5,175.00 5,175.00
Total 40600 · Water & Sewer Taps	20,700.00	10,350,00	20,700.00	10,350,00	10,350.00
42000 · Insurance Claim Settlements 44000 · Regulatory Assessment fee refun	59,855.84		59,855.84		
44000-6 Regulatory Assess Fee Ref-Sewer 44000-5 Regulatory Assess Fee Ref - Wat	-660.13 -1,046.69	-	-660.13 -1,046.69		
Total 44000 ⋅ Regulatory Assessment fee refun	-1,706.82		-1,706.82		
48400 · Reconnect fee 46400-5 · Reconnect Fee - Water 46400-6 · Reconnect Fee - Sewer	0,00	200.00	0.00	200.00 200,00	200.00 200.00
Total 46400 · Reconnect fee	0.00	400.00	0.00	400.00	400.00
49200 · Airport Irrigation Project	1,000.00		1,000.00		
Total Income	547,179.85	434,150.03	547,179.85	434,150.03	434,150.03

	Jan - Dec 19	Budget	Jan - Dec 19	YTD Budget	Annual Budget
50000 · COS-Operator 50000-5 · COS Operator - Water 50000-6 · COS Operator - Sewer	76,346.25 41,518.75	80,194,00 43,181,00	76,346.25 41,518.75	80,194,00 43,181,00	80,194.00 43,181.00
Total 50000 · COS-Operator	117,865.00	123,375.00	117,865.00	123,375.00	123,375.00
57000 · COS-Chemicals 57000-5 · COS Chemicals - Water 57000-6 · COS Chemclals - Sewer	11 <b>,724</b> .07 311.17	11,319.00 231.00	11,724.07 311.17	11,319.00 231.00	11,319.00 231.00
Total 57000 - COS-Chemicals	12,035,24	11,550.00	12,035.24	11,550,00	11,550.00
57500 · COS-Electricity 57500-5 · COS Electricity -Water 57500-6 · COS Electricity -Sewer	10,576,17 10,346.07	13,398.00 9,702.00	10,576.17 10,346.07	13,398.00 9,702.00	13,398.00 9,702.00
Total 57500 · COS-Electricity	20,922.24	23,100.00	20,922.24	23,100.00	23,100.00
58000 · COS-Sludge Removal 58000-5 · COS-Sludge Removal - Water 58000-6 · COS-Sludge Removal - Sewer	972,50 1,390.00	4,140.00 4,860.00	972.50 1,390,00	4,140.00 4,860.00	4,140.00 4,860.00
Total 58000 ⋅ COS-Sludge Removal	2,362.50	9,000.00	2,362.50	9,000.00	9,000.00
58500 · LCRA · Raw Water Fee 58500-5 · COS-LCRA Raw Water Fee · Water 58500-6 · COS-LCRA Raw Water Fee · Sewer	<b>4,</b> 780.29 <b>3,</b> 709.41	7,200.00 4,800.00	4,780.29 3,709.41	7,200.00 4,800.00	7,200.00 4,800.00
Total 58500 · LCRA - Raw Water Fee	8,489.70	12,000.00	8,489.70	12,000.00	12,000.00
59000 · COS-Lab Fees 59000-5 · COS Lab Fees- Water 59000-6 · COS Lab Fees- Sewer 59000 · COS-Lab Fees • Other	3,206.68 4,947.08 305.00	4,160.00	3,206,68 4,947.08 305.00	4,160.00	<b>4</b> ,160.00
Total 59000 · COS-Lab Fees	8,458.76	4,160.00	8,458.76	4,160.00	4,160.00
Total COGS	170,133.44	183,185.00	170,133.44	183,185,00	183,185.00
Gross Profit	377,046.41	250,965.03	377,046.41	250,965,03	250,965.03
Expense 77600 · Website 77600-5 · Website - Water 77600-6 · Website - Sewer	0.00 0.00	200.00 200.00	0,00 0,00	200.00 200.00	200,00 200.00
Total 77600 · Website	0,00	400.00	0,00	400.00	400.00
59610 · Install New Service Taps 59610-5 · Install New Service Taps-Water 59610-6 · Install New Service Taps-Sewer	10,531,06 10,453,90	4,500.00 4,500.00	10,531.06 10,453.90	4,500.00 4,500.00	4,500.00 4,500.00
Total 59610 · Install New Service Taps	20,984,96	9,000.00	20,984.96	9,000.00	9,000.00
62000 · Bank Charges 62000-5 · Bank Charges - Water 62000-6 · Bank Charges - Sewer 62000 · Bank Charges - Other	110.92 103.42 7.50	300.00 300.00	110.92 103.42 7.50	300.00 300.00	300,00 300,00

	Jan - Dec 19	Budget	Jan - Dec 19	YTD Budget	Annual Budget
Total 62000 · Bank Charges	221.84	600,00	221.84	600,000	600.00
62400 · Bookkeeping 62400-6 · Bookkeeping - Sewer 62400-5 · Bookkeeping - Water	2,081.54 2,081.54	_	2,081.54 2,081.54		
Total 62400 · Bookkeeping	4,163.08		4,163.08		
62500 · Accounting 62500-5 · Accounting · Water 62500-6 · Accounting - Sewer	915.00 770.00	5,000.00 5,000.00	915.00 770.00	5,000.00 5,000.00	5,000.00 5,000.00
Total 62500 · Accounting	1,685.00	10,000.00	1,685.00	10,000.00	10,000.00
62600 · Billing Services 62600-5 · Billing - Water 62600-6 · Billing - Sewer	7,839.62 7,839.61	8,400,00 8,400.00	7,839.62 7,839.61	8,400.00 8,400.00	8,400.00 8,400.00
Total 62600 · Billing Services	15,679.23	16,800.00	15,679.23	16,800.00	16,800.00
62800 · Total Contract Services 62804-5 · Professional Engineer - Water 62804-6 · Professional Engineer - Sewer 62806-5 · Consulting Fees - Water 62806-6 · Consulting Fees - Sewer	0.00 3,069.00 0.00 0.00	2,500.00 3,500.00 2,000.00 1,000.00	0.00 3,069.00 0.00 0.00	2,500.00 3,500.00 2,000.00 1,000.00	2,500.00 3,500.00 2,000.00 1,000.00
Total 62800 · Total Contract Services	3,069.00	9,000.00	3,069.00	9,000.00	9,000.00
63000 · Legal/Appraisal 63000-5 · Legal/Appraisal - Water 63000-6 · Legal/Appraisal - Sewer 63100-5 · Lawsuit 2017/18-Water (2017/18 Lawsuit) 63100-6 · Lawsuit 2017/18-Sewer	3,707.83 3,702.82 79,586.41 79,586.40	7,200.00 7,200.00 11,800.00 11,800.00	3,707.83 3,702.82 79,586.41 79,586.40	7,200.00 7,200.00 11,800.00 11,800.00	7,200.00 7,200.00 11,800.00 11,800.00
Total 63000 · Legal/Appraisal	166,583.46	38,000.00	166,583.46	38,000.00	38,000.00
63500 · Dues & Subscriptions 63500-5 · Dues/Subscriptions - Water 63500-6 · Dues/Subscriptions - Sewer 63501 · CTWC Subscription	89.23 89.22 0.00	925.00 925.00 2,000.00	89.23 89.22 0.00	925.00 925.00 2,000.00	925.00 925.00 2,000.00
Total 63500 · Dues & Subscriptions	178,45	3,850.00	178.45	3,850.00	<b>3,850</b> .00
64000 · Regulatory System Fee 64010-6 · TCEQ Annual Fee - Sewer 64020-5 · TCEQ Annual Water System Fee	1,250.00 565.95	1,500.00 750.00	1,250.00 565.95	1,500.00 750.00	1,500.00 750.00
Total 64000 - Regulatory System Fee	1,815.95	2,250.00	1,815.95	2,250.00	2,250.00
65500 · Insurance 65500-5 · Insurance - Water 65500-6 · Insurance - Sewer	7,080.28 7,080.27	8,000.00 8,000.00	7,080.28 7,080.27	8,000.00 8,000.00	8,000.00 8,000.00
Total 65500 · Insurance	14,160.55	16,000.00	14,160.55	16,000.00	16,000.00
66000 · Office Supplies 66000-5 · Office Supplies - Water 66000-6 · Office Supplies - Sewer	2,354.62 2,352.37	1,500.00 1,500.00	2,354.62 2,352.37	1,500.00 1,500.00	1,500.00 1,500.00

	Jan - Dec 19	Budget	Jan - Dec 19	YTD Budget	Annual Budget
Total 66000 · Office Supplies	4,706.99	3,000.00	4,706.99	3,000.00	3,000.00
66500 · Telephone and Internet					
66500-5 · Telephone/Internet - Water	3,356.70	3,000.00	3,356.70	3,000,00	3,000.00
66500-6 · Telephone/Internet - Sewer	2,903.54	3,000.00	2,903.54	3,000.00	3,000.00
66500 · Telephone and Internet - Other	289.20		289.20		
Total 66500 · Telephone and Internet	6,549,44	6,000.00	6,549,44	6,000.00	6,000.00
67000 · Postage & Shipping Expense					
67000-5 · Postage & Shipping - Water	1,327.29	2,000.00	1,327.29	2,000.00	2,000.00
67000-6 · Postage & Shipping - Sewer	1,382.68	2,000,00	1,382.68	2,000.00	2,000,00
Total 67000 · Postage & Shipping Expense	2,709.97	4,000.00	2,709,97	4,000,00	4,000.00
68000 · Equipment Rental Expense	250.00	1,000.00	250.00	1,000.00	1,000.00
68500 · Repairs & Maintenance					
68500-5 · Repairs & Maintenance - Water	21,389.26	35,000.00	21,389.26	35,000.00	35,000.00
68500-6 · Repairs & Maintenance - Sewer	6,923.19	10,000.00	6,923.19	10,000.00	10,000.00
68522-5 · Barge Storm Damage 10/16/18 (Barge only storm damage)	42,747.78	6,000.00	42,747.78	6,000.00	5,000.00
Total 68500 ⋅ Repairs & MaIntenance	71,060.23	51,000.00	71,060.23	51,000.00	51,000.00
68550 · Sludge Removal 68600 · Repair Parts	90.00		90.00		
68600-5 · Repair Parts - Water	5,218,26	11,200.00	6,218.26	11,200.00	11,200.00
68600-6 · Repair Parts - Sewer	511.93	4,800.00	511.93	4,800.00	4,800.00
Total 68600 · Repair Parts	6,730.19	16,000.00	6,730.19	16,000.00	16,000.00
69000 · Printing Expense					
69000-5 · Printing Expense - Water	84.00	750.00	84.00	750,00	750.00
69000-6 · Printing Expense - Sewer	84.00	750.00	84.00	750.00	750.00
Total 69000 · Printing Expense	168.00	1,500.00	168,00	1,500.00	1,500.00
71500 · Interest Expense					
71500-5 · Interest Expense - Water	971.59	14,000.00	971,59	14,000.00	14,000.00
71500-6 · Interest Expense - Sewer	10,843.43		10,843.43		
Total 71500 · Interest Expense	11,815.02	14,000.00	11,815.02	14,000,00	14,000.00
72100 · Taxes-Property	0.00	40.00	0.00	40.00	40.00
77500 · Meetings/Conferences	927.50	4 250 00	837.50	1,250.00	1,250,00
77500-5 · Meetings/Conferences-Water 77500-6 · Meetings/Conferences-Sewer	837.50 292.50	1,250.00 1,250.00	292.50	1,250.00	1,250,00
Total 77500 · Meetings/Conferences	1,130,00	2,500,00	1,130,00	2,500.00	2,500.00
otal Expense	333,751.36	204,940.00	333,751.36	204,940.00	204,940,00
				46,025.03	46,025.03
linary Income	43,295.05	46,025.03	43,295,05	40,020.00	40,020.00
ncome/Expense er Income					
ar income 1000 · Interest Income	481.01		481.01		
	481.01	-	481.01		
l Other Income	401.01		401.01		

9:55 AM

08/19/20 Cash Basis

	Jan - Dec 19	Budget	Jan - Dec 19	YTD Budget	Annual Budget
Other Expense 72500 · Depreciation Expense	56,186.00	56,000.00	56,186.00	56,000.00	56,000.00
Total Other Expense	56,186.00	56,000.00	56,186.00	56,000.00	56,000.00
Net Other Income	-55,704.99	-56,000.00	-55,704.99	-56,000.00	-56,000.00
Net Income	-12,409.94	-9,974.97	-12,409.94	-9,974.97	-9,974.97

Raven A. Herron CPA, P.C. PO Box 4237 Horseshoe Bay, TX 78657

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

## Raven A. Herron CPA, P.C. PO Box 4237 Horseshoe Bay, TX 78657 830-598-5300

February 27, 2017

#### **CONFIDENTIAL**

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

Dear Robert:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Raven A. Herron CPA, P.C.

## **Filing Instructions**

### WINDERMERE OAKS WATER SUPPLY CORP

## **Exempt Organization Tax Return**

## Taxable Year Ended December 31, 2016

**Date Due:** May 15, 2017

Remittance: None is required. Your Form 990 for the tax year ended 12/31/16 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Raven A. Herron CPA, P.C.

PO Box 4237

Horseshoe Bay, TX 78657

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
||...|...|.||...|.||...|

Department of the Treasury Internal Revenue Service

## **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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016
Open to Public
Inspection

Δ	For the 2	016 calendar year, or tax year beginning , and ending	.w.n.s.gov/tormoso.		
<u>~</u>	Check if applic			D Employe	er identification number
		able.	D		or racing the first training of
Ш	Address chang		.P	٠, ١	705317
	Name change	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	F Telephor	785317
$\overline{\Box}$	Initial return	424 COVENTRY ROAD	Room/suite		598-7511
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code	-		030 .011
Ш	terminated	SPICEWOOD TX 78669			ceipts\$ 578,628
	Amended retu			<b>G</b> Gross red	DEIDTS\$ 376,020
П	Application per	and the same of th	H(a) Is this a g	oup return for	subordinates Yes X No
	, pp.ioditori po	424 COVENTRY ROAD	H(b) Are all su		No Yes No
		60 NA 101	25) 2500 SON 300003300		(see instructions)
_		SPICEWOOD TX 78669		, attacii a iist	. (see manucuons)
<u></u>	Tax-exempt s				
<u>J</u>	Website:	WWW.WOWSC.ORG	H(c) Group ex		
_	Form of organ		L Year of formation: 1	975	M State of legal domicile: <b>TX</b>
F	art I	Summary			
	1 Brie	fly describe the organization's mission or most significant activities:			
ည	W.	ATER SUPPLY CORPORATION			
٦ar					
Governance					
30	2 Che	ck this box if the organization discontinued its operations or disposed of more	than 25% of its ne	t assets.	
	3 Num	short of voting members of the governing hady (Part VI line 1a)		2	251
es		nber of independent voting members of the governing body (Part VI, line 1b)		4	251
Activities &	5 Tota	ıl number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Ę		I number of valunteers (estimate if necessary)		6	0
⋖		dupreleted hypinger revenue from Port VIII column (C) line 12		70	0
		unrelated business taxable income from Form 990-T, line 34		7b	0
_	DIVCC	unicated basiless taxable mount from 1 onn 350-1, line 04	Prior Ye		Current Year
a	8 Con	tributions and grants (Part VIII, line 1h)			0
ň		gram service revenue (Part VIII, line 2g)	21	9,037	374,893
Revenue		stment income (Part VIII, column (A), lines 3, 4, and 7d)		0,863	
ď		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,257	500
	1	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,157	569,072
_		nts and similar amounts paid (Part IX, column (A), lines 1–3)		3,10,	303,072
	1	efits paid to or for members (Part IX, column (A), line 4)			0
		rries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
Se	15 Sala				0
Expenses	I Tapioi	essional fundraising fees (Part IX, column (A), line 11e)			<u> </u>
×	D Tota	al fundraising expenses (Part IX, column (D), line 25) ► 0	- 20	1 012	265 274
	I I Out	er expenses (Fart IX, column (A), lines Tra-Tru, Tri-24e)	32	1,213	365,274
		al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,213	365,274
- 9	19 Rev	enue less expenses. Subtract line 18 from line 12		1,944	203,798
Net Assets or	20 7-4	ol cocoto (Part V. lino 16)	Beginning of Cu	3,713	End of Year 1,528,303
SS6 Rals	20 1012	al assets (Part X, line 16)			
<u> </u>	21 1012	Il liabilities (Part X, line 26)		0,678	421,470
		assets or fund balances. Subtract line 21 from line 20	.   90.	3,035	1,106,833
	art II	Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedules an and complete. Declaration of preparer (other than officer) is based on all information of which i			f my knowledge and belief, it is
	ue, correct,	and complete. Declaration of preparer (other than onicer) is based on an information of which p	oreparer has any kin	T T	
_					
Si	= 1	Signature of officer		Date	
He	re		SIDENT		
_		Type or print name and title			
	r 1940	nt/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	147	VEN A. HERRON, CPA RAVEN A. HERRON, CPA	02/27	/17 self-en	
		m's name		Firm's EIN 🕨	20-4021611
Us	e Only	PO BOX 4237			
	Fir	m's address HORSESHOE BAY, TX 78657		Phone no.	830-598-5300
Ma		discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paperwork	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2016)
DAA					

orm	990 (2016) <b>WINDERMERE OA</b>	KS WATER SUPPLY CORP 74	-2785317	Page <b>2</b>
Pa		Service Accomplishments		
		ntains a response or note to any line i	n this Part III	X
1	Briefly describe the organization's miss			
		ATER, AND WATER TREATMEN		E CUSTOMERS
0	F WINDERMERE OAKS W	ATER SUPPLY CORPORATION	• • • • • • • • • • • • • • • • • • • •	
2	Did the organization undertake any sign	nificant program services during the year which	were not listed on the	_
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services o	n Schedule O.		
3	Did the organization cease conducting,	or make significant changes in how it conducts,	any program	
	services?			Yes X No
	If "Yes," describe these changes on Sc	hedule O.		
4	Describe the organization's program se	ervice accomplishments for each of its three larg	est program services, as measured by	
		)(4) organizations are required to report the amo		
	the total expenses, and revenue, if any			
 4a	(Code: ) (Expenses \$	54,497 including grants of\$	) (Revenue \$	374,893)
	ROVIDE TREATED WATE	R, AND WASTE WATER TREAT		THE
		ERE OAKS WATER SUPPLY CO		` <del></del>
_	OSIGIENS OF WINDERLY	INE OAKS WATER SOTTEL CO	DRIORRION	
		a	***************************************	
4b	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
	. 011271101127110112711271127112711	011221101122110112211011221101122110		
	• 01111111 011 011 011 011 011 111 111 1			
	•			
1c	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	······································
1c	(Code: ) (Expenses\$	including grants of\$	) (Revenue \$	<u> </u>
łc	(Code: ) (Expenses\$	including grants of\$	) (Revenue \$	)
łc	(Code: ) (Expenses\$	including grants of\$	) (Revenue \$	)
1c	(Code: ) (Expenses\$	including grants of\$	) (Revenue \$	)
<b>4</b> c	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
łc	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
łc	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	
łc	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
<b>l</b> c	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
<b>l</b> c	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
łc	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
lc	(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
			) (Revenue \$	
	Other program services (Describe in So	chedule O.)		
4d	Other program services (Describe in So		) (Revenue \$	

Page 3

#### Form 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

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," X complete Schedule A 2 2  $\mathbf{x}$ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X **14a** Did the organization maintain an office, employees, or agents outside of the United States? **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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  $\mathbf{X}$ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

Form 990 (2016)

# Form 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Part IV Checklist of Required Schedules (continued)

Page 4

			Yes	N
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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		2
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Γ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Г
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		١.
2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	·····   <u></u>		Н
ч	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b</i>			ĺ
		240		
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		H
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	⊦
:	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ı
	to defease any tax-exempt bonds?	24c		L
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
1	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		L
)	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Γ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ı
	If "Yes," complete Schedule L, Part I	25b		ı
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			r
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		l
				ŀ
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		L
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		uoonananana	Ü.
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		L
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ı
	Schedule L, Part IV	28b		L
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		ı
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		ſ
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			r
	concernation contributions? If "Voc." complete Schoolile M.	30		l
	***************************************	30		H
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	04		l
	Part I	31		H
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	H
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ı
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		L
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			ı
	or IV, and Part V, line 1	34		L
l	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		T
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			Γ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Γ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ı
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			H
				ı
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ı
	Part VI	37		L
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ı
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		L

Page 5

# Form 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this P	art V					
	Shook in Solitada S Solitada a 1865 Silves of Hotel to drift into in time i				Yes	N	lo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	nd					
	reportable gaming (gambling) winnings to prize winners?			1с			
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	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	s?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<u> </u>	2	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche		***************************************	3b		<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or						
	over, a financial account in a foreign country (such as a bank account, securities account, or oth	ner finar	ncial			١.	
_	account)?			4a		2	X_
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finar	ncial Ac	counts				
	(FBAR).	0					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye			5a	$\vdash$		<u>X</u> X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ansacu	on?	5b	<u> </u>	-	<u>~</u>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the		5c	$\vdash$	╁	_
va	organization solicit any contributions that were not tax deductible as charitable contributions?	ulu ti le		6a		١,	X
b	If "Yes," did the organization include with every solicitation an express statement that such conti	ribution	e or	- Oa	<del>                                     </del>	<del>  1</del>	_
~	gifts were not tax deductible?	indution	3 01	6b			
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	v for ao	ods				
	and services provided to the payor?	, amin 9 a		7a	, muuuuuuu	ii shuuu	uuuuu
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	n it was					
	required to file Form 8282?		,	7с			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber	nefit cor	tract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f	┞	╄	_
g	If the organization received a contribution of qualified intellectual property, did the organization f			7g	<u> </u>	_	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	ntained	by the				
_	sponsoring organization have excess business holdings at any time during the year?			8		H HIIIII	
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	-	1	
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	۱۲		9b			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a					
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
ь 11	Section 501(c)(12) organizations. Enter:	100					
a	Construction of the second sec	11a					
b	Gross income from intempers or snareholders  Gross income from other sources (Do not net amounts due or paid to other sources	114					
	against amounts due or received from them.)	11b					
12a			1041?	12a	121414141414141414141414141414141414141	131,111111111	111111111
	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.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L		
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 C	).					
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	13b					
C	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		2	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sci	nedule (	o	14b			
				E	99i	n 🖂	040

Form 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

D	c
Page	r

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

Sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year   1a   251		Yes	No
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 251			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			- 22
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its governing documents since the prior rolling so was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organizations assets:  Did the organization have members or stockholders?	6	Х	
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•	- 22	
ı a	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a	22	
D	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			- 12
o a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	21	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	nde )	
000	tion B. 1 oncies (This econor Broqueste information about policies not required by the internal Neverl	10 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa		- 42
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		x
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,"	120		
C	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14	r	Α
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO. Executive Director, or ten management official	15a		X
b	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IJU		100000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iva	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ı va		
D	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?	16b		
Sec	tion C. Disclosure	100		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	INDERMERE OAKS WATER SUPPLY  424 CONVENTRY ROAD			
	PICEWOOD TX 78669 512	_57	3-0	121

Form 990 (2016) WINDERMERE OAK	S WATER	SUPPLY	CORP	74-2785317
--------------------------------	---------	--------	------	------------

Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(do box offi	x, unless person is ficer and a director		Position onot check more than one k, unless person is both an cer and a director/trustee)					(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,	organization and related organizations			
(1) ROBERT E. MEBAN													
PRESIDENT	0.00			x				0	0	0			
(2) DANA MARTIN													
VICE DECIDENT	0.00			3,5				0	^	0			
VICE PRESIDENT (3) JERRY INGHAM	0.00	<u> </u>	$\vdash$	X		$\vdash$	$\dashv$	0	0	0			
(o) oblicit inomin	0.00												
DIRECTOR	0.00			х				0	0	0			
(4) DOROTHY TAYLOR													
	0.00									•			
SECRETARY/TREASUER	0.00			X		$\vdash$		0	0	0			
(5) JEFF HAGAR	0.00												
DIRECTOR	0.00			x				0	0	0			
(6)							$\neg$	_		•			
(7)						Ħ							
·													
(8)						$\Box$	┪						
(9)						$\sqcap$							
(10)						$\sqcap$							
(11)						H							
DAA	•									Form <b>990</b> (2016)			

Form 990 (2016) <b>WINDERME</b>										Page 8
Part VII Section A. Officer	s, Directors, Ti	ust	ees,	Key	Em	ıploy	/ees	s, and Highest Compens	sated Employees (continu	ued)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	off	k, unle	Pos check ess pe nd a c	rson	than is both or/trus	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.100.11100)	organization and related organizations
4h. Sub-total										
1b Sub-total c Total from continuation sh							<b>&gt;</b>			
d Total (add lines 1b and 1c) Total number of individuals (	including but no	t lim	ited	to th	nse	liste	<u>▶</u> dah	ove) who received more	than \$100 000 of	
reportable compensation from							-			Yes   No
<ul> <li>Did the organization list any employee on line 1a? If "Yes</li> <li>For any individual listed on li</li> </ul>	s," complete Sch	edu	le J	for s	uch	indiv	idu a	al .		yes No
organization and related organization										4 X
5 Did any person listed on line for services rendered to the									on or individual	5 X
Section B. Independent Contrac	tors									
Complete this table for your compensation from the organ	nization. Report	pen com	sate ipen	d ind satio	depe	nde r the	nt co cal	endar year ending with or	r within the organization's	tax year.
Name and	(A) d business address							Descri	(B) ption of services	(C) Compensation
Total number of independent received more than \$100,000	t contractors (inc 0 of compensati	cludi on fr	ng b	ut n	ot lir orga	nited nizat	to t ion	those listed above) who	0	000

Page 9

Form 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated exempt function excluded from tax under sections business revenue revenue 512-514 Grants mounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Program Service Revenue Contributions, 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f Busn. Code 2a WATER & SEWER SERVICES 374,893 374,893 f All other program service revenue 374,893 Total. Add lines 2a-2f Investment income (including dividends, interest, 235 235 and other similar amounts) Income from investment of tax-exempt bond proceed Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps c Rental inc. or (loss d Net rental income or (loss) 7a Gross amount from (ii) Other sales of assets 203,000 other than inventor **b** Less: cost or other 9,556 basis & sales exps 193,444 c Gain or (loss) 193,444 193,444 **d** Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Þ c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a 500 500 OTHER INCOME d All other revenue .... e Total. Add lines 11a-11d 500 569,072 569,072 Total revenue. See instructions

### Form 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

	orm 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Page 10									
	Part IX Statement of Functional Expenses									
Sect	ion 501(c)(3) and 501(c)(4) organizations mus			st complete column (A).						
	Check if Schedule O contains a res									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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									
5	Compensation of current officers, directors,				*					
	trustees, and key employees									
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):									
а	Management	000	222							
b	Legal	800	800							
C	Accounting	18,112	18,112							
d	Lobbying	-		):::::::::::::::::::::::::::::::::::::						
_	Professional fundraising services. See Part IV, line 1	/								
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
40	(A) amount, list line 11g expenses on Schedule O.)									
	Advertising and promotion	2,726	2,726							
13	Office expenses	4,446	4,446							
14	Information technology	4,440	4,440							
15 16	Royalties									
	Occupancy Travel									
	Payments of travel or entertainment expense	s								
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	350	350							
20	Interest	18,680	18,680							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	57,367	57,367							
23	Insurance	11,737	11,737							
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.)									
а	COST OF WATER SERVICES	160,763	160,763							
b	REPAIRS & MAINTENANCE	65,296	65,296							
С	INSTALL NEW SERVICE TAPS	15,014	15,014							
d	CONTRACT SERVICES	4,459	4,459							
	All other expenses	5,524	5,524							
25	Total functional expenses. Add lines 1 through 24e	365,274	365,274	0	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)									

P	art)	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A)	(B)
_			Beginning of year	End of year
	1	Cash—non-interest bearing		1 44,559
	2	Savings and temporary cash investments	93,915	94,125
	3	Pledges and grants receivable, net	,	3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees.		
		Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section	on	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a	and	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
Ş		organizations (see instructions). Complete Part II of Schedule L		6
Assets	7	Notes and loans receivable, net		7
As	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a 2,152,327	7	
	b	Less: accumulated depreciation 10b 793,028	1,418,320 1	0c 1,359,299
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11	1	12
	13	Investments—program-related. See Part IV, line 11	1	13
	14	Intangible assets	1	14
	15	Other assets. See Part IV, line 11		30,320
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,563,713 1	15     30,320       16     1,528,303
	17	Accounts payable and accrued expenses	1,269 1	1,271
	18	Grants payable	1	18
	19	Deferred revenue	1	19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
es	22	Loans and other payables to current and former officers, directors,		
≣		trustees, key employees, highest compensated employees, and	j	
Liabilities		disqualified persons. Complete Part II of Schedule L		22
_	23	Secured mortgages and notes payable to unrelated third parties	576,459 2	333,499
	24	Unsecured notes and loans payable to unrelated third parties	2	24
	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	82,950 2	
	26	9	660,678 2	26 421,470
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ and		
ũ		complete lines 27 through 29, and lines 33 and 34.		
sala	27	Unrestricted net assets		27
Б	28	Temporarily restricted net assets		28
녎	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here X and		29
-				
sts		complete lines 30 through 34.		\ <u>\</u>
Net Assets or Fund Balances				30
ţ	31	Paid-in or capital surplus, or land, building, or equipment fund		31 106 033
Š	32	Retained earnings, endowment, accumulated income, or other funds		32 <u>1,106,833</u>
	33	Total liebilities and not seed find balances		1,106,833 1,528,303
_	34	Total liabilities and net assets/fund balances	1 1,505,115 3	1,528,303

Form **990** (2016)

Forn	1 990 (2016) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317		Page <b>12</b>
Pε	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> _
1	Total revenue (must equal Part VIII, column (A), line 12)	1	569,072
2	Total expenses (must equal Part IX, column (A), line 25)	2	365,274
3	Revenue less expenses. Subtract line 2 from line 1	3	203,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	903,035
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	1,106,833
Pε	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: X Cash Accrual 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 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, 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 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
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.	<u> </u>	3b
			Form <b>990</b> (2016)

1838 of 2072

### **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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

14.116	or the organization		Employer Identification flumber
W	INDERMERE OAKS WATER SUPPLY CORP		74-2785317
mmmmm	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	
	Complete if the organization answered "Yes" o		
		(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 writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
TI T	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.	- F 000 P-+ N/ E 7	
	Complete if the organization answered "Yes" o		
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education		
	Protection of natural habitat	Preservation of a certified histo	ric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor easement on the last day of the tax year.	iservation contribution in the form of a c	
_	TILL I CONTRACTOR		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure i	neluded in (a)	20
c d	Number of conservation easements included in (c) acquired after 8/		20
u	historia structure listed in the National Degister		2d
3	Number of conservation easements modified, transferred, released,	extinguished or terminated by the orga	· · · · · · · · · · · · · · · · · · ·
•	tax year	extinguished, or terminated by the orga	anization daring the
4	Number of states where property subject to conservation easement	is located >	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?	,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin		
	<b>&gt;</b>		,
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$	,	g ,
8	Does each conservation easement reported on line 2(d) above satis	fy 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 ease	ements in its revenue and expense stat	ement, and
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Рε	art III Organizations Maintaining Collections of A		ner Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its fina		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub		TURINERANCE OF
	public service, provide the following amounts relating to these items		<b>•</b>
	*** A		<b>L</b> 0
2	(ii) Assets included in Form 990, Part X	or other similar assets for financial gain	
2			n, provide the
9	following amounts required to be reported under SFAS 116 (ASC 95 Revenue included on Form 990, Part VIII, line 1		<b>S</b>
	Assets included in Form 990, Part Y		• • •

Sche	dule D (Form 990) 2016 WINDERMER									Page 2
Pa	rt III Organizations Maintaining	Collections	of Art,	Historical	Treasur	es, or Ot	her Simi	lar As	sets (cont	inued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other reco	ords, che	eck any of the	following th	nat are a sig	nificant us	e of its		
а	Public exhibition	d	Loan or	exchange pro	ograms					
b	Scholarly research									
С	Preservation for future generations				******			1 •1		
4	Provide a description of the organization's co	llections and exp	lain how	they further t	he organiza	ation's exem	pt purpose	in Part		
	XIII.									
5	During the year, did the organization solicit o	r receive donatior	ns of art,	historical trea	asures, or o	ther similar			_	
	assets to be sold to raise funds rather than to		s part of	the organizat	tion's collec	tion?		<u> </u>	Yes	No
Pa	rt IV Escrow and Custodial Arra	_								
	Complete if the organization	answered "Yo	es" on	Form 990,	Part IV, I	ine 9, or i	reported	an am	ount on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi		-							
-	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	followin	ig table:					A	
	D						4.	+	Amount	
	Beginning balance									
a	Additions during the year						1e			
e	Distributions during the year Ending balance						1e			
	Did the organization include an amount on Fo	orm 990 Part X I	ine 21 f	or escrow or	custodial ac	count liabili			Yes	No
	If "Yes," explain the arrangement in Part XIII.						8 407 6 6 6 60607			"
	rt V Endowment Funds.	Officer field if the	схріан	ation has bee	ii piovidea i	on rait Am				
liiuulkiiiiba	Complete if the organization	answered "Ye	es" on	Form 990.	Part IV. I	ine 10.				
		(a) Current year		Prior year	(c) Two ye		(d) Three yea	ars back	(e) Four yea	rs back
1a	Beginning of year balance						200 200			
	Contributions									
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		nce (line	e 1g, column (	(a)) held as:					
a	Board designated or quasi-endowment	%								
	Permanent endowment ▶ %	0/								
С	Temporarily restricted endowment ►	%								
2.	The percentages on lines 2a, 2b, and 2c sho				المانية المسا	Annad Cantle				
Ja	Are there endowment funds not in the posses organization by:	ssion of the organ	iizalion l	nat are neid a	ina adminis	itered for the	=		Ye	s No
	(i) consists of supprised to a								3a(i)	<del>3   100  </del>
	(ii) related examinations								3a(ii)	+
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as red							3b	+
	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Equi		iacimic	ric rarras.						
mmeenum	Complete if the organization		es" on	Form 990,	Part IV, I	ine 11a. S	See Form	n 990, i	Part X, lin	e 10.
	Description of property	(a) Cost or other t		(b) Cost or o			umulated		(d) Book value	
		(investment)		(othe	er)	depr	eciation			
1a	Land			- 6	51,110			I KIN PIN PIN PIN PIN PIN PIN PIN PIN PIN P	61	,110
b	Buildings									
С	Leasehold improvements									
	Equipment									
е	Other				1,217		793,02	28	1,298	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, F	art X, c	olumn (B), line	e 10c.)			<b>&gt;</b>	1,359	,299
								Schedu	le D (Form 9	90) 2016

TOUGHT BE DESCRIPTION OF THE PROPERTY OF THE P	orm 990) 2016 WINDERMERE OAKS WA	ATEF	R SUPPLY	CORP	74-2	785317		Page <b>3</b>
Part VII	Investments—Other Securities.  Complete if the organization answered "Y	ac" o	n Form 990 I	Dart IV	line 11h	See Form 9	00 Dart Y	line 12
	(a) Description of security or category	es o	(b) Book val		line i ib.	(c) Method of		iiie iz.
	(including name of security)		(b) BOOK Vali	ue		Cost or end-of-year		
(1) Financial	Horivativos					,		
	era equity interests							
/ <b>/ / /</b>								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
PARTICULAR PROFESSIONAL PROFESS	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	•						
Part VIII	Investments—Program Related.	" -		Dark 11.7	lina 11a	Can Farms Of	00 Dad V	line 10
	Complete if the organization answered "Y  (a) Description of investment	es o			line i ic.			line 13.
	(a) Description of investment		(b) Book valu	ue		(c) Method of Cost or end-of-yea		
(1)						2000 01 0114 01 900	Thanker value	
<u>(1)</u> <u>(2)</u>								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	-						
Part IX	Other Assets.							
	Complete if the organization answered "Y		on Form 990, I	Part IV,	line 11d.	See Form 9		
	(a) Descriptio	in					(b) Book	value
(1)								
(2)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	n (b) must equal Form 990, Part X, col. (B) line 15.)							
Part X	Other Liabilities.							
Apple let et e	Complete if the organization answered "Y	es" o	on Form 990, I	Part IV,	line 11e	or 11f. See F	Form 990, F	Part X,
	line 25.							
1.	(a) Description of liability		(b) Book vali	ue				
	income taxes							
	ERSHIP FEES REFUNDABLE		86	,700				
	DABLE MEMBERSHIP FEES							
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	n (h) must aqual Form 000 Part V and (P) line 25 1		96	,700				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶ uncertain tax positions. In Part XIII, provide the text o		•		n'e financial	etatemente that	reports the	
-	liability for uncertain tay positions under FIN 48 (ASC		-				•	

Sche	edule D (Form 990) 2016 WINDERMERE OAKS WATER SUPPLY				<u> Page <b>4</b></u>
Pa	art XI Reconciliation of Revenue per Audited Financial Stater			Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>		5000	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	, , , , , , , , , , , , , , , , , , , ,			5	
Pε	art XII Reconciliation of Expenses per Audited Financial State			er Return.	
-	Complete if the organization answered "Yes" on Form 990	<u>, Part IV, II</u>	ne 12a.	. 1	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	, ,		3	
	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	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.			5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	
<b>P</b> ε Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	5	

Schedule D (F	orm 990) 2016	WINDERMERE ntal Information (	OAKS	WATER	SUPPLY	CORP	74-2785317	Page <b>5</b>
Part XIII	Suppleme	ntal Information (	continued	<i>t)</i>				_
		******						
		***********						
					*************			
***************************************								
		******************						
*								
		***********						
8								

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### 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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99. Inspection Name of the organization Employer identification number WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT OTHER EXPENSES FOR THE RUNNING OF THE WATER TREATMENT PLANT FOR WINDERMERE OAKS FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

# Form **4562**

(99)

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 2016 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

WINDERMERE OAKS WATER SUPPLY CORP

Identifying number 74-2785317

	MINDER	THICH CITED	MIIIIN DOLLEI	COLL		1 -2	<u> </u>	<del>551</del> 7
	ess or activity to which this form relates	TT ON						
	NDIRECT DEPRECIAT art I Election To Expe		perty Under Section	op 170				
Г			rty, complete Part V		ou complete l	Part I		
1	Maximum amount (see instruction						1	500,000
2	Total cost of section 179 propert						2	000,000
3	Threshold cost of section 179 pr	operty before reduct	ion in limitation (see instr	ructions)			3	2,010,000
4	Reduction in limitation. Subtract			,			4	
5	Dollar limitation for tax year. Subtract			filing separate	ly, see instruction	3	5	
6	(a) Description	n of property	(b) Cos	st (business use	only) <b>(c)</b> l	Elected cost		
7	Listed property. Enter the amour				7			7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
8	Total elected cost of section 179	property. Add amou	ınts in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Ente		•		ine 5 (see instru	ctions)	11	
12	Section 179 expense deduction.			n line 11			12	
13	Carryover of disallowed deduction			<u></u> ▶	13			
	: Don't use Part II or Part III belov			- (D	-16 * - 1 - 3 - 1*			) (0
						stea pro	peπy	/.) (See instructions.
14	Special depreciation allowance f							
1 5	during the tax year (see instruction						14 15	
15	Property subject to section 168(f Other depreciation (including AC	)(1) election					16	
16 Da			ide listed property.)		ructions )		10	
I, C	MACKS Deprecia	TION (DOI) TOIL	Section A	(Occ IIIsti	uctions.)			
17	MACRS deductions for assets p	laced in service in ta		2016			17	57,278
18	If you are electing to group any assets place				heck here	▶ □		J., J.
			rice During 2016 Tax Ye			reciation	Syste	em
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
100	2 year property	service	only-see instructions)	period		6. 0		200000
<u>19a</u> b	3-year property 5-year property							
	7-year property							
_	10-year property							
	15-year property							
	20-year property							
g	25-year property	-		25 yrs.		S/L		
	Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L		
$\overline{}$	Nonresidential real	04/08/16	4,902		MM	S/L		89
	property		•		MM	S/L		
	Section C—Ass	ets Placed in Service	e During 2016 Tax Yea	r Using the	Alternative De	preciatio	n Sys	tem
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
Pa	art IV Summary (See in	structions.)						
21	Listed property. Enter amount fro				*******		21	
22	<b>Total.</b> Add amounts from line 12	-						===
72000	here and on the appropriate line	•			structions		22	57,367
23	For assets shown above and pla	-		the	_			
	portion of the basis attributable to	o section 263A costs	<b>`</b>		23			

## Raven A. Herron & Company, P.C. PO Box 4237 Horseshoe Bay, TX 78657 830-598-5300

May 2, 2019

#### **CONFIDENTIAL**

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

Dear Joe:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Raven A. Herron & Company, P.C.

#### **Filing Instructions**

#### WINDERMERE OAKS WATER SUPPLY CORP

### **Exempt Organization Tax Return**

#### Taxable Year Ended December 31, 2018

**Date Due:** November 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 12/31/18 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Raven A. Herron & Company, P.C.

PO Box 4237

Horseshoe Bay, TX 78657

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

Form 8879-EC

#### IRS e-file Signature Authorization for an Exempt Organization

OMB No.	1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2018, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Go to www.irs.gov/Form8879EO for the latest information.

WINDERMERE OAKS WATER SUPPLY CORP Name and title of officer

74-2785317

Employer identification number

JOSEPH GIMENEZ PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	468,486
2a Form 990-EZ check here ▶	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

HERRON & COMPANY, P.C. XI I authorize \_ to enter my PIN **ERO firm name** do not enter all zeros

Enter five numbers, but

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date > 04/29/19

#### Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70128078663

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

RAVEN A. HERRON, CPA FRO's signature

04/29/19

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Department of the Treasury

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.

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

OMB No. 1545-0047 2018
Open to Public
Inspection

IIIC	narrevena	de Gervice	Go to www.irs.	.gov/Formas	7 for instructions	and the la	itest imor	mation.		Inspection
Α	For the	2018	alendar year, or tax year beginning		, and ending					
В	Check if app	plicable:	C Name of organization						D Employe	r identification number
П	Address change WINDERMERE OAKS WATER SUPPLY CORP									
H	Doing husiness as								74-2	785317
	Name chang	nge	=-	red to street add	.ese)		Roor	m/suite	E Telephon	e number
	Initial return	n	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  424 COVENTRY ROAD							598-7511
Н	Final return/		City or town, state or province, country, and ZIP or	foreign nostal co	de			-	000	330 7311
Ш	terminated			- ·						460 406
	Amended re	eturn		rx 78669	<del>)</del>				<b>G</b> Gross rec	eipts\$ 468,486
H			F Name and address of principal officer:				L 11/	a) Is this a grou	ın ratım far.	subordinates Yes X No
	Application	pending	JOSEPH GIMENEZ				"(	a) is this a grot	ib ieinii ioi	supordinates 1es 21 NO
			424 COVENTRY ROAD				H(	b) Are all subo	rdinates inc	luded? Yes No
			SPICEWOOD	тx	78669			If "No,"	attach a list.	(see instructions)
_	-		- 10			507				
÷	Tax-exemp			insert no.)	4947(a)(1) or	527				<b>E</b> .
<u>J</u>	Website:	► W	WW.WOWSC.ORG					c) Group exen		
K	Form of org	ganization	X Corporation Trust Association	Other >			L Year of	formation: 19	<del>)</del> 75	M State of legal domicile: TX
F	artl	Su	mmary							
	<b>1</b> Br	rieflv de	scribe the organization's mission or most	significant a	activities:					
ë			R SUPPLY CORPORATION			********	total A total A to			
ŭ	7									
Ĕ	7									
Activities & Governance	Fig.									
တိ	2 Ch	heck th	is box ▶ if the organization discontinu	ed its operat	ions or dispose	d of more t	than 25%	6 of its net $8$	assets.	
ಂಶ	3 Nu	umber (	of voting members of the governing body	(Part VI, line	e 1a)				3	249
es	4 Nu	umber o	of independent voting members of the go	vernina body						249
Œ	5 To	otal nun	nber of individuals employed in calendar	vear 2018 (E	Part \/ line 2a\				5	0
掖			nber of volunteers (estimate if necessary)						6	0
ď									· <del></del>	
			elated business revenue from Part VIII, c						7a	0
_	<b>b</b> N∈	et unrel	ated business taxable income from Form	990-T, line (	38				. 7b	0
							-	Prior Year		Current Year
ā										0
Ę	9 Pr	rogram	service revenue (Part VIII, line 2g)					<u>340</u>	,644	<u>468,155</u>
Revenue	10 lnv	vestme	nt income (Part VIII, column (A), lines 3,	4, and 7d)					362	331
ď	1		renue (Part VIII, column (A), lines 5, 6d, 8		nd 11e)				100	0
			enue – add lines 8 through 11 (must equa			12)		341	,106	468,486
			nd similar amounts paid (Part IX, column			·-/			, = • •	<u> </u>
	1				5)					0
			paid to or for members (Part IX, column (							<del></del>
Expenses	15 Sa		other compensation, employee benefits (		ımn (A), iines 5-	-10)				0
ü	<b>16a</b> Pr		nal fundraising fees (Part IX, column (A),							U
ă	<b>b</b> To	otal fun	draising expenses (Part IX, column (D), li	ne 25) 🕨 📖		0				
Ш	<b>17</b> Ot	ther ex	oenses (Part IX, column (A), lines 11a–11	ld, 11f-24e)				346	,926	428,774
	18 To	otal exp	enses. Add lines 13-17 (must equal Part	IX, column	(A), line 25)			346	,926	428,774
			less expenses. Subtract line 18 from line		· // /				,820	39,712
5		CVCHGC	1656 experioes. Cabitast line 16 from line	, 12			Beai	nning of Curr		End of Year
Net Assets or	20 To	ntal ass	ets (Part X, line 16)					1,490		1,499,954
ASS Pol	<b>21</b> To		ilities (Part X, line 26)						,490	359,229
e E	21 10		* *************************************					1,101		
(common )	programment and the second	74	ts or fund balances. Subtract line 21 from	line 20				1,101	,013	1,140,725
	art II		gnature Block							
			perjury, I declare that I have examined this ret							my knowledge and belief, it
tr	ue, correc	ct, and c	omplete. Declaration of preparer (other than o	fficer) is base	d on all informatio	n of which p	preparer h	as any know	vledge.	
Sig	an I	s	gnature of officer						Date	
He	-		JOSEPH GIMENEZ			PRE	SIDE	ידע		
	.	T	/pe or print name and title							
_			e preparer's name	Preparer's signa	ature			Date	Charalt	if PTIN
Pai	الم							100	Check	□"
	<u> </u>	RAVEN			HERRON, CPA			[05/02/	19 self-em	
		Firm's na		N & CC	MPANY,	P.C.		Fir	m's EIN 🕨	20-4021611
Us	e Only		PO BOX 4237							
	],	Firm's ad	HORSESHOE BAY,	TX 7	8657			Ph	one no.	830-598-5300
Ma			ss this return with the preparer shown abo					1		X Yes No
_	-		uction Act Notice, see the separate instruc		/					Form <b>990</b> (2018)
DAA			and separate manage							101111 300 (2018)

m 990 (2018) WINDERMERE OAKS		74-2785317	Page <b>2</b>
Part III Statement of Program Ser Check if Schedule O contain	vice Accomplishments as a response or note to any lin	ne in this Part III	X
Briefly describe the organization's mission:	io a respense of mote to arry in	TO IT THE FAIT III	
TO PROVIDE TREATED WATE OF WINDERMERE OAKS WATE			THE CUSTOMER
Did the organization undertake any significan	nt program services during the year wh	nich were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on Sch		,	
Did the organization cease conducting, or ma services?			Yes X No
If "Yes," describe these changes on Schedule			1c3 21 No
Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) or the total expenses, and revenue, if any, for expenses is a service or the total expenses.	accomplishments for each of its three rganizations are required to report the		
(Code: ) (Expenses \$	93,804 including grants of\$	) (Revenue \$	468,155)
PROVIDE TREATED WATER, CUSTOMERS OF WINDERMERE	AND WASTE WATER TR	EATMENT FACILITIES I	
* *** * *** * * * * * * * * * * * * * *			
P			
o (Code: ) (Expenses \$ N/A	including grants of\$	) (Revenue \$	)
•			
			.0110011011001101100
(Code: ) (Expenses \$	including grants of\$	) (Revenue \$	)
/A			
· · · · · · · · · · · · · · · · · · ·			
•			
• • • • • • • • • • • • • • • • • • • •			
*			
•			
P			
Other program services (Describe in Schedu			· ·
(Expenses \$ 334,970 inclu		) (Revenue \$	)
● Total program service expenses ▶	428,774		

#### Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

#### Part IV **Checklist of Required Schedules**

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 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 5 X 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a **14a** Did the organization maintain an office, employees, or agents outside of the United States? **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 X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

# Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Part IV Checklist of Required Schedules (continued)

	Oneckinst of Required Schedules (Continued)			
22	Did the exemination variety may then 05 000 of events as other posistance to by fav democitic individuals on		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		x
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		X
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		
25a	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		- 22
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	200000		
	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,			37
<b>0</b> E =	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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	37		x
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.	38		х
Pá	art 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	<u></u>		
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
		Forr	ո 99(	(2018)

## Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		.,	T
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ►			
E 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E A	Jacannaaa	v
	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?	<u>5a</u> 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		125
	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		x
	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).			
а	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	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 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u>		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	Uddaddadda	Audaaaaaaaa
	Sponsoring organizations maintaining donor advised funds.			1
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	hetererene heterer	11 0+0+0+0+1+1+1+1+1+0+0+0+0
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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 11a 468,155			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  331			
122	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Janananan	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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	101111111111111111111111111111111111111	X
40	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			) (2018)

Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Page	

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

Sec	tion A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   249		Yes	No
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.  Enter the number of voting members included in line 1a, above, who are independent  1b 249			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	ایا		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	х	^
6	Did the organization have members or stockholders?	6	<u> </u>	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	37	
-	one or more members of the governing body?	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	-	-	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ĺ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Halla de la del del de de	X
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
b	Other officers or key employees of the organization	15b		X
	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		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
7	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	INDERMERE OAKS WATER SUPPLY  424 COVENTRY ROAD			
	PICEWOOD TX 78669 512	_57	3-0	21

#### Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

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

DAA

**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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	offi	k, unle icer ai	Pos check ess pe nd a c	rson lirecto	than on is both a or/trustee	an ∋)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JOSEPH GIMENEZ										
PRESIDENT	0.00			x				o	o	0
(2) BILL EARNEST									_	
WICE DESTREME	0.00			37				_	_	
VICE PRESIDENT (3) MIKE NELSON	0.00	<u> </u>		Х		$\vdash$		0	0	0
	0.00									
SECRETARY/TREASUER	0.00			X				0	0	0
(4) DAVID BERTINO	0.00									
DIRECTOR	0.00			х				o	o	0
(5) NORMAN MORSE										
	0.00									_
DIRECTOR	0.00	-	_	X		$\vdash$		0	0	0
(6)										
(7)										
	011201101120									
(8)		1								
(9)		1								
(40)										
(10)										
(11)										
· · · · · · · · · · · · · · · · · · ·										
	L					$\Box$				

Form 990 (2018) <b>WINDERME</b>										Page 8
Part VII Section A. Officer	s, Directors, Tr	ust	ees,	Key	Em	ıploy	/ees	s, and Highest Compens	sated Employees (continu	ued)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	off	c, unle	Pos check ess pe nd a c	rson	than is both or/trus	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.1000 11.100)	organization and related organizations
	.0									
4h. Sub total										
1b Sub-total c Total from continuation sh							<b>&gt;</b>			
d Total (add lines 1b and 1c)	including but po	t lina	itod	 to th		lioto	d ob	acus) who received more	than \$100,000 of	
2 Total number of individuals ( reportable compensation from				to ti	036	liste	u ai	ove) who received more	111411 \$100,000 01	
<ul> <li>Did the organization list any employee on line 1a? If "Yes</li> <li>For any individual listed on li</li> </ul>	," complete Sch	edu	le J	for s	uch	indiv	idu a	al .		Yes No
organization and related organization										4 X
5 Did any person listed on line for services rendered to the									on or individual	5 X
Section B. Independent Contrac	de la constant de la	, 00	, .	J.,,,p,	010	00,71	, aa,	o o ror odon porcon		
1 Complete this table for your to compensation from the organ	five highest com nization. Report	pen com	sate ipen	d ind	depe	nde r the	nt co	ontractors that received mendar year ending with o	nore than \$100,000 of r within the organization's	tax year.
	(A) d business address								(B) ption of services	(C) Compensation
2 Total number of independent	t contractors (inc	cludi	ng b	out n	ot lir	nited	l to t	those listed above) who		
received more than \$100,000	of compensati	on fr	om	the c	rga	nizat	ion	<b>)</b>	0	

Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-278531	.7
---	----

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated exempt function excluded from tax under sections business revenue revenue 512-514 , Grants mounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Program Service Revenue Contributions, 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f Busn. Code 2a WATER & SEWER SERVICES 468,155 468,155 f All other program service revenue 468,155 Total. Add lines 2a-2f Investment income (including dividends, interest, 331 331 and other similar amounts) Income from investment of tax-exempt bond proceed Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps c Rental inc. or (loss d Net rental income or (loss) 7a Gross amount from (ii) Other sales of assets other than inventor **b** Less: cost or other basis & sales exps c Gain or (loss) **d** Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a c d All other revenue e Total. Add lines 11a-11d 468,486 468,486 Total revenue. See instructions

#### Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

	Form 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Page 10						
	Part IX Statement of Functional Expenses						
Sect	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						
		sponse or note to any line (A)	In this Part IX (B)	(C)	(D)		
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1				gη			
	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						
5	Compensation of current officers, directors,						
•	trustees, and key employees						
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):						
а	Management						
b	Legal	37,981	37,981				
С	Accounting	20,815	20,815				
d	Lobbying	7		C. F F F F F F F F F F F F F F F F F F F			
e	Professional fundraising services. See Part IV, line 1	1					
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column						
g	(A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion						
13	Office expenses	5,561	5,561				
14	Information technology	4,884	4,884				
15	Royalties	·	į				
16	Occupancy						
17	Travel	131	131				
18	and a second section and appropriate the section of the second section and a section a	s					
	for any federal, state, or local public officials	1 200	1 200				
19	Conferences, conventions, and meetings	1,382	1,382				
20	Interest  Payments to affiliates	13,603	13,603				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	56,273	56,273				
23	Insurance	14,083	14,083				
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.)						
а	COST OF WATER SERVICES	169,168	169,168				
b	REPAIRS & MAINTENANCE	85,586	85,586				
C	INSTALL NEW SERVICE TAPS	10,462	10,462				
d	CONTRACT SERVICES	4,783	4,783				
	All other expenses	4,062 428,774	4,062 428,774	0	0		
25 26	Joint costs. Complete this line only if the	420,114	420,114	0	<u> </u>		
	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)						

P	Part X Balance Sheet					
		Check if Schedule O contains a response or note to any line in this Part X				
			(A)		(B)	
			Beginning of year		End of year	
	1	Cash—non-interest bearing	37,467	1	66,741	
	2	Savings and temporary cash investments	59,487	2	59,818	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	150	4		
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees.				
		Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section	1			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a	nd			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary				
sts		organizations (see instructions). Complete Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net		7		
⋖	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a 2,211,669				
	200	Less: accumulated depreciation 10b 905,209	1,340,233		1,306,460	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets	F2 1CC	14	66 025	
	15	Other assets. See Part IV, line 11	53,166	15	66,935	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,490,503 1,426		1,499,954 1,680	
		Accounts payable and accrued expenses	1,420	17 18	1,660	
	18 19	Grants payable Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
s		Loans and other payables to current and former officers, directors,			-	
Liabilities		trustees, key employees, highest compensated employees, and				
į		disqualified parsons. Complete Part II of Schodule I	3	22		
Ë	23	Secured mortgages and notes payable to unrelated third parties	298,914		262,624	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	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	89,150	25	94,925	
	26		389,490		359,229	
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ and				
ဥ		complete lines 27 through 29, and lines 33 and 34.				
퍨	27	Unrestricted net assets		27		
ä	28	Temporarily restricted net assets		28		
Ĕ	29	B 0 12 1 1 1 1 1		29		
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ►X and				
is o		complete lines 30 through 34.				
se	30			30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	4 4 6 4 6 4 6	31	4 440 ===	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,101,013	32	1,140,725	
	33	Total net assets or fund balances	1,101,013		1,140,725	
	34	Total liabilities and net assets/fund balances	1,490,503	34	1,499,954	

Form **990** (2018)

	1 990 (2018) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317			Page <b>12</b>
Pa	irt 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		8,486
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,774
3	Revenue less expenses. Subtract line 2 from line 1	3	3	9,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,10	1,013
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 in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	1,14	0,725
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: X Cash Accrual 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	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, 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 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	
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	
			Form	990 (2018)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

W:	INDERMERE OAKS WATER SUPPLY CORP		74-2785317
ritini mmmm	rt I Organizations Maintaining Donor Advised Complete if the organization answered "Yes" of the Complete if the Organization answered "Yes" of the Complete if the Organization answered of the Complete if the Organization answered of the Complete if the Organization answered of the Organization and Organizations of the Organization answered of the Organization and Organizations of the Organization and Org	Funds or Other Similar Funds on Form 990, Part IV, line 6.	or Accounts.
		(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 writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or o		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
IN SPERINGER	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (e.g., recreation or education		portant land area
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	T-t-l		016
	Number of conservation easements on a certified historic structure		20
	Number of conservation easements included in (c) acquired after 7.		
-	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	extinguished or terminated by the orga	
•	tax year ▶	, examigation out, or communication by the organ	anization daring the
4	Number of states where property subject to conservation easement	is located >	
5	Does the organization have a written policy regarding the periodic r		
·	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
•	Total and voluntees floure devoted to morntoning, inoposting, flatiality	ig or violatione, and emoroting content at	ion eacomenic damig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
•	> \$	violations, and emoroting conservation e	adding the year
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4	)(B)(i)
•	170(1)(4)(7)(7)(7)		Vac Na
9	In Part XIII, describe how the organization reports conservation eas		
٠	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	rt. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958		and balance sheet
	works of art, historical treasures, or other similar assets held for pul	· ·	
	public service, provide, in Part XIII, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	works of art, historical treasures, or other similar assets held for pul		
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures	s or other similar assets for financial gain	n provide the
_	following amounts required to be reported under SFAS 116 (ASC 9	A	
а			<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2018 WINDERMER	e oaks wa	TER	SUPPLY	CORP	74-27	85317	7		Page 2
Pa	rt III Organizations Maintaining	Collections	of Art,	Historical	Treasure	es, or Ot	her Sim	ilar As	sets (cont	inued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other reco	ords, che	eck any of the	following th	nat are a sig	nificant us	se of its		
а	Public exhibition	d	Loan or	exchange pro	grams					
b	Scholarly research									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expl	ain how	they further t	he organiza	ation's exem	npt purpos	e in Part		
	XIII.	,								
5	During the year, did the organization solicit o	r receive donation	ns of art,	historical trea	asures, or o	ther similar				
	assets to be sold to raise funds rather than to	be maintained a	s part of	the organizat	tion's collec	tion?			Yes	No
Pa	rt IV Escrow and Custodial Arra	angements.	•							.22
<b>н</b> ининини	Complete if the organization	answered "Ye	es" on	Form 990,	Part IV, I	ine 9, or i	reported	l an am	ount on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other interm	ediary f	or contributior	ns or other a	assets not				
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	followin	ig table:						
									Amount	
С	Beginning balance						10	c		
d	Additions during the year							d		
е	Distributions during the year						10	9		
f	Ending balance						11	ř .		
2a	Did the organization include an amount on Fo	orm 990, Part X, I	ine 21, f	or escrow or o	custodial ac	count liabili	ty?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	explan	ation has beei	n provided o	on Part XIII				
Pa	rt V Endowment Funds.									
	Complete if the organization	<u>answered "Ye</u>	es" on	<u>Form 990,</u>	Part IV, I	<u>ine 10.</u>				
		(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four yea	rs back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		nce (line	e 1g, column (	(a)) held as:					
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organ	ization t	hat are held a	and adminis	tered for the	е			
	organization by:								Ye	s No
									3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				?				3b	
4	Describe in Part XIII the intended uses of the		ndowme	nt funds.						
Pa	m VI Land, Buildings, and Equi								<b>-</b>	
	Complete if the organization							<u>m 990,</u>		
	Description of property	(a) Cost or other b	oasis	(b) Cost or of			cumulated		(d) Book value	Э
		(investment)		(othe		depr	reciation	NNNNNN	~-	440
	Land			- 6	51,110				61	<u>,110</u>
	Buildings									
	Leasehold improvements									
	Equipment			<u> </u>			00= 6		4 0 1 =	~=-
	Other				50,559	<u> </u>	905,2	09	1,245	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, F	art X, c	olumn (B), line	e 10c.)			<u> </u>	1,306	<u>, 460</u>
								Schedu	ıle D (Form 9	<del>3</del> 0) 2018

Schedule D (F	form 990) 2018 WINDERMERE OAKS WATE:	R SUPPLY CORE	74-2785317	Page <b>3</b>
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of	100000 AV 10		
	(a) Description of security or category (including name of security)	(b) Book ∨alue	(c) Method of Cost or end-of-ye	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	F 000 Dt N/	line 44d One France	200 Deel V. Pee 45
	Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV	, line 11a. See Form s	(b) Book value
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T-4-1 (0 (	(I)			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.			
19114	Complete if the organization answered "Yes"	on 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			
(2) <b>MEMBE</b>	RSHIP FEES REFUNDABLE	94,925		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	94,925		
	uncertain tax positions. In Part XIII, provide the text of the	·	•	at reports the

	edule D (Form 990) 2018 WINDERMERE OAKS WATER SUPPLY			Page <b>4</b>
Pā	art XI Reconciliation of Revenue per Audited Financial Stater			
	Complete if the organization answered "Yes" on Form 990	, Part IV, lii	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
a	Net unrealized gains (losses) on investments	2a 2b		
D	Donated services and use of facilities	20 2c		
ر. ن	Recoveries of prior year grants	2d		
u e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I	мининерия Прининерия	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	, , , , , , , , , , , , , , , , , , , ,			
Pa	art XII Reconciliation of Expenses per Audited Financial State			'n.
4	Complete if the organization answered "Yes" on Form 990			
	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2		2a		
	Donated services and use of facilities  Prior year adjustments			
	Other losses	1 0 - 1		
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	4 4		
	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	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			
	art XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV. lines 1b a	and 2b: Part V. line 4: Part X.	line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			
***		01100110111		
2.2.0		01100110111		

Schedule D (F	orm 990) 2018	WINDERMERE	OAKS	WATER	SUPPLY	CORP	74-2785317	Page <b>5</b>
Part XIII	Supplemen	WINDERMERE ntal Information (d	continue	d)				
x 11 0 11 100 11 100								
× · · · · · · · · · · · · · · · · · · ·								
				************				
B								
* * * * * * * * * * * * * * * * * * * *								

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047 **2018** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
WINDERMERE OAKS WATER SUPPLY CORP	74-2785317
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISH	MENTS
OTHER EXPENSES FOR THE RUNNING OF THE WATER TREATM	ENT PLANT FOR WINDERMER
OAKS	
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR	STOCKHOLDERS
EODM 000 DADE UT TIME 7A RECUTON OF MEMORING AN	AD MURID DIGUMO
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS A	ND THEIR RIGHTS
•	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCES	SS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS D	ISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
&	31110111011110111101110111011101110111
***************************************	
&	
&	

Form 4562

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

WINDERMERE OAKS WATER SUPPLY CORP

Identifying number

74-2785317 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) 6 (a) Description of property 7 Listed property. Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction placed in (business/investment use period service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property 20-year property 25-year property S/L 25 yrs. g S/L Residential rental 27.5 yrs. MM 27.5 yrs. property MM S/L 04/04/18 22,500 MM S/L 39 yrs. 409 Nonresidential real ММ property S/L Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L С 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 56,273 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Year Ended: December 31, 2018 74-2785317

#### WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

#### Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

### Raven A. Herron CPA, P.C. PO Box 4237 Horseshoe Bay, TX 78657 830-598-5300

January 30, 2018

#### **CONFIDENTIAL**

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

Dear Dorothy:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Raven A. Herron CPA, P.C.

### **Filing Instructions**

#### WINDERMERE OAKS WATER SUPPLY CORP

### **Exempt Organization Tax Return**

### Taxable Year Ended December 31, 2017

**Date Due:** May 15, 2018

Remittance: None is required. Your Form 990 for the tax year ended 12/31/17 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Raven A. Herron CPA, P.C.

PO Box 4237

Horseshoe Bay, TX 78657

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
||...|...|.||...||

Form 8879-EC

#### IRS e-file Signature Authorization for an Exempt Organization

OMB No.	1545-1878

Department of the Treasury

For calendar year 2017, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number 74-2785317 WINDERMERE OAKS WATER SUPPLY CORP Name and title of officer DOROTHY TAYLOR PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► Total revenue, if any (Form 990, Part VIII, column (A), line 12)
2a Form 990-EZ check here ► Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b \_ 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) 5b \_ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only HERRON CPA, P.C. to enter my PIN Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date > 01/30/18 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 70128078663 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. RAVEN A. HERRON, CPA 01/30/18

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 2017
Open to Public Inspection

$\overline{A}$	For th	e 2017 d	calendar year, or tax year beginning	, and endin	g					
В	Check if a		able: C Name of organization				D Employer identification number			
	Address o	change	WINDERME	RE OAKS WATER SUP	PLY CORP					
H			Doing business as				74-2785317			
Н	Name cha	ange	Number and street (or P.O. box if mail is not de	elivered to street address)		Room/suite	E Telephor	ne number		
Ш	Initial retu		424 COVENTRY ROAD				830-	<u>598-7511</u>		
	Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated									
П	Amended		SPICEWOOD	TX 78669			G Gross receipts\$ 341,106			
H			F Name and address of principal officer:			H(a) Is this a gro	a group return for subordinates Yes X No			
Ш	Applicatio	on pending	DOROTHY TAYLOR				<u> </u>			
			SPICEWOOD TX 78669			5.00 SACO SACO SACO SACO SACO SACO SACO SACO	(b) Are all subordinates included? Yes No			
_						If "No," attach a list. (see instructions)				
	Tax-exer	mpt status:		◀ (insert no.) 4947(a)(1) or	527	_				
<u>J</u>	Website		WW.WOWSC.ORG			H(c) Group exe				
		organization		Other >	Ĺ	Year of formation: $oldsymbol{1}$	<u>975                                    </u>	M State of legal domicile: <b>TX</b>		
	art I	Sı	ımmary							
-	1 E		escribe the organization's mission or m	nost significant activities:						
ဥ		WATE	R SUPPLY CORPORATION							
nai										
Activities & Governance										
တ္ပ			is box ▶ if the organization discont		sed of more tha	n 25% of its net	assets.			
త			of voting members of the governing bo					241		
ië			of independent voting members of the					241		
ΪŽ			mber of individuals employed in calend				. 5	0		
Aci			mber of volunteers (estimate if necessa					0		
			elated business revenue from Part VIII				. 7a	0		
_	1 d	Net unre	lated business taxable income from Fo	orm 990-T, line 34			7b	0		
	١	o	C 1 1- (D - (A))   C 41 A			Prior Yea	r	Current Year		
Revenue	8 6					27/	, 893	340,644		
Ven	9 1	0.00	service revenue (Part VIII, line 2g)	2.41.74)						
Se.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			193	500	362 100				
						F 6 0	500 7072,	341,106		
-			renue – add lines 8 through 11 (must e	(A) lines ( 2)		363	,012	341,100		
			nd similar amounts paid (Part IX, colur					0		
			paid to or for members (Part IX, colum					0		
Expenses	15 3		ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)					0		
ē	Ibar		onal fundraising fees (Part IX, column (				5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	U		
X	170		draising expenses (Part IX, column (D			265	,274	346,926		
-	1 17	<ul> <li>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</li> <li>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</li> </ul>					,274	346,926		
							798	-5,820		
F 6		Revenue	venue less expenses. Subtract line 18 from line 12			Beginning of Cur		End of Year		
Net Assets or	20	Total ass	sets (Part X, line 16)			1,528		1,490,503		
Ass	21		pilities (Part X, line 26)				,470	389,490		
Set .	22 1		ets or fund balances. Subtract line 21 fr	rom line 20		1,106		1,101,013		
(41717111111	art II		gnature Block				,			
			perjury, I declare that I have examined this	return, including accompanying	schedules and s	tatements, and to	the best of	mv knowledge and belief. it i		
			complete. Declaration of preparer (other tha					,,,,,,		
Sig	qn	S	ignature of officer				Date			
He			DOROTHY TAYLOR		PRES	IDENT				
		<b>│                                    </b>	ype or print name and title							
		Print/Typ	e preparer's name	Preparer's signature		Date	Check	if PTIN		
Pai	id	RAVEN	A. HERRON, CPA	RAVEN A. HERRON, CPA	A	01/30	18 self-en	nployed P00546547		
Pre	eparer	Firm's na	·	RON CPA, P.C.			rm's EIN ▶	20-4021611		
Use Only PO BOX 4237										
		Firm's ad	. HODGEGHOE DAY	Y, TX 78657		P	hone no.	830-598-5300		
Ma	y the IF	•	ss this return with the preparer shown	•				X Yes No		
For	Paperv		luction Act Notice, see the separate inst					Form <b>990</b> (2017)		
DAA	4							, -,		

		AKS WATER SUPPLY CORP	74-2785317	Page <b>2</b>
Pa		m Service Accomplishments contains a response or note to any	line in this Part III	X
T	Briefly describe the organization's mis O PROVIDE TREATED V		TMENT FACILITIES	FOR THE CUSTOMERS
	F			
2	prior Form 990 or 990-EZ?  If "Yes," describe these new services	on Schedule O.		Yes X No
3	services?		onducts, any program	Yes X No
4		service accomplishments for each of its thr (c)(4) organizations are required to report t		
P	ROVIDE TREATED WATE	58,981 including grants of\$ ER, AND WASTE WATER T MERE OAKS WATER SUPPL	REATMENT FACILITII	* \$ 340,644) ES FOR THE
	OSIOMERS OF WINDER	TERE CARS WATER SOFFE	II CORPORATION	
	• • • • • • • • • • • • • • • • • • • •			
4b	(Code: ) (Expenses \$	including grants of\$	) (Revenu	e \$)
	***************************************			
	• • • • • • • • • • • • • • • • • • • •			
40	(Codo: ) (Evnopoos \$	including grants of	\ /Payanu	- ¢
4C	(Code: ) (Expenses \$	including grants of	) (Revenu	е ъ)
	***************************************			
	• • • • • • • • • • • • • • • • • • • •			
	·			
	• • • • • • • • • • • • • • • • • • • •			
	· · · · · · · · · · · · · · · · · · ·			
4.3	Other was well as a first of the state of the	2abadula O )		
4d	Other program services (Describe in 8 (Expenses \$ 287,945)	Schedule O.)  5 including grants of\$	) (Revenue \$	7

#### Form 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 2  $\mathbf{x}$ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X **14a** Did the organization maintain an office, employees, or agents outside of the United States? **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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

Form 990 (2017)

# Form 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Part IV Checklist of Required Schedules (continued)

Page 4

	Checklist of Required Schedules (Continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	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	202		_
1000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
b		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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,		22.00	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	NO. 14 NO.250		
	complete Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		<u> </u>
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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	37		<u>X</u>
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.	38		<u>X</u>
		Form	990	(2017)

## Form 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Pa	rt V					
	Check in Contract of Contract of the Contract				Ye	s	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		Ċ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors an	d					
	reportable gaming (gambling) winnings to prize winners?			1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ī					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns	?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	_	4	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched			3b	_	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other signature.						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	r finan	cial				
-	account)?			4a		111111111111111111111111111111111111111	X
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance (FRAR)	ial Acc	counts				
	(FBAR).						v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea			5a	$\overline{}$	+	$\frac{x}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trail if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ısacııc	on?	. 5b	_	+	
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	id tha		. <u>5c</u>	+	+	
va	organization solicit any contributions that were not tax deductible as charitable contributions?	iu trie		6a			x
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions	or	<del>G</del>	+	$\dashv$	
	gifts were not tax deductible?	Janonia	3 01	6b			
7	Organizations that may receive deductible contributions under section 170(c).			.   0			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for aod	ods				
	and services provided to the payor?			7a	uurriittuuu	auuu 1911	uuuuuuu
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		T	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	t was					
	required to file Form 8282?			7c		$\perp$	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	fit con	tract?	. 7e		_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			. 7f	_	$\dashv$	
g	If the organization received a contribution of qualified intellectual property, did the organization file			. 7g		_	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			? <b>7h</b>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the				
_	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	_	+	
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:			9b	CHILDRE		
10 a	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:	100					
 а	Gross income from members or shareholders	11a	340,6	44			
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b	3	62			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 1		128	3		101111111111111
	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?			138	1	I	
	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 organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c					
	Did the organization receive any payments for indoor tanning services during the tax year?			148	_	$\dashv$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule C	)	141		<u></u>	
$D \wedge A$					9	MIL	12017

Forn	1 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317				Pa	age <b>6</b>
Pε	Irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below,	and f	or a "i	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in S	Schedule O	. See	instru	ctions
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a	241			
	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	241			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
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?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e year	by the follov	ving:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inter	nal Reven	ue C	ode.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 t	he form?	11a		X
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise	to conflicts?	12b		

-				
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	200000000000000000000000000000000000000	X
b	Other officers or key employees of the organization	15b		X
	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		X
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?	16b		

### Section C. Disclosure

17	List the states w	vith which a copy	y of this Form 990 is	s required to be fi	led ► NONI
----	-------------------	-------------------	-----------------------	---------------------	------------

- Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
  - Own website Another's website X Upon request Other (explain in Schedule O)
- 19 Describe in 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **>**

WINDERMERE OAKS WATER SUPPLY SPICEWOOD

424 CONVENTRY ROAD

78669 512-573-0311

#### Form 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(do box offi	not c , unle	Pos check ess pe	c) ition more rson lirecto	than or is both a	ne an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 root mice)	organization and related organizations
(1) DOROTHY TAYLOR										
PRESIDENT	0.00			x				o	0	0
(2) JERRY INGHAM										
VICE DESTREME	0.00			₹.				_	_	_
VICE PRESIDENT (3) JEFF HAGAR	0.00	-		X		$\vdash$		0	0	0
(0) 0 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00									
SECRETARY/TREASUER	0.00			х				0	0	0
(4) WILLIAM STEIN										
DIRECTOR	0.00			x				o	o	О
(5) BILL BILLINGSLE						$\Box$				
	0.00									
DIRECTOR	0.00			X		Ш		0	0	0
(6)										
(7)										
	0110011011001									
(8)						H				
(9)						$\vdash$				
(10)										
(11)						$\Box$				
· · · · · · · · · · · · · · · · · · ·										
DAA	l									Form <b>990</b> (2017)

	1 990 (2017) <b>WINDERME</b>										Page 8
Pa	DATE OF THE PARTY		uste	ees,		.0000	ploy	/ees	2000	sated Employees (continu	897763
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	off	k, unle	Pos check ess pe nd a c	rson	than is both or/trust	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
		0.00.0.0.00.0									
· · · · ·											
1b c d	Sub-total Total from continuation should follow the sub-total (add lines 1b and 1c) Total number of individuals (reportable compensation from	including but no	t lim	ited				► ► d al	pove) who received more	than \$100,000 of	
3	Did the organization list any employee on line 1a? If "Yes For any individual listed on linorganization and related organization and related organ	s," <i>complete Sch</i> ne 1a, is the sur anizations great	edui m of er th	repo ran \$	for s ortab 3150	uch ole c ,000	indiv omp )? If	<i>idu i</i> ensi	al ation and other compensa	ation from the	Yes No  X  X
5 Sect	Did any person listed on line for services rendered to the clion B. Independent Contract	organization? <i>If</i>	ccru	e co	mpe	nsat	tion f	from edul	n any unrelated organizati e <i>J for such person</i>	on or individual	5 X
1	Complete this table for your to compensation from the organ	five highest com	pen	sate	d ind	depe	nde	nt c	ontractors that received m	nore than \$100,000 of rwithin the organization's	tax vear.
		(A) d business address								(B) ption of services	(C) Compensation
2	Total number of independent received more than \$100,000									0	
	.5551154 11515 11411 \$100,000	- or compendan	J.1 11	9111		Ju			F =	<u> </u>	Form 990 (2017

Form 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Part VIII Statement of Revenue

munnun	unumuuuu	Check if Schedule O contains a response or note to any line in this Part VIII						
			<b>(A)</b> Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections		
<u> </u>	_		4	revenue		512-514		
區필	1a	Federated campaigns 1a						
٦٤	b	Membership dues 1b						
<u>r</u> g	С	Fundraising events 1c						
שַׁיִּכּי	d	Related organizations 1d						
Sis	e	Government grants (contributions) 1e						
풀힐	Ī	All other contributions, gifts, grants, and similar amounts not included above						
ᇙ								
<u> </u>	g	Noncash contributions included in lines 1a-1f: \$						
Program Service Revenue Contributions, Gifts, Gran and Other Similar Amount	<u>n</u>	Total. Add lines 1a–1f						
Ne l	2a	Busn. Code	340,644	340,644				
& B	b	WATER & SEWER SERVICES	340,044	340,044				
je	C							
Š	ď							
ĔΙ	e							
gra	f	All other program service revenue						
유	a.	Total. Add lines 2a–2f	340,644					
	3	Investment income (including dividends, interest,	7			2		
		and other similar amounts)	362	362				
	4	Income from investment of tax-exempt bond proceed						
	5	Royalties						
		(i) Real (ii) Personal						
	6a	Gross rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss						
	_d	Net rental income or (loss)						
	7a	Gross amount from sales of assets (i) Securities (ii) Other						
		other than inventory						
	b	Less: cost or other						
		basis & sales exps						
		Gain or (loss)						
		Net gain or (loss)						
enne	8a	Gross income from fundraising events						
le l		(not including \$						
Re		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18 a						
ਙੇ∣		Less: direct expenses b						
		Net income or (loss) from fundraising events				i j		
	ча	Gross income from gaming activities.						
	h	See Part IV, line 19 a Less: direct expenses b						
		Net income or (loss) from gaming activities		3				
		Gross sales of inventory, less						
	IVa							
	h	Less: cost of goods sold b						
		Net income or (loss) from sales of inventory						
	Ŭ	Miscellaneous Revenue Busn. Code				The state of the s		
	11a		100	100				
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a–11d	100					
	12	Total revenue. See instructions.	341,106		0	0		

## Form 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

profesional and all all	rt IX Statement of Functional E		1 CORP 14-21	03317	rage IU
Sect	ion 501(c)(3) and 501(c)(4) organizations mus	t complete all columns. A		st complete column (A).	
	Check if Schedule O contains a res			(0)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified				
o	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):				
а	Management				
b	Legal	2,247	2,247		
С	Accounting	20,191	20,191		
d	Lobbying		***************************************		
е	Professional fundraising services. See Part IV, line 1	7			
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	4 000	4 000		
13	Office expenses	4,080	4,080		
14	Information technology	4,514	4,514		
15	Royalties				
16 17	Occupancy Travel				
	Payments of travel or entertainment expense				
10	for any federal, state, or local public officials	:5			
19	Conferences, conventions, and meetings	2,933	2,933		
20	Interest	15,307	15,307		
21	Payments to affiliates	,			
22	Depreciation, depletion, and amortization	55,908	55,908		
23	Insurance	12,577	12,577		
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.)				
а	COST OF WATER SERVICES	162,258	162,258		
b	REPAIRS & MAINTENANCE	43,948	43,948		
C	INSTALL NEW SERVICE TAPS	15,455	15,455		
d	CONTRACT SERVICES	2,657	2,657		
e 25	All other expenses	4,851	4,851	^	
25 26	Joint costs. Complete this line only if the	346,926	346,926	0	0
20	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)				

P	art)	Balance Sheet		
_		Check if Schedule O contains a response or note to any line in this Part X		
			(A)	(B)
_			Beginning of year	End of year
	1	Cash—non-interest bearing		1 37,467
	2	Savings and temporary cash investments	94,125	2 59,487
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4 150
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees.		
		Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section	on	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	and	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
ţ		organizations (see instructions). Complete Part II of Schedule L	sammooddan aaddun am aa	6
Assets	7	Notes and loans receivable, net		7
As	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a 2,189,169	9	
	b	Less: accumulated depreciation 10b 848,936		0c 1,340,233
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11	1	12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets	,	14
	15	Other assets. See Part IV, line 11	30,320 1	15 53,166
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,528,303	16 1,490,503
	17	Accounts payable and accrued expenses		17 1,426
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
es	22	Loans and other payables to current and former officers, directors,		
≝		trustees, key employees, highest compensated employees, and		
Liabilities		disqualified persons. Complete Part II of Schedule L		22
_	23	Secured mortgages and notes payable to unrelated third parties	333,499	23 298,914
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X	200 M 27 W 10 W	THE THE SECOND STATE OF TH
		of Schedule D	86,700 2	
_	26	9	421,470  2	26 389,490
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ and		
ŭ		complete lines 27 through 29, and lines 33 and 34.		
ala	27	Unrestricted net assets		27
В	28	Temporarily restricted net assets		28
Ë	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶X and		29
P				
ts		complete lines 30 through 34.		
SSe			<del></del>	30
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31 101 012
Se	32	Retained earnings, endowment, accumulated income, or other funds		32 1,101,013
	33	Total net assets or fund balances	1,106,833	
_	34	Total liabilities and net assets/fund balances	1,528,303	34 <u>1,490,503</u>

Form **990** (2017)

Forn	1 990 (2017) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317		Page <b>12</b>
Pε	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> _
1	Total revenue (must equal Part VIII, column (A), line 12)	1	341,106
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>346,926</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,106,833
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	1,101,013
Pε	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		<u>L</u>
			Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual 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 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, 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 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
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.	<u> </u>	3b
			Form <b>990</b> (2017)

1884 of 2072

### **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.

Open to Public

OMB No. 1545-0047

Employer identification number Name of the organization WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	edule D (Form 990) 2017 WINDERMER	E OAKS WA	TER	SUPPLY	CORP	74-27	85317			Page 2
Pa	rt III Organizations Maintaining	Collections	of Art,	Historical	Treasure	es, or Otl	her Simi	lar As	sets (cont	inued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other reco	ords, che	eck any of the	following th	nat are a sig	nificant us	e of its		
а	Public exhibition	d	Loan or	exchange pro	grams					
b	Scholarly research									
С	Preservation for future generations							1 •6		
4	Provide a description of the organization's co	llections and exp	lain how	they further t	he organiza	ition's exem	pt purpose	in Part		
	XIII.									
5	During the year, did the organization solicit o	r receive donatior	ns of art,	historical trea	asures, or o	ther similar			_	
	assets to be sold to raise funds rather than to		s part of	the organizat	tion's collec	tion?		<u> </u>	Yes	No
Pa	irt IV Escrow and Custodial Arra	_								
	Complete if the organization	answered "Y	es" on	Form 990,	Part IV, I	ine 9, or r	reported	an am	ount on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi		-							
-	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	followin	ig table:					A	
	D						4.	+	Amount	
	Beginning balance									
a	Additions during the year						1e			
e	Distributions during the year Ending balance						1e			
	Did the organization include an amount on Fo	orm 990 Part X I	ine 21 f	or escrow or o	custodial ac	count liabili			Yes	No
	If "Yes," explain the arrangement in Part XIII.						8 407 6 6 6 60607			"
	art V Endowment Funds.	Official field in the	схріан	ation has been	ii piovided (	JIII GIL XIII				
liiuulkiiiiba	Complete if the organization	answered "Y	es" on	Form 990.	Part IV. I	ine 10.				
		(a) Current year		Prior year	(c) Two ye		(d) Three yea	ars back	(e) Four yea	rs back
1a	Beginning of year balance						200 200			
	Contributions									
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		nce (line	e 1g, column (	(a)) held as:					
a	Board designated or quasi-endowment	%								
	Permanent endowment ▶ %	0/								
С	Temporarily restricted endowment ►	%								
2.	The percentages on lines 2a, 2b, and 2c sho				مأساميات ادما	tavad favila				
Ja	Are there endowment funds not in the posses organization by:	ssion of the organ	iizalion l	nat are neid a	ina adminis	tered for the	=		Ye	s No
	(i) consists a superinations								3a(i)	<del>3   100  </del>
	(ii) related ergenizations								3a(ii)	+
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as re							3b	+
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equi		iacimic	rk rango.						
mmeenum	Complete if the organization	-	es" on	Form 990,	Part IV, I	ine 11a. S	See Form	า 990, "	Part X, lin	e 10.
	Description of property	(a) Cost or other I		(b) Cost or of			umulated		(d) Book value	
		(investment)		(othe	er)	depr	eciation			
1a	Land			- 6	51,110			REFERE	61	,110
b	Buildings									
С	Leasehold improvements									
	Equipment									
е	Other				28,059	[	348,93	36		,123
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, F	Part X, c	olumn (B), line	e 10c.)			<b>&gt;</b>	1,340	<u>,233</u>
								Schedu	ile D (Form 9	90) 2017

Part VII	Form 990) 2017 WINDERMERE OAKS WINDERWEND WINDE	WIEW SOLLHI COKE	? 74-2785317 Page 3
Fail VII		Yes" on Form 990 Part IV	, line 11b. See Form 990, Part X, line 12.
-	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(2, 200), (3, 200)	Cost or end-of-year market value
(1) Financial o	derivatives		
	eld equity interests	4	
(0) 011			
(A)			
(B)			
(c)		Table is a second	
(D)			
(E)			
(F)		Y17.63	
(G) (H)		20110	
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.		
		Yes" on Form 990. Part IV	, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
		Yes" on Form 990. Part IV	, line 11d. See Form 990, Part X, line 15.
	(a) Descript		(b) Book value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
mir fa	Complete if the organization answered "	Yes" on 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		
(2) <b>MEMBE</b>	ERSHIP FEES REFUNDABLE	89,150	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			-
(9)			
	(b) t 1E 000 D (1)( 1 (D) (1)	ON TEN	
Total. (Colum.	un (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text		-

sche	edule D (Form 990) 2017 WINDERMERE OAKS WATER	SUPPLY (	CORP	74-27853	317	Page <b>4</b>
	art XI Reconciliation of Revenue per Audited Financ					
ининини	Complete if the organization answered "Yes" on	Form 990, P	art IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		2a			
b	Donated services and use of facilities		2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a			
	Other (Describe in Part XIII.)		4b			
	Add lines <b>4a</b> and <b>4b</b>				4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12.)			5	
	art XII Reconciliation of Expenses per Audited Finar				per Return	
шипишип	Complete if the organization answered "Yes" on					
1	Total expenses and losses per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities	1 :	2a			
	Prior year adjustments		2b			
	041		2c			
	Other losses Other (Describe in Part XIII.)		2d			
					2e	
	Cultivat line 2a from line 4				3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1			
	Investment expenses not included on Form 990, Part VIII, line 7b	1,	4a			
	Other (Describe in Part XIII.)		4b			
	Add lines 4s and 4h	· · · · · · · · · · · · · · · · · · ·			4c	
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I</i>	line 18 )			5	
	art XIII Supplemental Information.	,				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4 <sup>.</sup> Part IV	/ lines 1b	and 2b: Part V Ii	ne 4 <sup>.</sup> Part X lin	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this				,	
,	,,,		,			

Schedule D (F	orm 990) 2017	WINDERMERE	OAKS	WATER	SUPPLY	CORP	74-2785317	Page <b>5</b>
Part XIII	Supplemer	WINDERMERE ntal Information (c	continued	1)				
				0110011011				

Employer identification number

1889 of 2072

### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047 **2017** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

WINDERMERE OAKS WATER SUPPLY CORP	74-2785317
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMEN	T
OTHER EXPENSES FOR THE RUNNING OF THE WATER TREATMENT	PLANT FOR WINDERMER
OAKS	
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STO	CKHOLDERS
<del>•</del>	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND	THEIR RIGHTS
<del>•</del>	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	LOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
**************************************	
***************************************	

1890 of 2072

Form **4562** 

(99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. 179

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

## WINDERMERE OAKS WATER SUPPLY CORP

Identifying number 74-2785317

	MINDEN	THICH CITED	MITTEL BOLLET			<u> </u>	<del>0001</del> ,
	ess or activity to which this form relates NDIRECT DEPRECIAT	TON					
			perty Under Secti	on 179			
			rty, complete Part V		ou complete l	⊃art I.	
1	Maximum amount (see instruction				•	1	510,000
2	Total cost of section 179 propert	y placed in service (s	see instructions)			2	
3	Threshold cost of section 179 pro	operty before reducti	ion in limitation (see inst	ructions)		3	2,030,000
4	Reduction in limitation. Subtract	line 3 from line 2. If z	zero or less, enter -0			4	
5	Dollar limitation for tax year. Subtract l						
6	(a) Description	n of property	(b) Co	st (business use	only) (c) E	Elected cost	
_	Listed and Established	. f			-		_
7	Listed property. Enter the amour		unto in column (a) lines (	2 and 7	7	8	
8 9	Total elected cost of section 179 Tentative deduction. Enter the si		. 0			ه ا	
10	Carryover of disallowed deduction					10	1
11	Business income limitation. Ente	-		an zero) or l	ine 5 (see instru		
12	Section 179 expense deduction.		•			12	
13	Carryover of disallowed deduction			<b>•</b>	13		
Note	: Don't use Part II or Part III belov						
Pa	art II Special Deprecia	tion Allowance	and Other Deprec	iation (Do	n't include li	sted prope	ty.) (See instructions.)
14	Special depreciation allowance for	or qualified property	(other than listed proper	ty) placed in	service		
	during the tax year (see instruction					14	<b>,</b>
15	Property subject to section 168(f						<u> </u>
16	Other depreciation (including AC					16	3
Pa	art III MACRS Deprecia	tion (Don't inclu	ide listed property.) Section A	(See inst	ructions.)		
17	MACDS deductions for assets of	acad in convice in to		2017		17	55,790
17 18	MACRS deductions for assets pl If you are electing to group any assets place						1 33,190
<u></u>			rice During 2017 Tax Y			reciation Sys	tem
		(b) Month and year	(c) Basis for depreciation	(d) Recovery		-	
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property	-					
	10-year property	-					
е	15-year property						
_f_	20-year property	-				0.0	
<u>g</u>	25-year property			25 yrs.	1414	S/L	
n	Residential rental property			27.5 yrs.	MM	S/L S/L	
i	Nonresidential real	11/20/17	36,842	27.5 yrs. 39 yrs.	MM MM	S/L	118
	property	11/20/17	30,042	. 00 yrs.	MM	S/L	110
		ets Placed in Service	e During 2017 Tax Yea	r Using the			/stem
20a	Class life					S/L	
	12-year			12 yrs.		S/L	
С	40-year			40 yrs.	MM	S/L	
Pá	urt IV Summary (See in:	structions.)					_
21	Listed property. Enter amount fro					21	
22	<b>Total.</b> Add amounts from line 12	· ·					
	here and on the appropriate lines	•			structions	22	55,908
23	For assets shown above and pla	-	· · · · · · · · · · · · · · · · · · ·	the			
	portion of the basis attributable to	o section 263A costs	·		23		

For Paperwork Reduction Act Notice, see separate instructions.

THERE ARE NO AMOUNTS FOR PAGE 2

## Raven A. Herron & Company, P.C. PO Box 4237 Horseshoe Bay, TX 78657 830-598-5300

April 21, 2020

#### CONFIDENTIAL

WINDERMERE OAKS WATER SUPPLY CORP 424 COVENTRY ROAD SPICEWOOD, TX 78669

Dear Joe:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Raven A. Herron & Company, P.C.

## **Filing Instructions**

## WINDERMERE OAKS WATER SUPPLY CORP

## **Exempt Organization Tax Return**

## Taxable Year Ended December 31, 2019

**Date Due:** May 15, 2020

Remittance: None is required. Your Form 990 for the tax year ended 12/31/19 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Raven A. Herron & Company, P.C.

PO Box 4237

Horseshoe Bay, TX 78657

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

1893 of 2072 IRS e-file Signature Authorization Form **8879-EC** OMB No. 1545-1878 for an Exempt Organization For calendar year 2019, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number 74-2785317 WINDERMERE OAKS WATER SUPPLY CORP Name and title of officer JOSEPH GIMENEZ PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b **\_b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ▶ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ \_ \_ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b \_\_\_ 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only HERRON & COMPANY, P.C. to enter my PIN X I authorize \_\_RAVEN A. **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**Certification and Authentication** Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70128078663

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

RAVEN A. HERRON, CPA

04/20/20

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

(Rev. January 2020)

**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.

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

OMB No. 1545-0047 2019 Open to Public

Dep	partment of the rnal Revenue	ne Treasury e Service			ırity numbers on this 17m990 for instruction				Open to Pu Inspectio	
A	6. 75 6000	rection planets to the	ar year, or tax year begin		, and ending					
В	Check if app							D Employe	er identification number	
	Address cha	ange	WINDE	RMERE OAK	S WATER SUP	PLY CORP				
$\Box$	Name chang	ar ar	g business as						785317	
		Num	ber and street (or P.O. box if mail is 4 COVENTRY ROAD	s not delivered to stre	eet address)		Room/suite	E Telephor	ne number 598-7511	
Н	Initial return Final return/		or town, state or province, country,	and ZIP or foreign p	ostal code			630-	396-7311	
	terminated		CEWOOD	TX 7				- 0	ceipts\$ 520,	127
	Amended re	di come	e and address of principal officer:	12. /	0009		1	G Gross red		
	Application p		SEPH GIMENEZ				H(a) Is this a gro	up return for	subordinates Yes	X No
	and the same same state of	۰ ا	24 COVENTRY RO	חמר			H(b) Are all sub	ordinates inc	cluded? Yes	No
			PICEWOOD		rx 78669		0.000		: (see instructions)	
$\overline{}$	Tax-exemp			2 ) <b>◀</b> (insert no.		527				
<u>-</u>	Website:		WOWSC.ORG	(insert no.	) 4947(a)(1) 01	321	H(c) Group exer	nntion numb	her <b>&gt;</b>	
ĸ	Form of orga			ociation Other	<b>•</b>	1 \	ear of formation: 1		M State of legal domicile	тx
431313131313	Part I	Summa		Ctrior	<u> </u>		real er formation.	<del>, , , , , , , , , , , , , , , , , , , </del>	I W State of logar definions	
<u>simma</u>			the organization's missior	n or most signifi	cant activities					
ė			JPPLY CORPORATIO		odin donvinoo.					
au		WEEKSTOO : 174		Transmin				********		
Governance	* 7 7									
Š	2 Ch	neck this box	if the organization d	iscontinued its o	pperations or dispose	ed of more than	25% of its net	assets		
ص مع	3 Nu		ng members of the govern					ء ا	254	
es	4 Nu		pendent voting members						254	
ξ	5 To		f individuals employed in c						0	
Activities &	<b>6</b> To		f volunteers (estimate if ne					6	Ö	
٩	<b>7a</b> To		business revenue from Pa					7a		0
			ousiness taxable income fro					7b		0
							Prior Yea	r	Current Year	_
ē	8 Co	ontributions a	nd grants (Part VIII, line 1I	n)						0
Revenue	9 Pro		e revenue (Part VIII, line 2				468	,155	459,	
Ş	10 lnv		ome (Part VIII, column (A),					331		481
_	11 Oti		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						59,8	
_			- add lines 8 through 11 (m			: 12)	468	, 486	520,3	127
			ilar amounts paid (Part IX,							$\frac{1}{6}$
	4.5		or for members (Part IX,							0
Expenses	15 Sa		compensation, employee I			>–10)				0
ë	16a Pro		ndraising fees (Part IX, col							0
꼾	D 10		g expenses (Part IX, colur			<u>V</u>	400	774	FFO	CE 2
_	17 00		s (Part IX, column (A), line				420	,774 ,774		
		•	. Add lines 13–17 (must ed		iumn (A), line 25)			,712	559,0 -39,5	
75	19 KE	evenue iess e	expenses. Subtract line 18	Trom line 1∠			Beginning of Curi		End of Year	<u> </u>
Net Assets or	20 To	tal assets (P	art X, line 16)			ľ	1,499		1,436,	719
Ass	<b>21</b> To		(Part X, line 26)					,229		
₹.	<b>22</b> Ne		und balances. Subtract line	e 21 from line 20	)			,725		
F	Part II	Signati	ıre Block							
			, I declare that I have examin						f my knowledge and b	elief, it
tı	rue, correct	t, and complet	e. Declaration of preparer (otl	her than officer) is	s based on all informati	ion of which prep	arer has any knov	vledge.	3700	
Si	gn	Signature	of officer					Date		
He	ere		SEPH GIMENEZ			PRESI	DENT			
			rint name and title							
		Print/Type prepar	er's name	Prepare	r's signature		Date	Check	if PTIN	
Pa	<u> </u>	AVEN A. H	ERRON, CPA		A. HERRON, CPA		04/21/	20 self-er	N 7	
		irm's name			COMPANY,	P.C.	Fi	rm's EIN 🕨	20-40216	11
US	e Only		PO BOX 423		506				000 -00 -	
200		irm's address	• HORSESHOE				Pi	none no.	830-598-5	<u>300</u>
	***		return with the preparer sl		ee instructions)				X Yes	No
Fo: DA		rk Reduction	Act Notice, see the separat	e instructions.					Form <b>990</b>	(2019)

	990 (2019) WINDERMERE OAK		74-2785317	Page <b>2</b>
Pa		Service Accomplishments	Para tara di tara di Tira	
		tains a response or note to any	line in this Part III	
T	Briefly describe the organization's missio O PROVIDE TREATED WA F WINDERMERE OAKS WA	TER, AND WATER TREA		FOR THE CUSTOMER
2	Did the organization undertake any signif	icant program services during the year	which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on			Yes X No
	Did the organization cease conducting, o services?		nducts, any program	Yes X No
	If "Yes," describe these changes on Sche		oo largaat program ooniisaa oo m	agained by
	Describe the organization's program servexpenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, f	4) organizations are required to report t		
 4а	(Code: ) (Expenses \$	400,481 including grants of\$	) (Reven	ue \$ 459,790)
	ROVIDE TREATED WATER USTOMERS OF WINDERME			ES FOR THE
	•			
				011001101101101101101101101101101101101
	•			
	• • • • • • • • • • • • • • • • • • • •			
	(Code: ) (Expenses \$	including grants of\$	) (Reven	ue \$)
N	/A			
	• • • • • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •			
	*			
	• • • • • • • • • • • • • • • • • • • •			
lc N	(Code: ) (Expenses \$ /A	including grants of\$	) (Reven	ue \$)
				0110011011001101100110110
				011001101101101101101101
ld	Other program services (Describe on Sch	nedule O.)		
		including grants of\$	) (Revenue \$	)
4e	Total program service expenses ▶	400,481		

# Form 990 (2019) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Part IV Checklist of Required Schedules

Page 3

2 ls c c c 4 S e e 5 ls a 6 E h h ""	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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 is 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 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 is the organization maintain any donor advised funds or any similar funds or accounts for which donors	3	Yes	X X X
2 ls c c c 4 S e e 5 ls a 6 E h h ""	somplete Schedule A so the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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  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 so 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	3		Х
2 Is C C C C C C C C C C C C C C C C C C	s the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to randidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	3		Х
3 C C 4 S e E 5 Is a a 6 C h h	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to sandidates for public office? If "Yes," complete Schedule C, Part I 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 s 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	3		
5 Is a 6 D h	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 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	4		х
4 S e 5 Is a 6 D h ""	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 s 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	4		X
e 5 ls a 6 D h "" 7 D	election in effect during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ussessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
5 Is a 6 D h	s 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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>			l
a 6 D h " 7 D	ssessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			<u> </u>
6 D h " 7 D				1
7 C	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
7 C				
<b>7</b> C	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
<b>7</b> D	Yes," complete Schedule D, Part I	6		х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
+1	he environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-   -	-	
	complete Schedule D, Part III	8		х
	***************************************	-   •		
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	sustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	lebt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	97 (97)		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	fthe organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ĺ
	/II, VIII, IX, or X as applicable.			
a D	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ĺ
С	omplete Schedule D, Part VI	11a	X	
<b>b</b> D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
О	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c D	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		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	eported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated infancial statements for the tax year mode a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
	· · · · · · · · · · · · · · · · · · ·	111		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		37
	Schedule D, Parts XI and XII	12a		X
	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		X
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a 🗅	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
<b>b</b> [	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ĺ
fı	undraising, business, investment, and program service activities outside the United States, or aggregate			ĺ
fo	oreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15 D	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
fe	or any foreign organization? <i>If "</i> Yes," <i>complete Schedule F, Parts II and IV</i>	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	resistance to or for foreign individuals? If "Vos." complete Schodule E. Parts III and IV	16		х
	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
		-   17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,,		v
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
<b>19</b> 🗆		1 40	,	· ·
19 D	f "Yes," complete Schedule G, Part III		-	X
19	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
19	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			X
19	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

## Form 990 (2019) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317 Part IV Checklist of Required Schedules (continued)

	Checklist of Required Schedules (Continued)	Т		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
la la	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	230		
	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		х
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 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		₹.
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		^
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
P	art 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	· · · · · · · · · · · · · · · · · · ·	V	NI-
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 10  1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) with backup withholding rules for reportable payments to veridors and	1c		

## Form 990 (2019) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Pa	ift 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			\ <b>.</b>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	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).		Jaannaaa	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		├^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	9C		┢
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ua		<u> </u>
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD.		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		HUUUUUUUUU
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a 519,645			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b 481		Journalous	Lumanaaaaaa
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		difficulting
	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			
100	the organization is licensed to issue qualified health plans  13b			
C 140	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template any idea during the tay year?	14-		₩
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		₩.
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		_ AL
	ii 169, complete i unii 4720, cu icuule O.			0 (0040)

Form 990 (2019) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

) ~ ~	-	h
 au	ıe.	v

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

Sec	tion 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 1a 254			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 254			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	<u> </u>
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?	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	0111111111111111111	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			l
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revent	<u> Je Co</u>		1 200000
			Yes	-
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	ا ا		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ا ا		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	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	40-		~
	with a taxable entity during the year?	16a	minini	X
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			
<u></u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
0.00-02	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	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.			
40	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial statements available to the public during the tax year.			
20 w	State the name, address, and telephone number of the person who possesses the organization's books and records			
	INDERMERE OAKS WATER SUPPLY 424 COVENTRY ROAD PICEWOOD TX 78669 512	_ 5 7	2 · ^	277
- 5	TI TANNA PIL	/	) — I	וור.,

Form 990 (2019) <b>WINDERN</b>	WERE OAKS	WATER	STIPPT.Y	CORP	74-2785317
FUIII 930 (2013) WILLIDEIG		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OCEETIT	COLLE	14 4 100011

01111 330 (2	O10) MINDHIGHIGH	OTHE	********	DOLLER	COLL	7 2 2	, <del>0001</del> ,	1.0	age i
Part VII	Compensation of C	Officers,	Directors,	Trustees,	Key Emp	oloyees.	Highest	Compensated Employees,	and
	Independent Contr		·	•	, ,	•			

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both an					from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	per week (list any hours for related	officer and a director/trustee							
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee			, oakou o gan Eurono
(1) PATRICIA GERINO						Ω.			
VICE PRESIDENT	0.00			x			0	0	o
(2) JOSEPH GIMENEZ	0.00			^				0	<u> </u>
(-,	0.00								
PRESIDENT	0.00			X			0	0	0
(3) MIKE NELSON	0 00								
SECRETARY/TREASUER	0.00			x			0	0	o
(4)	0.00								
(5)									
(6)									
(7)									
(8)									
(9)									
1									
(10)						$\Box$			
(11)									
								l	

Form 990 (2019) WINDERMEI Part VII Section A. Officer									ated Employees (continu	ued)
<b>(A)</b> Name and title	(B) Average hours per week (list any	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee					an ee)	an from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
anoma.a.a										
dh. Cubbatal										
1b Subtotal c Total from continuation she										
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (i reportable compensation from				to th	ose	listed	ab	ove) who received more	than \$100,000 of	
3 Did the organization list any 1 employee on line 1a? If "Yes, 4 For any individual listed on lir organization and related organization."	f <b>ormer</b> officer, c ," complete Sch ne 1a, is the sur	lirect edul n of	tor, t e <i>J f</i>	or so	uch le c	<i>indivi</i> ompe	dua nsa	al ation and other compensa	ition from the	Yes No
1 ( )	1a receive or a	ccrue	e coi	npe	nsat	ion fr	om	any unrelated organization		4 X
Section B. Independent Contract			-	70 1000	0	000	8	0 0 00 0 0 00	00 9 0 9000 0 9000 00	
1 Complete this table for your f compensation from the organ	nization. Report							endar year ending with or	within the organization's	
Name and	(A) business address							Descrip	(B) otion of services	(C) Compensation
2 Total number of independent	contractors (inc	cludi	ng b	ut no	ot lir	nited	to t	hose listed above) who		

Form 990 (2019) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (C) Unrelated from tax under sections 512-514 function revenue business revenue Grants 1a Federated campaigns 1a **b** Membership dues 1b Gifts, ilar Ar c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f Business Code Program Service Revenue 2a WATER & SEWER SERVICES 459,790 459,790 f All other program service revenue 459,790 ▶ g Total. Add lines 2a-2f Investment income (including dividends, interest, and 481 481 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties .... (i) Real (ii) Personal 6a Gross rents 6a 6b **b** Less: rental expenses C Rental inc. or (loss) 6c Þ d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets 7a other than inventory Other Revenue **b** Less: cost or other 7b basis and sales exps. c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b Þ c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 59,856 59,856 11a INSURANCE CLAIM SETTLEMENTS **d** All other revenue ..... Total. Add lines 11a-11d 59,856 520,127 520,127 Total revenue. See instructions

## Form 990 (2019) WINDERMERE OAKS WATER SUPPLY CORP 74-2785317

Part IX	art 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										
Do not include amounts reported on lines 6h (A) (B) (C) (D)										

Check if Schedule O contains a response or note to any line in this Part IX									
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	( <b>D)</b> Fundraising				
	Bb, 9b, and 10b of Part VIII.	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								
5	Compensation of current officers, directors,								
J	trustees, and key employees								
c	Compensation not included above to disqualified								
6									
	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								
10.11	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а	Management								
b	Legal	166,583	7,411	159,172					
С	Accounting	21,527	21,527						
	Lobbying			(4)					
е	Professional fundraising services. See Part IV, line 1	7							
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	7,585	7,585						
14	Information technology	6,549	6,549						
15	Royalties	. , =	. ,						
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expense	s							
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	1,130	1,130						
20		11,815	11,815						
21	Payments to affiliates	,	,						
22	Depreciation, depletion, and amortization	55,770	55,770						
23	Incurance	14,161	14,161						
	Other expenses. Itemize expenses not covered								
4-1	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.)								
_	COST OF WATER SERVICES	170,133	170,133						
a	REPAIRS & MAINTENANCE	78,130	78,130						
b		70,130							
C	INSTALL NEW SERVICE TAPS	20,985	20,985						
d	CONTRACT SERVICES	3,069	3,069						
	All other expenses	2,216	2,216	150 450					
25	Total functional expenses. Add lines 1 through 24e	559,653	400,481	159,172	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								
D4.4	following SOP 98-2 (ASC 958-720)				- 000				
DAA					Form <b>990</b> (2019)				