

Filing Receipt

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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Α	For t	ne 2018 calendar year, or tax year beginning , 2018, and ending	,					
В	Check	if applicable: C	Employer ider	tification number				
	Addres	s change	75-1335229					
		change IRON HILL WATER SUPPLY CORPORATION PO BOX 405	75-133; Telephone nur					
Ц	Initial r	RIISK TX 75785	·					
님		rrn/ terminated .	936-212					
님		ed return stion pending	Group Exer	mption				
				ganization is not				
		site: N/A required	to attach So	ganization is not thedule B				
			90, 990-EZ,					
		of organization: Corporation Trust Association Other						
	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if the	otal _					
ويستوكونها		s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		83,867.				
Pe	nt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru						
	r	Check if the organization used Schedule O to respond to any question in this Part I		X				
	1	Contributions, gifts, grants, and similar amounts received						
	2	Program service revenue including government fees and contracts		83,085.				
	3	Membership dues and assessments						
	4	Investment income.	4	782.				
		Gross amount from sale of assets other than inventory						
	ļ	1	- 5 c					
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
Ð	_	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a						
Revenue		Gross income from fundraising events (not including \$ of contributions						
š	"	from fundraising events reported on line 1) (attach Schedule G if the sum						
ď		of such gross income and contributions exceeds \$15,000)						
	c	Less: direct expenses from gaming and fundraising events 6 c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and	F-V-					
		6b and subtract line 6c)	6 d					
	†	Gross sales of inventory, less returns and allowances						
	1	Less: cost of goods sold						
	١.	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		N. ATTOM				
	8			02 067				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		83,867.				
	10	Benefits paid to or for members						
	12	Salaries, other compensation, and employee benefits.		19,418.				
Ø	13	Professional fees and other payments to independent contractors.		980.				
1se	14	Occupancy, rent, utilities, and maintenance						
Expenses	15			973.				
ŭ	16	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). See Schedule O	16	70,484.				
	17	Total expenses. Add lines 10 through 16.	• 17	91,855.				
~	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,988.				
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	Contract City of					
ASS	'`	figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	19	190,794.				
Net Assets	20		20	-2.				
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		182,804.				
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2018)				

	Check if the organization used Sched	dule O to respond to any que	estion in this Part II			X
		-		(A) Beginning of ye		(B) End of year
22	,			88,028	. 22	80,400.
23	Land and buildings			3,000		3,000.
24				100,905		100,543.
25	Total liabilities (describe in Schedule O).	Con Cahadula		191,933		183,943.
26				1,139		1,139.
27	Net assets or fund balances (line 27 of c	Total Common Com		190,794	. 27	182,804.
Par	Statement of Program Service Acc Check if the organization used Sch	complishments (see the insti-	UCTIONS TOT PART III)	III X		Expenses
What	s the organization's primary exempt purpose? See	Schodule O	aeston in this i ait			iired for section 501 and 501(c)(4)
Desc	ribe the organization's program service ac	complishments for each of i	ts three largest pro-	gram services, as	organ	izations; optional
mea	ribe the organization's program service ac sured by expenses. In a clear and concise fitted, and other relevant information for ea	manner, describe the service	es provided, the nu	imber of persons	for ot	hers.)
28	RURAL WATER SERVICE FOR 1-					
	TOTATE MATER DERVICE TON T	40 I WHITHIO IN CIT	TOTAL COOKE			
	(Grants \$) If the	s amount includes foreign gr	ants, check here.		28 a	70,054.
29						
]	
					_	
	(Grants \$) If the	s amount includes foreign gr	ants, check here		29 a	
30						
	(Grants \$) If this	s amount includes foreign gi	ants check here		30 a	
31	Other program services (describe in Sche	adule (1)	arts, creek fiere:		304	
J,		s amount includes foreign gi			31 a	
32	Total program service expenses (add lin		44	***	32	70,054.
	List of Officers, Directors, 1				see the i	
1000	Check if the organization used Sch					
	}	(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MIS	ation (d) Health benefit	ts, lovee	(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-	benefit plans, and de compensation	ferred	other compensation
ייניט	ITH SUNDAY	<u> </u>				
	esident	0		0.	0.	0.
	AL CARTER					
	ARD MEMBER	0		0.	0.	0.
	HNNY BANKS					
Se	cretary	0		0.	0.	0.
	MMIE_ATTAWAY	_			^	
MA:	NAGER	0	·	0.	0.	0.
	EG_GUYNN	^	10.00	20	0.	0.
MA	NAGER	Q	18,00		0.	<u></u>
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_			<u> </u>			
BA	3	TEEA0812L	01/21/19			Form 990-EZ (2018)

	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	,,,,	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		v
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		<u>X</u>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.			
		35 c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	11.31112	X
	b If "Yes," complete Schedule L, Part II and enter the total		2021C A. E	<u>Λ</u>
	amount involved. 38b N/A			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities	10		
	la Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A			
	section 4911 N/A; section 4912 N/A; section 4955 N/A			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			. 5,
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
		•		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			oliili. V
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42				
	2a The organization's	m.m.n	~~~	
	books are in care of SHELLY KNOTT Telephone no. * (903)	721	-299	7
	books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX ZIP + 4 75785	_ <u>721</u>	299 Yes	7 No
	books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX ZIP + 4 75785	721 42b		
	books are in care of SHELLY KNOTT Telephone no. * (903)			No
	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX Description Box 21P + 4 75785 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX Description Box 21P + 4 75785 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
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43	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX 2IP + 4 75785 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b	Yes	No X X X
43	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX Delta 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42 b	Yes	No X X N/A N/A No X
43	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX 2IP + 4 75785 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	No X X X N/A No
43	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a 44 b 44 c	Yes	No X X N/A N/A No X
43	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX BA 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yos,' provide an explanation in Schedule O.	42 b 42 c 44 a 44 b 44 c	Yes	No X X N/A N/A No X X
43	books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX SIP+4 75785 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If No, provide an explanation in Schedule O. 5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c	Yes	No X X N/A N/A No X X X
43	books are in care of P SHELLY KNOTT Located at PO BOX 405 RUSK TX b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country P See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country P 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here, and enter the amount of tax-exempt interest received or accrued during the tax year. 4 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O. 5 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	42 b 42 c 44 a 44 b 44 c	Yes	No X X N/A N/A No X X X X

					ن <u>مستانیناما</u>	Yes	No
	the organization engage, directly or indirectling the indirect in the state of the first for public office? If 'Yes,' complete				46		Х
Part VI							1 2
	All section 501(c)(3) organization		uestions 47-49b a	and 5 2, and complet	te the tabl	es	
	for lines 50 and 51.	·					_
	Check if the organization used Schedule	e O to respond to any	question in this Part	VI			لالب
47 Did ti	he organization engage in lobbying activities	or have a section 501/hi) election in effect duri	na the tay year? If 'Yes '		Yes	No
	plete Schedule C, Part II				47		
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete So	hedule E	48		
	the organization make any transfers to an					-	
	es,' was the related organization a section	-			<u> </u>		<u> </u>
	plete this table for the organization's five high lovees) who each received more than \$100,00				. кеу		
		•		(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
					-	·	
			-				
f Tota	I number of other employees paid over \$1	00.000					
51 Com:	plete this table for the organization's five high	nest compensated indep	endent contractors who	each received more than	\$100,000 of		
com	pensation from the organization. If there is	s none, enter 'None.'	1				
	(a) Name and business address of each independent co	ontractor	(b) Ty	pe of service	(c) Com	pensatio	n n
- 		- <i></i>					
					_		
-			-				
· · · ·	.						
			- !				
				<u> </u>			
			.				
	number of other independent contractors	n anch receivers over	\$100,000		<u> </u>		
	the organization complete Schedule A? N			st attach a			
	pleted Schedule A				► <u></u> Ye	s	∐ No
Under penalti	ies of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	edules and statements, and to	o the best of my knowledge and nowledge.	belief, it is		
100,00000		,	<u> </u>	.]			
Sign	Signature of officer			Date	***		
Here	GREG GUYNN			OFFICE MANAGE	R		
	Type or print name and title		78		DTIAL		
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid	Anita Woodlee-Roach, CPA	Anita Woodlee-Roa		self-employed	P00733569		
Preparer	Firm's name Anita Woodlee-Roach			Firm's EIN	' ኃ፫-1407	503	
Use Only	Firm's address • 111 S. Henderson St				<u>26-1487</u> 03) 683-10		
Many ting II	Rusk, TX 75785 RS discuss this return with the preparer sl	nown above? See inst	ructions	1 (3	► X Ye		No
iviay lite II	and discuss this lettern with the brehale, si	ionn above: Gee msu	racel Cristian and a second		Form 9		

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. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

e of the organization	Employer identification number
ON HILL WATER SUPPLY CORPORATION	75-1335229
Form 990-EZ, Part I, Line 16 Other Expenses	
Advertising and Promotion Depreciation DUES & SUBSCRIPTIONS Insurance LAB FEES MILEAGE REIMBURSEMENT REPAIRS/MAINTENANCE UTILITIES	362. 1,041. 948. 1,096. 2,368. 10,936.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances	
ROUNDING	Total \$ -2.
Form 990-EZ, Part II, Line 24 Other Assets	
Machinery and Equipment	Seginning Ending 100,905. \$ 100,543 \$ 100,905. \$ 100,543
Form 990-EZ, Part II, Line 26 Total Liabilities	
PAYROLL LIABILITIES \$ Total \$	Beginning Ending 1,139. \$ 1,139 1,139. \$ 1,139
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
RURAL WATER SERVICE	

TEEA4901L 10/10/18

2018 Federal Exempt Organiz	ation Tax Sum	mary (EZ)	Page 1
IRON HILL WATER SU	JPPLY CORPORATIO	N	75-1335229
FORM 990-EZ REVENUE	2018	2017	Diff
Program service revenue	83,085 782	83,400 705	-315 77
Total revenue	83,867	84,105	-238
EXPENSES Salaries and employee benefits Professional fees/pymt to contractors Printing, publications, and postage Other expenses	19,418 980 973 70,484	19,478 1,077 772 61,908	-60 -97 201 8,576
Total expenses	91,855	83,235	8,620
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Other changes in net assets/fund bal Net assets/fund bal. at end of year	-7,988 190,794 -2 182,804	870 189,927 -3 190,794	-8,858 867 1 -7,990

12/31/18

2018 Federal Book Depreciation Schedule

Page 1

IRON HILL WATER SUPPLY CORPORATION

75-1335229

No. Description Form 990/990-PF	Date _Arquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 <u>Bonus</u>	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. <u>Depr</u>	Salvage /Basis Reductn	Depr. Basis	Prior Depr	M ethod J	Life Rate	Current Depr
Machinery and Equipment														
1 PRINTER	11/01/17		953							953	48	200DB MQ	5 .38000	362
Total Machinery and Equipr	ment		953		0	0		0 (0 0	953	48			362
Total Depreciation			953		0	0		0	0 0	953	48			362
Grand Total Depreciation			953		0	0		0	0 0	953	48			362

Form **990-E**Z

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

Open to Public limps man

Α	For t	the 2019 calendar year, or tax year beginning , 2	019, and ending		,	
В	Check	r if applicable: C		D Emp	ployer identification number	
		ss change				
_		change IRON HILL WATER SUPPLY CORPORATION PO BOX 405			5-1335229 ephone number	
Ļ	Initial	PRISK TY 75785		I	•	
<u> </u>		turn/ terminated .		93	36-212-4321	
ا		ded return cation pending		F Gro	oup Exemption	
G		ounting Method: X Cash	T ₁ ,			
1		site: N/A			if the organization is n otation is n otation	ot
J					990-EZ, or 990-PF).	
ĸ	Form		ner			
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts tts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of For	are \$200,000 or more m 990-EZ	e, or if total	►\$ 81,8	51.
7		Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see the	instructio	ons for Part I)	
	,	Check if the organization used Schedule O to respond to any question in				X
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2 80,7	54.
	3	Membership dues and assessments			3	
	4	Investment income			4 1,0	97.
		a Gross amount from sale of assets other than inventory			me a marifemental del companyo de la companyo del companyo del companyo de la companyo del companyo de la companyo del companyo de la companyo del companyo de la companyo	
	þ	Less: cost or other basis and sales expenses	5b		The second secon	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5 c	
4	6	Gaming and fundraising events:			The state of the s	
ž		Gross income from gaming (attach Schedule G if greater than \$15,000).			and the state of t	
ě	b	Gross income from fundraising events (not including \$	of contributions	5		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sun of such gross income and contributions exceeds \$15,000)	6Ы	2000 2000 2000 2000 2000 2000 2000 200	Martin and	
hotor	؍ ا	Less: direct expenses from gaming and fundraising events.			recording to the first term of	
			<u> </u>			
	4	I Net income or (loss) from gaming and fundraising events (add lines 6a a 6b and subtract line 6c)	1d	Europe Company	6 d	
	7 a	Gross sales of inventory, less returns and allowances			Angelog Carlos Angelo	
	b	Less: cost of goods sold	7b		egen ingenera (e.m.). Von January (e.g., d.g., d.g., e.g.,	
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7	a)		7 c	
	8	Other revenue (describe in Schedule O)			8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9 81,8	51.
	10	Grants and similar amounts paid (list in Schedule 0).			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits		L	12 20,60	69.
80	13	Professional fees and other payments to independent contractors			13 1,00	21.
Expenses	14	Occupancy, rent, utilities, and maintenance			14	
X	15	Printing, publications, postage, and shipping	Coo Cabadala	· <u>x</u>	15 1,0	<u>34.</u>
ш	16				16 63,7	75.
	17	Total expenses. Add lines 10 through 16.			17 86, 4	<u>99.</u>
gr.	18	Excess or (deficit) for the year (subtract line 17 from line 9)		L	18 -4,6°	48.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column ((must agree with e	nd-of-year	And the state of t	
t As	22	figure reported on prior year's return)	See Schedule	-	19 182,80	
Ž	20			—		<u>-1.</u>
D *	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	***************************************		21 178,1	
	M FO	r Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (20	119)

Page 2

Balance Sheets (see the inst Check if the organization used Sche	ructions for Mart II)	estion in this Part II			[X]
orion in the organization about our	odic o to respond to dify qu	icstor in this rait is.			(B) End of year
Cash, savings, and investments					
Land and buildings		<u></u>			
		e 0			
Total assets	***********************				
Total liabilities (describe in Schedule O)	See Schedule	e 0			
Statement of Program Service Ac	complishments (see the inst	tructions for Part III)		[22]	Expenses
Check if the organization used Sc	hedule O to respond to any	question in this Part	III		quired for section 501
s the organization's primary exempt purpose? See	Schedule 0	3. 45		(c)((3) and 501(c)(4) anizations; optional
gred by expenses. In a clear and concise	e manner, describe the servi	its three largest proc ces provided, the nu	gram services, as imber of persons	for	others.)
nted, and other relevant information for e	each program title.		•		
RURAL WATER SERVICE FOR 1	40 FAMILIES IN CH	EROKEE COUNTY	<u>, TEXAS </u>	_	
					
(Grants S	is amount includes foreign a	rants chack hara	<u>-</u>	F-1 20	
				28	a
					
					
(Grants \$) If the	is amount includes foreign g	rants, check here		T 29	a
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	_				
				-1	
(Grants \$) If th	is amount includes foreign g	rants, check here		30	a
Other program services (describe in Sch	edule 0)			;	
(Grants \$) If the	is amount includes foreign g	rants, check here		31:	а
Total program service expenses (add lin	nes 28a through 31a)			. 🏲 32	
V List of Officers, Directors,	rustees, and Key Emp	loyees (list each one e	even if not compensated	- see the	e instructions for Part IV)
List of Officers, Directors, Check if the organization used Sci	rustees, and Key Emp	loyees (list each one e	even if not compensated	see th	e instructions for Part IV)
V List of Officers, Directors,	rustees, and Key Emp	Oloyees (list each one equestion in this Part (c) Reportable compensat	even if not compensated IV	- see the	(e) Estimated amount of
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	Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of Check if the organization used Sc sthe organization's primary exempt purpose? See ribe the organization's program service a sured by expenses. In a clear and conciss fited, and other relevant information for expenses. In a clear service of RURAL WATER SERVICE FOR 1 (Grants \$) If the Grants \$) If the Other program services (describe in Sch (Grants \$) If the Other program services (Gran	Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with Statement of Program Service Accomplishments (see the instance) Check if the organization used Schedule O to respond to any set to organization's primary exempt purpose? See Schedule O ribe the organization's program service accomplishments for each of sured by expenses. In a clear and concise manner, describe the servifited, and other relevant information for each program title. RURAL WATER SERVICE FOR 140 FAMILIES IN CHICKGRANTS (Grants \$) If this amount includes foreign grants of the program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants \$) If this amount includes foreign	Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part is the organization's primary exempt purpose? See Schedule O to respond to any question in this Part is the organization's program service accomplishments for each of its three largest progured by expenses. In a clear and concise manner, describe the services provided, the number of the composition	Cash, savings, and investments 80, 4 Land and buildings 90. Other assets (describe in Schedule O) See Schedule O 100, 5 Total assets 91. Total liabilities (describe in Schedule O) See Schedule O 1, 1 Net assets or fund balances (line 27 of column (B) must agree with line 21) 182, 8 Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Set the organization's primary exempt purpose? See Schedule O to respond to any question in this Part III Set the organization's program service accomplishments for each of its three largest program services, as used by expenses. In a clear and concise manner, describe the services provided, the number of persons fitted, and other relevant information for each program title. RURAL WATER SERVICE FOR 140 FAMILIES IN CHEROKEE COUNTY, TEXAS (Grants \$) If this amount includes foreign grants, check here. (Grants \$) If this amount includes foreign grants, check here. (Grants \$) If this amount includes foreign grants, check here. Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here.	Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) See Schedule O 100, 543, 2 Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Statement of Program Service accomplishments for each of, its three largest program services, as used by expenses. In a clear and concise manner, describe the services provided, the number of persons fitted, and other relevant information for each program title. RURAL WATER SERVICE FOR 140 FAMILIES IN CHEROKEE COUNTY, TEXAS (Grants \$) If this amount includes foreign grants, check here. 29 (Grants \$) If this amount includes foreign grants, check here. 30 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here. 30 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here. 31

Page 3

	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			$\cdot \sqcup$
33	Did the organization engage in any significant activity not previously reported to the IRS?	-	Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25		
b	of the strips of	35 a		<u>X</u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.			
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
-	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37 b	in North	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
t	off 'Yes,' complete Schedule L, Part II, and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:	200		
	Initiation fees and capital contributions included on line 9	(A)		
	Gross receipts, included on line 9, for public use of club facilities	Tally Tally		
4V 0	section 4911 • 0.; section 4912 • 0.; section 4955 • 0.	AND THE RESERVE TO THE PARTY OF		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	Tribalis - S		And the second of the second o
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	7.4		
	by the organization	STATE OF THE PARTY		
е		and the same of		f ^{mm} '
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None	40 e		X
		40 e		<u> </u>
41	List the states with which a copy of this return is filed None	40 e		<u>X</u>
41	List the states with which a copy of this return is filled None The organization's books are in care of SHELLY KNOTT Telephone no. (903)	721	-299	<u> </u>
41 42 a	List the states with which a copy of this return is filled None The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX ZIP + 4 75785	721)7
41 42 a	List the states with which a copy of this return is filled None The organization's books are in care of SHELLY KNOTT Telephone no. (903)	721	-299 Yes)7 No
41 42 a	List the states with which a copy of this return is filled None The organization's books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	721)7
41 42 a	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)?	721)7 No
41 42 a	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)?	721)7 No
41 42 a	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)?	721)7 No
41 42 a	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	721)7 No
41 42 a	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	721 42b		No X
41 42 a	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	721 42b		No X
41 42 a	The organization's books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	721 42b		No X
41 42 a	The organization's books are in care of SHELLY KNOTT Cotacted at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.	721 42b	Yes	No X X
41 42 a	The organization's books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	721 42b	Yes	No X X X N/A N/A
41 42 a b	The organization's books are in care of SHELLLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX ZIP + 4 75785 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	721 42b	Yes	No X X
41 42 a b	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	721 42b 42c	Yes	No X X X N/A N/A
41 42 a b c c c 43 44 a b	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	721 42b	Yes	No X X X N/A N/A N/A No
41 42 a b c c c c	The organization's hooks are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?.	721 42b 42c	Yes	No X X N/A N/A No
41 42 a b c c c c	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	721 42b 42c 42c	Yes	No X X N/A N/A No X
41 42 a b c c c c c c c c c c c c c c c c c c	The organization's books are in care of SHELLY KNOTT Telephone no. (903) Located at PO BOX 405 RUSK TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	721 42b 42c 42c	Yes	No X X N/A N/A No X
41 42 a b c c c c c c c c c c c c c c c c c c	The organization's books are in care of SHELILY KNOTT Located at PO BOX 405 RUSK TX 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)? If 'Yes,' enter the name of the foreign country In 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	721 42b 42c 44a 44b 44c	Yes	No X X X X X X

Signature of officer

Firm's name >

Firm's address 🕨

GREG GUYNN

Type or print name and title
Print/Type preparer's name

Anita Woodlee-Roach, CPA

565 N Main St

Rusk, TX 75785-1333

Sign Here

Paid

BAA

Preparer

Use Only

Preparer's signature

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

Anita Woodlee-Roach & Associates, PC

Anita Woodlee-Roach, CPA

Date

Date

OFFICE MANAGER

Check if self-employed

Firm's FIN

Phone on.

P00733569

(903)

26-1487593

683-1002

► X Yes

Form 990-EZ (2019)

No

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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

RON HILL WATER SUPPLY CORPORATION	75-1335229	
Form 990-EZ, Part I, Line 16 Other Expenses		
CELL PHONE REIMBURSEMENT CONTRACT LABOR Depreciation DUES & SUBSCRIPTIONS FILING FEES Insurance LAB FEES MATERIALS & SUPPLIES MILEAGE REIMBURSEMENT Office Expenses REGULATORY ASSESSMENTS REPAIRS/MAINTENANCE UTILITIES		529. 750. 217. 1,346. 26. 948. 784. 2,317. 1,433. 555. 412. 6,105. 48,353. 63,775.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances ROUNDING	ģ	-1
MONDING	Total \$	-1.
Form 990-EZ, Part II, Line 24 Other Assets		
Machinery and Equipment	Beginning \$ 100,543. \$ \$ 100,543. \$	Ending 100,326. 100,326.
Form 990-EZ, Part II, Line 26 Total Liabilities		
	Beginning	Ending
LOAN PAYROLL LIABILITIES Total	\$ 0. \$ 1,139. \$ 1,139.	13,300. 1,320. 14,620.
Form 990-EZ, Part III - Organization's Primary Exempt Purpose		

RURAL WATER SERVICE

2019 Federal Exempt Organ	ization Tax Summ	ary (EZ)	Page 1
IRON HILL WATER	SUPPLY CORPORATION		75-1335229
FORM 990-EZ REVENUE	2019	2018	Diff
Program service revenue Investment income	. 80,754 1,097	83,085 782	-2,331 315
Total revenue	81,851	83,867	-2,016
EXPENSES Salaries and employee benefits. Professional fees/pymt to contractors. Printing, publications, and postage. Other expenses.	. 1,021 . 1,034	19,418 980 973 70,484	1,251 41 61 -6,709
Total expenses	. 86,499	91,855	-5,356
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Other changes in net assets/fund bal. Net assets/fund bal. at end of year	182,804 -1	-7,988 190,794 -2 182,804	3,340 -7,990 1 -4,649

1	2/31	/1	C
	ZIJI	,	-

2019 Federal Book Depreciation Schedule

Page 1

IRON HILL WATER SUPPLY CORPORATION

75-1335229

No.	Description 990/990-PF	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life_	Rate	Current Depr
Ma	ochinery and Equipment															
1	PRINTER	11/01/17		953						·	953	410	200DB MQ	5	.22800 _	217
	Total Machinery and Equipment			953		0	0	I	0 (0	953	410				217
	Total Depreciation			953		0	0		0 0	0	953	410			_	217
	Grand Total Depreciation			953		0	0		0	00	953	410			=	217

Form 990-F7

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

For the 2020 calendar year, or tax year beginning , 2020, and ending Check if applicable: Employer identification number Address change IRON HILL WATER SUPPLY CORPORATION 75-1335229 Name change PO BOX 405 Telephone number Initial return RUSK, TX 75785 936-212-4321 Final return/terminated Amended return Group Exemption Application pending Number X Cash Accounting Method: Accrual Other (specify) > Check ► X if the organization is not Website: * required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 501(c)(3) X 501(c) (4 4947(a)(1) or 527 Tax-exempt status (check only one) -) (insert no.) Corporation Other Form of organization: Trust Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... 🕨 \$ 89,392. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Program service revenue including government fees and contracts..... 2 89,269. 3 Membership dues and assessments..... 3 4 Investment income 4 123 5a Gross amount from sale of assets other than inventory..... b Less: cost or other basis and sales expenses..... 50 6 Gaming and fundraising events: Revenue a Gross income from gaming (attach Schedule G if greater than \$15,000)..... b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)..... 6b c Less: direct expenses from gaming and fundraising events...... d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)..... 6 d 7a Gross sales of inventory, less returns and allowances..... 7 a c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)...... 7 c Other revenue (describe in Schedule 0)..... 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 9 89,392 10 Grants and similar amounts paid (list in Schedule O)..... 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits..... 12 Professional fees and other payments to independent contractors..... 13 1,411 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 15 789. Other expenses (describe in Schedule O) See Schedule O 16 16 96,489. Total expenses. Add lines 10 through 16. 17 17 98,689. Excess or (deficit) for the year (subtract line 17 from line 9)..... 18 -9,297. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)................ 19 178,155. Other changes in net assets or fund balances (explain in Schedule O) See Schedule O 20 20 366.

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

Form 990-EZ (2020)

169,224.

21

Net assets or fund balances at end of year. Combine lines 18 through 20.....

Page 2

	Check if the organization used Sche-	dule 0 to respond to any que	estion in this Part II			
		* *		(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			89,449) . 22	66,028.
23	Land and buildings Other assets (describe in Schedule O)			3,000) . 23	
24			: .U	100,326		
25	Total assets		<u> </u>	192,775		
26	Total liabilities (describe in Schedule O)	See Schedule	9.0	14,620		
27	Net assets or fund balances (line 27 of c			178,15		
g trips	Statement of Program Service Ac	complishments (see the insti	ructions for Part III)			Expenses
	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part	III 🛚 🗓	(Rei	quired for section 501
What	is the organization's primary exempt purpose? See	Schedule O			(c)(3) and 501(c)(4)
Desc	cribe the organization's program service as sured by expenses. In a clear and concise crited, and other relevant information for e	complishments for each of it manner, describe the service	ts three largest pro ces provided, the nu	gram services, as imber of persons		anizations; optional others.)
28	RURAL WATER SERVICE FOR 1	, , , , , , , , , , , , , , , , , , , 	ROKEE COUNTY	TEXAS		
					-	
20		s amount includes foreign gr		-	28	95,737.
29					4	
					-	
	70	s amount includes foreign gr	conto abast har-	-	- A	
~~	(Grants \$) If thi	s amount includes foreign gi	ants, check here		29:	3
30		_			1	
					4	
			,		H	
	(Grants \$) If the	s amount includes foreign gi	rants, check here		30	a
31					٦	
		is amount includes foreign gi			31 :	
	Total program service expenses (add lin				32	95,737.
Pa	List of Officers, Directors,					
	Check if the organization used Sc	hedule O to respond to any o	question in this Par	 		<u> </u>
_	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compens. (Forms W-2/1099-MIS (if not paid, enter -0-	C) contributions to ent	ployee eferred	(e) Estimated amount of other compensation
рн	AL CARTER			our periodition		
	ARD MEMBER	0	,	0.	0	. 0
	HNNY BANKS		1			
	cretary	0		0.	0	. 0.
	MMIE ATTAWAY					
	ARD MEMBER	0	1	0.	0	. 0
	RRY KNOTT JR	<u></u>			<u>~</u>	-
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	MES_SANCHEZARD MEMBER	C	,	0.	0	. 0
	ARD MEMBER EG GUYNN		<u> </u>	W +		•
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MA	NAGER			<u> </u>		•
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BA	Δ	TEEA0812L	01/28/21	1		Form 990-EZ (2020)
D/1	n					·

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	171.0		aye [
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule 0.	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		3,
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Q.	35 b	 	
•	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions. • 37a 0. Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	amount involved			
	Section 501(c)(7) organizations. Enter:		The second of th	
	Initiation fees and capital contributions included on line 9	N U		
	Continue FOI/AV2) annualizations Fight (
700	section 301(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 • 0.; section 4912 • 0.; section 4955 • 0.	War and Andrews		
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		١
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	S	X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0.			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
	List the states with which a copy of this return is filed None The organization's books are in care of SHELLY KNOTT Located at PO BOX 405 RUSK TX ZIP + 4 75785	721	-299	<u> </u>
t	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country	W West		77701188
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		A STATE OF THE STA	The state of the s
•	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		<u>X</u>
44 a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	44a		N/A N/A No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45 b		Х

Form 990-	EZ (2020) IRON HILL WATER SUF	PLY CORPORATION	ON	75-133	35229	P	age 4
46 Did ti	he organization engage, directly or indirectidates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I…	ign activities on behalf	of or in opposition to	46	Yes	No X
	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	s Only		-	· · · · · · · · · · · · · · · · · · ·	s S	<u> </u>
	Check if the organization used S	Schedule O to res	pond to any questic	on in this Part VI			
47 Did th	ne organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax year? If 'Yes,'	47	Yes	No
48 Is the	e organization a school as described in se he organization make any transfers to an	ection 170(b)(1)(A)(ii)?	if 'Yes,' complete Sch	edule E	48		
50 Comp	es,' was the related organization a section plete this table for the organization's five high oyees) who each received more than \$100,00	nest compensated emplo	ovees (other than officers	directors, trustees, and l			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		

51 Comp	number of other employees paid over \$1 olete this table for the organization's five high pensation from the organization. If there is	nest compensated indep	endent contractors who e	sach received more than \$	100,000 of		
`	(a) Name and business address of each independent or		(b) Type	of service	(c) Comp	ensatio	
				h-Mà en			
							
52 Did th	number of other independent contractors he organization complete Schedule A? No pleted Schedule A.	ote: All section 501(c)(•	attach a		Г	No
Under penaltie	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer			se best of my knowledge and bel			=
	completes becausing of preparer (other digit officer	, is obsert on all thiornation (or which preparer has any know	neuge.			
Sign	Signature of officer			Date		****	
Here	JERRY KNOTT JR Type or print name and title	<u> </u>	**************************************	President			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid	l "	Anita Woodlee-Roa	ch, CPA	Check L if self-employed P	00733569		
Preparer	Firm's name Anita Woodlee-Roach	& Associates, PC					
Use Only	Firm's address ► 565 N Main St	, , , , , , , , , , , , , , , , , , ,		Firm's EIN	26-148759	3	

TEEA0812L 10/26/20

Rusk, TX 75785

BAA

Phone no. (903) 683-1002

Form 990-EZ (2020)

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. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

and Comments

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number IRON HILL WATER SUPPLY CORPORATION 75-1335229 Form 990-EZ, Part I, Line 16 Other Expenses CONTRACT LABOR 37,277. Depreciation .. 130. DUËS/LAB FEES/ASSESSMENTS..... 1,602. Insurance..... 948. Interest..... 463. MATERIALS & SUPPLIES 1,683. MILEAGE REIMBURSEMENT 158. REPAIRS/MAINTENANCE. 3,356. UTILITIES..... 50.872 Total \$ 96,489. Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Prior Period Adjustments..... Total 366. Form 990-EZ, Part II, Line 24 Other Assets Beginning Ending Machinery and Equipment.... 100,1<u>96.</u> Total 100,326. 100,196. Form 990-EZ, Part II, Line 26 **Total Liabilities** <u>Beginning</u> Ending LOAN. 0. 13,300. \$ PAYROLL LIABILITIES.... 1,320. 0. 14,620. Total

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

RURAL WATER SERVICE

2020 Federal Exempt Organization Tax Summary (EZ) IRON HILL WATER SUPPLY CORPORATION										
FORM 990-EZ REVENUE	2020	2019	Diff							
Program service revenue Investment income	89,269 123	80,754 1,097	8,515 -974							
Total revenue	89,392	81,851	7,541							
EXPENSES Salaries and employee benefits. Professional fees/pymt to contractors. Printing, publications, and postage. Other expenses	0 1,411 789 96,489	20,669 1,021 1,034 63,775	-20,669 390 -245 32,714							
Total expenses	98,689	86,499	12,190							
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Other changes in net assets/fund bal Net assets/fund bal. at end of year	-9,297 178,155 366 169,224	-4,648 182,804 -1 178,155	-4,649 -4,649 367 -8,931							

12/31/20

2020 Federal Book Depreciation Schedule

Page 1

IRON HILL WATER SUPPLY CORPORATION

75-1335229

No Description Form 990/990-PF	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Machinery and Equipment															
1 PRINTER	11/01/17		953							953	627	200DB MQ	5	.13680	130
Total Machinery and Equipment			953		0	0	() (1	0	953	627				130
Total Depreciation			953		0	0	() 0		953	627			=	130
Grand Total Depreciation		;	953		0	0	(00	20 _	953	627			=	130