

## 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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning 04-01, 2021, and ending 03-31, 2022

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BRAZOS MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>HC 75 BOX 105</b> City or town, state or province, country, and ZIP or foreign postal code <b>Chama, NM 87520</b>	<b>D</b> Employer identification number <b>85-0466214</b> <b>E</b> Telephone number <b>(505) 280-5117</b> <b>F</b> Group Exemption Number ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(12) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** 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 . . . . . ▶ \$ **58,374**

**Part I 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 . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>		
	<b>2</b> Program service revenue including government fees and contracts. . . . .	<b>2</b>	56,805	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>		
	<b>4</b> Investment income . . . . .	<b>4</b>	1,569	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>		
	<b>6</b> Gaming and fundraising events:			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>		
	<b>b</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) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>			
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>			
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>			
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>			
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	58,374		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O). . . . .	<b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	18,597	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	26,146	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	530	
	<b>16</b> Other expenses (describe in Schedule O). . . . .	<b>16</b>	8,964	
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	54,237		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	4,137	
	<b>19</b> 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) . . . . .	<b>19</b>	265,322	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O). . . . .	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. . . . . ▶	<b>21</b>	269,459	

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83,899	77,252
23 Land and buildings	195,193	281,216
24 Other assets (describe in Schedule O)	0	0
25 Total assets	279,092	358,468
26 Total liabilities (describe in Schedule O)	13,770	89,009
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	265,322	269,459

**Part III 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

What is the organization's primary exempt purpose? RURAL WATER COOPERATIVE SYSTEM

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE ASSOCIATION PROVIDES WATER DISTRIBUTION TO APPROXIMATELY 150 RESIDENCES IN A NORTHERN NEW MEXICO RURAL AREA.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 THE ASSOCIATION PROVIDES WATER DISTRIBUTION TO APPROXIMATELY 150 RESIDENCES IN A NORTHERN NEW MEXICO RURAL AREA.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN HOFFMAN PRESIDENT	2.00	0	0	0
JIM WALKER VICE PRESIDENT	2.00	0	0	0
DAVID OELSCHLEGEL SECRETARY	2.00	0	0	0
JAY MASON TREASURER	2.00	0	0	0
ARCH WELLS DIRECTOR	1.00	0	0	0
MARCO LUCERO DIRECTOR	1.00	0	0	0
RICHARD DRAMER DIRECTOR	1.00	0	0	0
EDDIE KILMER DIRECTOR	1.00	0	0	0
CURTIS GOODFELLOW DIRECTOR	1.00	0	0	0

Part V 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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 . . . . . 

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ **SCOTT ELIASON**  
Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ **SCOTT ELIASON, TREASURER**  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization <b>BRAZOS MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION</b>	Employer identification number <b>85-0466214</b>
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**01. Description of other expenses (Part I, line 16)**

Description	Amount
BANK CHARGES AND OTHER FEES	290
INSURANCE & BONDING FEES	1,029
DEPRECIATION EXPENSE	5,250
DUES & SUBSCRIPTIONS	894
INTEREST	298
LICENSES & PERMITS	881
REAL ESTATE TAXES	322

**02. Description of total liabilities (Part II, line 26)**

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE & ACCRUED EXP	328	643
MORTGAGE & OTHER NOTES PAYABLE	13,442	88,366