

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)

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUNE 01, 2021, and ending MAY 31, 2022

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	C Name of organization WATERFALL COMMUNITY WATER USERS ASSOCIATION	D Employer identification number 01-0598548
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 712	E Telephone number (575) 921-8820
	City or town, state or province, country, and ZIP or foreign postal code CLOUDCROFT NM 88317	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: ▶ **WCWUA.ORG**

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. ▶ \$ **69,829**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	69,829
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		69,829
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	32,103
	14 Occupancy, rent, utilities, and maintenance	14	19,912
	15 Printing, publications, postage, and shipping	15	1,063
	16 Other expenses (describe in Schedule O)	16	10,866
17 Total expenses. Add lines 10 through 16	17		63,944
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	5,885
	19 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	20,156
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	

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
NONE				

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
NONE		

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 Date
 Signature of officer Date
 MARIA CRUMP SECRETARY/TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: VIVIANA CALDERON M/VIVIANA CALDERON MA
 Preparer's signature: VIVIANA CALDERON MA
 Date: 10-11-2022
 Check if self-employed
 PTIN: P00002862
 Firm's EIN: 431871840
 Firm's address: 805 WHITE SANDS BLVD
 Phone no.: 575-434-1761

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

2021 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2021, or tax period beginning 06-01-2021, and ending 05-31-2022.

Name of Organization

WATERFALL COMMUNITY WATER USERS ASSOCIATION

Employer Identification Number

01-0598548

Primary Purpose

TO DISTRIBUTE WATER, MAINTAIN WATER SYSTEM, AND PROVIDE SOLID WASTE DISPOSAL FOR THE MEMBERS OF THE WATERFAL COMMUNITY WATER USERS ASSOCIATION

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2021, or tax period beginning 06-01-2021, and ending 05-31-2022.

Name of Organization: WATERFALL COMMUNITY WATER USERS ASSOCIATION
 Employer Identification Number: 01-0598548

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses Exempt Purpose Achievements

CONTRIBUTIONS TO ASSOCIATION: PROVIDED NMED/EPA QUALIFIED POTABLE WATER TO 119 SERVICE MEMBER CONNECTIONS

Line	Amount	Description
01	00.0	MARK CRUMP VICE PRESIDENT
02	00.0	MARK CRUMP SECRETARY
03	00.0	MARK CRUMP TREASURER
04	00.0	MARK CRUMP DIRECTOR
05	00.0	MARK CRUMP DIRECTOR
06	00.0	MARK CRUMP DIRECTOR
07	00.0	MARK CRUMP DIRECTOR
08	00.0	MARK CRUMP DIRECTOR
09	00.0	MARK CRUMP DIRECTOR
10	00.0	MARK CRUMP DIRECTOR
11	00.0	MARK CRUMP DIRECTOR
12	00.0	MARK CRUMP DIRECTOR
13	00.0	MARK CRUMP DIRECTOR
14	00.0	MARK CRUMP DIRECTOR
15	00.0	MARK CRUMP DIRECTOR
16	00.0	MARK CRUMP DIRECTOR
17	00.0	MARK CRUMP DIRECTOR
18	00.0	MARK CRUMP DIRECTOR
19	00.0	MARK CRUMP DIRECTOR
20	00.0	MARK CRUMP DIRECTOR
21	00.0	MARK CRUMP DIRECTOR
22	00.0	MARK CRUMP DIRECTOR
23	00.0	MARK CRUMP DIRECTOR
24	00.0	MARK CRUMP DIRECTOR
25	00.0	MARK CRUMP DIRECTOR
26	00.0	MARK CRUMP DIRECTOR
27	00.0	MARK CRUMP DIRECTOR
28	00.0	MARK CRUMP DIRECTOR
29	00.0	MARK CRUMP DIRECTOR
30	00.0	MARK CRUMP DIRECTOR
31	00.0	MARK CRUMP DIRECTOR
32	00.0	MARK CRUMP DIRECTOR
33	00.0	MARK CRUMP DIRECTOR
34	00.0	MARK CRUMP DIRECTOR
35	00.0	MARK CRUMP DIRECTOR
36	00.0	MARK CRUMP DIRECTOR
37	00.0	MARK CRUMP DIRECTOR
38	00.0	MARK CRUMP DIRECTOR
39	00.0	MARK CRUMP DIRECTOR
40	00.0	MARK CRUMP DIRECTOR
41	00.0	MARK CRUMP DIRECTOR
42	00.0	MARK CRUMP DIRECTOR
43	00.0	MARK CRUMP DIRECTOR
44	00.0	MARK CRUMP DIRECTOR
45	00.0	MARK CRUMP DIRECTOR
46	00.0	MARK CRUMP DIRECTOR
47	00.0	MARK CRUMP DIRECTOR
48	00.0	MARK CRUMP DIRECTOR
49	00.0	MARK CRUMP DIRECTOR
50	00.0	MARK CRUMP DIRECTOR

2021 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2021, or tax period beginning 06-01-2021, and ending

05-31-2022.

Name of Organization

WATERFALL COMMUNITY WATER USERS ASSOCIATION

Employer Identification Number

01-0598548

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben, plans & def. comp.	(E) Expense account & other compensation
CORI SOLIS WILLIAMSON PRESIDENT	12.00	0	0	0
MARK GAFFNEY VICE PRESIDENT	3.00	0	0	0
MARIA CRUMP SECRETARY	6.00	0	0	0
MARIA CRUMP TREASURER	6.00	0	0	0
ANNA WELLS DIRECTOR	1.00	0	0	0
TERRI SNODDY DIRECTOR	1.00	0	0	0
DAVE SWOPE SYSTEM MANAGER	4.00	0	0	0