

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|-------------------|--|--|---|--|--|--|--|---|---|--|---|--|--|--------------------------------------|--|--|--|---|--|---|
| A For the 2010 calendar year, or tax year beginning January 1 , 2010, and ending December 31 , 20 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Liquid Water, Inc.</td> <td>D Employer identification number 27-0607795</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>E Telephone number 973-879-8655</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 96 Speedwell Avenue</td> <td>G Gross receipts \$ 265108</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Morristown, NJ 07960</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: David L. Brooks 96 Speedwell Ave, Morristown, NJ 07960</td> <td>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ www.liquidwater.com</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2009 M State of legal domicile: NJ</td> </tr> </table> | C Name of organization Liquid Water, Inc. | | D Employer identification number 27-0607795 | Doing Business As | | E Telephone number 973-879-8655 | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 96 Speedwell Avenue | | G Gross receipts \$ 265108 | City or town, state or country, and ZIP + 4 Morristown, NJ 07960 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No | F Name and address of principal officer: David L. Brooks 96 Speedwell Ave, Morristown, NJ 07960 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | J Website: ▶ www.liquidwater.com | | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2009 M State of legal domicile: NJ |
| C Name of organization Liquid Water, Inc. | | D Employer identification number 27-0607795 | | | | | | | | | | | | | | | | | | | | | | | |
| Doing Business As | | E Telephone number 973-879-8655 | | | | | | | | | | | | | | | | | | | | | | | |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite 96 Speedwell Avenue | | G Gross receipts \$ 265108 | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or country, and ZIP + 4 Morristown, NJ 07960 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | |
| F Name and address of principal officer: David L. Brooks 96 Speedwell Ave, Morristown, NJ 07960 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | | | | | | | | | | | | | | | | | | | | | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | | | | | | | | | | | | | | | | | | | | | | | |
| J Website: ▶ www.liquidwater.com | | | | | | | | | | | | | | | | | | | | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2009 M State of legal domicile: NJ | | | | | | | | | | | | | | | | | | | | | | | |

| Part I Summary | | | |
|---|---|--|--------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: The mission of our organization is to provide compassionate care and outreach to the world's neediest, such as, providing clean, safe water to the poorest of the poor in developing nations. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 3 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 25 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 19,245 | Current Year 264,956 |
| | 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 152 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19,245 | 265,108 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 0 | 194,912 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 0 | 194,912 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 19,245 | 70,196 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 20,245 | End of Year 90,441 |
| | 21 Total liabilities (Part X, line 26) | 1000 | 1000 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 19,245 | 89,441 |

Part II Signature Block

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 | Signature of officer | Date |
| | 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