

AUG 16 2011

**TAXPAYER'S COPY**

OMB No. 1545-0047

**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** , 2010, and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**D** Employer Identification Number  
26-3993752

**E** Telephone number  
818-287-8055

**G** Gross receipts \$ 465,491.

GENEROSITY WATER, INC.  
12800 RIVERSIDE DR. #200  
VALLEY VILLAGE, CA 91607

**F** Name and address of principal officer: JORDAN WAGNER  
SAME AS C ABOVE

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ▶ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.GENEROSITYWATER.COM

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of Formation: 2009 **M** State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>DEDICATED TO ENDING THE CLEAN WATER CRISIS IN DEVELOPING COUNTRIES, ONE COMMUNITY AT A TIME. THROUGH INNOVATIVE AWARENESS CAMPAIGNS, STRATEGIC IMPLEMENTATION AND IN DEPTH ACCOUNTABILITY, WE HOPE TO INSPIRE PEOPLE TO THINK GLOBALLY AND LIVE GENEROUSLY.</u>	
	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) . . . . . 7
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 6
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . . 3
	6	Total number of volunteers (estimate if necessary) . . . . . 25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0.
7b	Net unrelated business taxable income from Form 990-T, line 34. . . . . 0.	

		Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h) . . . . .
9	Program service revenue (Part VIII, line 2g) . . . . .		18,324.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	18,809.	20,799.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	384,442.	448,535.

<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	101,480.	142,304.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,478.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	254,009.	278,565.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	355,489.	420,869.	
19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	28,953.	27,666.	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		20	Total assets (Part X, line 16) . . . . .
21	Total liabilities (Part X, line 26) . . . . .	38,000.	86,014.
22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	28,953.	56,619.

**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: HARRY BEESON, CPA  
 Preparer's signature: HARRY BEESON, CPA  
 Date: \_\_\_\_\_  
 Check  if self-employed PTIN: N/A

Firm's name: ▶ ROMBERGER, WILSON & BEESON, INC.  
 Firm's address: ▶ 500 NORTH CENTRAL AVE, SUITE 325  
 GLENDALE, CA 91203  
 Firm's EIN: ▶ N/A  
 Phone no.: (818) 240-8322

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No