

**FOR TAX YEAR 2011**

**ENGINEERS IN ACTION**

Sheila Pruitt CPA

39480 N 4010 Road

Collinsville, OK 74021-6404

(918) 693-2721

**Sheila Pruitt CPA**  
**39480 N 4010 Road**  
**Collinsville, OK 74021-6404**  
**Phone: (918)693-2721**  
**Fax: (918)371-1585**  
**sheila.pruitt@wans.net**

August 13, 2012

Engineers in Action  
10759 E Admiral Place  
Tulsa, OK 74116-3012

Engineers in Action:

Enclosed is the 2011 federal return for a tax-exempt organization, prepared for Engineers in Action from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (918)693-2721.

Sincerely,

Sheila Pruitt  
Sheila Pruitt CPA

# 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)**

**2011**

**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 2011 calendar year, or tax year beginning , 2011, and ending , 20**

|  |   |   |
|--|---|---|
| <p><b>B</b> Check if applicable:</p> <input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p><b>C</b> Name of organization <b>Engineers in Action</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br/> <b>10759 E Admiral Place</b></p> <p>City or town, state or country, and ZIP + 4<br/> <b>Tulsa, OK 74116-3012</b></p> <p><b>F</b> Name and address of principal officer: <b>Stephan Guy</b><br/> <b>Same as C above</b></p> | <p><b>D</b> Employer identification no.<br/><b>26-1746131</b></p> <p><b>E</b> Telephone number<br/><b>(918) 437-0282</b></p> <p><b>G</b> Gross receipts \$<br/><b>233,829</b></p>   |
| <p><b>I</b> 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</p>  |   | <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p> |
| <p><b>J</b> Website: ▶ <b>www.engineersinaction.org</b></p>  |   |   |
| <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>   |   | <p><b>L</b> Year of formation: <b>2009</b> <b>M</b> State of legal domicile: <b>OK</b></p>  |

**Part I Summary**

|          |          |  |            |                 |
|----------|----------|--|------------|-----------------|
| <b>A</b> | <b>C</b> | <p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>Engineers in Action (EIA) is a charitable organization providing engineering solutions to meet the needs of those located in impoverished nations. EIA facilitates project development, fundraising, and logistical support for infrastructure projects in these countries.</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> |            |                 |
| <b>G</b> | <b>o</b> | <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .</p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .</p> <p><b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .</p> <p><b>6</b> Total number of volunteers (estimate if necessary) . . . . .</p>  | <b>3</b>   | <b>15</b>       |
| <b>G</b> | <b>o</b> | <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .</p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .</p>   | <b>7a</b>  | <b>0</b>        |
| <b>R</b> | <b>e</b> |  | <b>8</b>   | <b>15</b>       |
| <b>E</b> | <b>x</b> |  | <b>9</b>   | <b>0</b>        |
| <b>N</b> | <b>e</b> |  | <b>10</b>  | <b>0</b>        |
| <b>A</b> | <b>s</b> |  | <b>11</b>  | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>12</b>  | <b>20</b>       |
| <b>S</b> | <b>s</b> |  | <b>13</b>  | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>14</b>  | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>15</b>  | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>16a</b> | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>b</b>   | <b>7,300</b>    |
| <b>S</b> | <b>s</b> |  | <b>17</b>  | <b>156,464</b>  |
| <b>S</b> | <b>s</b> |  | <b>18</b>  | <b>171,873</b>  |
| <b>S</b> | <b>s</b> |  | <b>19</b>  | <b>280,820</b>  |
| <b>S</b> | <b>s</b> |  | <b>20</b>  | <b>156,464</b>  |
| <b>S</b> | <b>s</b> |  | <b>21</b>  | <b>35,495</b>   |
| <b>S</b> | <b>s</b> |  | <b>22</b>  | <b>(49,831)</b> |
| <b>N</b> | <b>e</b> |  | <b>23</b>  | <b>34,302</b>   |
| <b>A</b> | <b>s</b> |  | <b>24</b>  | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>25</b>  | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>26a</b> | <b>0</b>        |
| <b>S</b> | <b>s</b> |  | <b>b</b>   | <b>7,300</b>    |
| <b>S</b> | <b>s</b> |  | <b>27</b>  | <b>156,464</b>  |
| <b>S</b> | <b>s</b> |  | <b>28</b>  | <b>171,873</b>  |
| <b>S</b> | <b>s</b> |  | <b>29</b>  | <b>280,820</b>  |
| <b>S</b> | <b>s</b> |  | <b>30</b>  | <b>156,464</b>  |
| <b>S</b> | <b>s</b> |  | <b>31</b>  | <b>35,495</b>   |
| <b>S</b> | <b>s</b> |  | <b>32</b>  | <b>(49,831)</b> |
| <b>N</b> | <b>e</b> |  | <b>33</b>  | <b>86,180</b>   |
| <b>A</b> | <b>s</b> |  | <b>34</b>  | <b>42,355</b>   |
| <b>S</b> | <b>s</b> |  | <b>35</b>  | <b>15,960</b>   |
| <b>S</b> | <b>s</b> |  | <b>36</b>  | <b>21,966</b>   |
| <b>S</b> | <b>s</b> |  | <b>37</b>  | <b>70,220</b>   |
| <b>S</b> | <b>s</b> |  | <b>38</b>  | <b>20,389</b>   |

**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.

|                  |  |             |
|------------------|--|-------------|
| <b>Sign Here</b> | <p><b>Rebecca Ward</b><br/>Signature of officer</p>                                | <p>Date</p> |
|                  | <p><b>Rebecca Ward, Secretary / Treasurer</b><br/>Type or print name and title</p> |             |

|                               |   |                             |                                   |   |                                  |
|-------------------------------|---|-----------------------------|-----------------------------------|---|----------------------------------|
| <b>Paid Preparer Use Only</b> | <p>Print/Type preparer's name<br/><b>Sheila Pruitt</b></p>                      | <p>Preparer's signature</p> | <p>Date<br/><b>08-13-2012</b></p> | <p>Check <input checked="" type="checkbox"/> if self-employed</p> | <p>PTIN<br/><b>P00450931</b></p> |
|                               | <p>Firm's name ▶ <b>Sheila Pruitt CPA</b></p>                                   | <p>Firm's EIN ▶</p>         |                                   | <p>Phone no. <b>918-693-2721</b></p>                              |                                  |
|                               | <p>Firm's address ▶ <b>39480 N 4010 Road<br/>Collinsville OK 74021-6404</b></p> |                             |                                   |   |                                  |

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

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

**Engineers in Action (EIA) is a charitable organization providing engineering solutions to meet the needs of those located in impoverished nations. EIA facilitates project development, fundraising, and logistical support for infrastructure projects in these countries.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 260,726 including grants of \$ 34,302) (Revenue \$ 99,599)  
See SERVICES page for a description of this program service.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **260,726**

**Part IV Checklist of Required Schedules**

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? . . . . .  | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .   |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .   |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   |     | X  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   |     | X  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .   |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | X   |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .   | X   |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? . . . . .  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .                             |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .  | X   |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| 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," complete Schedule R, Part V, line 2 . . . . .   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or<br>If the governing body delegated broad authority to an executive committee or similar<br>committee, explain in Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | X   |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)   | X   |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OK**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Rebecca Ward (918) 437-0282 10759 E Admiral Place Tulsa, OK 74116-3012**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                                 |                                 |   |                                 |   |                            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|---------------------------------|---------------------------------|---|---------------------------------|---|----------------------------|--|---|---|
|  |  | I<br>n<br>d<br>i<br>v<br>i<br>d<br>u<br>a<br>l   | T<br>r<br>u<br>s<br>t<br>e<br>e | O<br>f<br>f<br>i<br>c<br>e<br>r | K<br>e<br>y<br>e<br>m<br>p<br>l<br>o<br>y<br>e<br>e | H<br>i<br>g<br>h<br>e<br>s<br>t | C<br>o<br>m<br>p<br>e<br>n<br>s<br>a<br>t<br>e<br>d | F<br>o<br>r<br>m<br>e<br>r |  |   |   |
| (1) Aaron Peck<br>President / Director                   | 5.00   | X  |                                 | X                               |   |                                 |   |                            | 0  | 0   | 0   |
| (2) German Crespo<br>Ministry of Health Bolivia/Director | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (3) Julie Guy<br>Director                                | 5.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (4) Mary Jane Green<br>Director                          | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (5) Matt Craig<br>Director                               | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (6) Mike VanSchoyck<br>Director                          | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (7) Neil Robinson<br>Director                            | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (8) Rebecca Ward<br>Secretary / Treasurer / Director     | 10.00  | X  |                                 | X                               |   |                                 |   |                            | 0  | 0   | 0   |
| (9) Rick Stephenson<br>Director                          | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (10) Robert Nairn<br>Director                            | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (11) Stephan Guy<br>Director / President Elect           | 10.00  | X  |                                 | X                               |   |                                 |   |                            | 0  | 0   | 0   |
| (12) Steve Jacoby<br>Director                            | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (13) Tim O'Hearn<br>Director                             | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |
| (14) Vernon Jones<br>Director                            | 1.00   | X  |                                 |                                 |   |                                 |   |                            | 0  | 0   | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and director/trustee) |         |         |              |                     |        |  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|---------|---------|--------------|---------------------|--------|--|--|---|---|
|  |  | Director  | Trustee | Officer | Key employee | Highest compensated | Former |  |  |   |   |
| (15) Will Kirby<br>Director                                    | 2.00   | X   |         |         |              |                     |        |  | 0  | 0   | 0   |
| (16) Rev David Stephenson<br>Executive Director                | 28.00  |   |         |         | X            |                     |        |  | 0  | 0   | 0   |
| (17)   |  |   |         |         |              |                     |        |  |  |   |   |
| (18)   |  |   |         |         |              |                     |        |  |  |   |   |
| (19)   |  |   |         |         |              |                     |        |  |  |   |   |
| (20)   |  |   |         |         |              |                     |        |  |  |   |   |
| (21)   |  |   |         |         |              |                     |        |  |  |   |   |
| (22)   |  |   |         |         |              |                     |        |  |  |   |   |
| (23)   |  |   |         |         |              |                     |        |  |  |   |   |
| (24)   |  |   |         |         |              |                     |        |  |  |   |   |
| (25)   |  |   |         |         |              |                     |        |  |  |   |   |
| <b>1b Sub-total</b>  |  |   |         |         |              |                     |        |  |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |         |         |              |                     |        |  |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |         |         |              |                     |        |  | 0  | 0   | 0   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

| Part VIII Statement of Revenue   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--|--|---|----------------------|--|---|---|
| Contributions,<br>Gifts,<br>Grants<br>and<br>Other<br>Similar<br>Amounts | 1a Federated campaigns . . . . .   | 1a  |                      |  |   |   |
|  | b Membership dues . . . . .  | 1b  |                      |  |   |   |
|  | c Fundraising events . . . . .   | 1c  | 1,810                |  |   |   |
|  | d Related organizations . . . . .  | 1d  |                      |  |   |   |
|  | e Government grants (contributions) . . . . .  | 1e  |                      |  |   |   |
|  | f All other contributions, gifts, grants,<br>and similar amounts not included above  | 1f  | 129,580              |  |   |   |
|  | g Noncash contributions included in lines 1a-1f: \$  |   |                      |  |   |   |
|  | h Total. Add lines 1a-1f . . . . .   |   | 131,390              |  |   |   |
| Program<br>Service<br>Revenue  | 2a Engineering Proj Mgmt   | Business Code<br>541300                                     | 99,599               | 99,599   |   |   |
|  | b  |   |                      |  |   |   |
|  | c  |   |                      |  |   |   |
|  | d  |   |                      |  |   |   |
|  | e  |   |                      |  |   |   |
|  | f All other program service revenue . . . . .  |   |                      |  |   |   |
|  | g Total. Add lines 2a-2f . . . . .   |   | 99,599               |  |   |   |
| Other<br>Revenue   | 3 Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |   |                      |  |   |   |
|  | 4 Income from investment of tax-exempt bond proceeds . . . . .   |   |                      |  |   |   |
|  | 5 Royalties . . . . .  |   |                      |  |   |   |
|  | 6a Gross rents . . . . .   | (i) Real  |                      |  |   |   |
|  |  | (ii) Personal   |                      |  |   |   |
|  |  | b Less: rental expenses . . . . .                           |                      |  |   |   |
|  |  | c Rental income or (loss) . . . . .                         |                      |  |   |   |
|  | d Net rental income or (loss) . . . . .  |   |                      |  |   |   |
|  | 7a Gross amount from sales of<br>assets other than inventory   | (i) Securities  |                      |  |   |   |
|  |  | (ii) Other  |                      |  |   |   |
|  |  | b Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |   |
|  |  | c Gain or (loss) . . . . .                                  |                      |  |   |   |
|  | d Net gain or (loss) . . . . .   |   |                      |  |   |   |
|  | 8a Gross income from fundraising<br>events (not including \$ 1,810<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | a   | 2,840                |  |   |   |
|  |  | b Less: direct expenses . . . . .                           | b                    | 2,840  |   |   |
|  |  | c Net income or (loss) from fundraising events . . . . .    |                      |  |   |   |
|  | 9a Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | a   |                      |  |   |   |
| b Less: direct expenses . . . . .  |  | b   |                      |  |   |   |
| c Net income or (loss) from gaming activities . . . . .                  |  |   |                      |  |   |   |
| 10a Gross sales of inventory, less<br>returns and allowances . . . . .   | a  |   |                      |  |   |   |
|  | b Less: cost of goods sold . . . . .   | b   |                      |  |   |   |
|  | c Net income or (loss) from sales of inventory . . . . .   |   |                      |  |   |   |
| Miscellaneous Revenue  |  | Business Code   |                      |  |   |   |
| 11a  |  |   |                      |  |   |   |
| b  |  |   |                      |  |   |   |
| c  |  |   |                      |  |   |   |
| d All other revenue . . . . .  |  |   |                      |  |   |   |
| e Total. Add lines 11a-11d . . . . .                                     |  |   |                      |  |   |   |
| 12 Total revenue. See instructions . . . . .                             |  |   | 230,989              | 99,599   | 0                                       | 0   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

|   |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   |                       |                                 |  |                             |
| 1   | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.  |                       |                                 |  |                             |
| 2   | Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3   | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .  | 34,302                | 34,302                          |  |                             |
| 4   | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 15,000                | 6,000                           | 3,000                                  | 6,000                       |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| 7   | Other salaries and wages . . . . .  | 47,322                | 47,322                          |  |                             |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9   | Other employee benefits . . . . .   | 12,323                | 12,323                          |  |                             |
| 10  | Payroll taxes . . . . .   |                       |                                 |  |                             |
| 11  | Fees for services (non-employees):  |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   | 1,140                 | 1,140                           |  |                             |
| c   | Accounting . . . . .  | 4,200                 | 4,200                           |  |                             |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f   | Investment management fees . . . . .  |                       |                                 |  |                             |
| g   | Other . . . . .   |                       |                                 |  |                             |
| 12  | Advertising and promotion . . . . .   |                       |                                 |  |                             |
| 13  | Office expenses . . . . .   |                       |                                 |  |                             |
| 14  | Information technology . . . . .  |                       |                                 |  |                             |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 7,060                 | 7,060                           |  |                             |
| 17  | Travel . . . . .  | 11,674                | 8,815                           | 2,859                                  |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  | 254                   |                                 | 254                                    |                             |
| 20  | Interest . . . . .  | 961                   | 961                             |  |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 3,600                 | 3,600                           |  |                             |
| 23  | Insurance . . . . .   | 1,897                 |                                 | 1,897                                  |                             |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a   | <b>Project Materials &amp; Supplies</b>   | 128,227               | 128,227                         |  |                             |
| b   | <b>Communication</b>  | 5,185                 | 4,177                           | 1,008                                  |                             |
| c   | <b>Bank Fees</b>  | 2,599                 | 2,599                           |  |                             |
| d   | <b>Website</b>  | 2,600                 |                                 | 1,300                                  | 1,300                       |
| e   | All other expenses . . . . .  | 2,476                 |                                 | 2,476                                  |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 280,820               | 260,726                         | 12,794                                 | 7,300                       |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|  |  | (A)   |        | (B)         |        |
|--|--|---|--------|-------------|--------|
|  |  | Beginning of year   |        | End of year |        |
| A<br>s<br>s<br>e<br>t<br>s   | 1  | Cash - non-interest-bearing . . . . .   | 69,424 | 1           | 29,723 |
|  | 2  | Savings and temporary cash investments . . . . .  |        | 2           |        |
|  | 3  | Pledges and grants receivable, net . . . . .  |        | 3           |        |
|  | 4  | Accounts receivable, net . . . . .  |        | 4           | 11,382 |
|  | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |        | 5           |        |
|  | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |        | 6           |        |
|  | 7  | Notes and loans receivable, net . . . . .   |        | 7           |        |
|  | 8  | Inventories for sale or use . . . . .   |        | 8           |        |
|  | 9  | Prepaid expenses and deferred charges . . . . .   |        | 9           | 1,250  |
|  | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   |        |             |        |
|  |  | <b>10a</b>  |        |             |        |
|  | b  | Less: accumulated depreciation . . . . .  | 16,756 | <b>10c</b>  |        |
|  |  | <b>10b</b>  |        |             |        |
|  | 11   | Investments - publicly traded securities . . . . .  |        | 11          |        |
|  | 12   | Investments - other securities. See Part IV, line 11 . . . . .  |        | 12          |        |
|  | 13   | Investments - program-related. See Part IV, line 11 . . . . .   |        | 13          |        |
| 14   | Intangible assets . . . . .  |   | 14     |             |        |
| 15   | Other assets. See Part IV, line 11 . . . . .   |   | 15     |             |        |
| 16   | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 86,180  | 16     | 42,355      |        |
| L<br>i<br>a<br>b<br>i<br>l<br>i<br>t<br>i<br>e<br>s                          | 17   | Accounts payable and accrued expenses . . . . .   | 276    | 17          | 10,423 |
|  | 18   | Grants payable . . . . .  |        | 18          |        |
|  | 19   | Deferred revenue . . . . .  |        | 19          |        |
|  | 20   | Tax-exempt bond liabilities . . . . .   |        | 20          |        |
|  | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |        | 21          |        |
|  | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  | 15,684 | 22          | 11,543 |
|  | 23   | Secured mortgages and notes payable to unrelated third parties . . . . .  |        | 23          |        |
|  | 24   | Unsecured notes and loans payable to unrelated third parties . . . . .  |        | 24          |        |
|  | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .   |        | 25          |        |
|  | 26   | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 15,960 | 26          | 21,966 |
| N<br>e<br>t<br>A<br>s<br>s<br>e<br>t<br>B<br>a<br>l<br>a<br>n<br>c<br>e<br>s | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |        |             |        |
|  | 27   | Unrestricted net assets . . . . .   | 59,720 | 27          | 17,589 |
|  | 28   | Temporarily restricted net assets . . . . .   | 10,500 | 28          | 2,800  |
|  | 29   | Permanently restricted net assets . . . . .   |        | 29          |        |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |        |             |        |
|  | 30   | Capital stock or trust principal, or current funds . . . . .  |        | 30          |        |
|  | 31   | Paid-in or capital surplus, or land, building, or equipment fund . . . . .  |        | 31          |        |
|  | 32   | Retained earnings, endowment, accumulated income, or other funds . . . . .  |        | 32          |        |
|  | 33   | <b>Total net assets or fund balances . . . . .</b>  | 70,220 | 33          | 20,389 |
| 34   | <b>Total liabilities and net assets/fund balances . . . . .</b>  | 86,180  | 34     | 42,355      |        |

**Part XI Reconciliation of Net Assets**

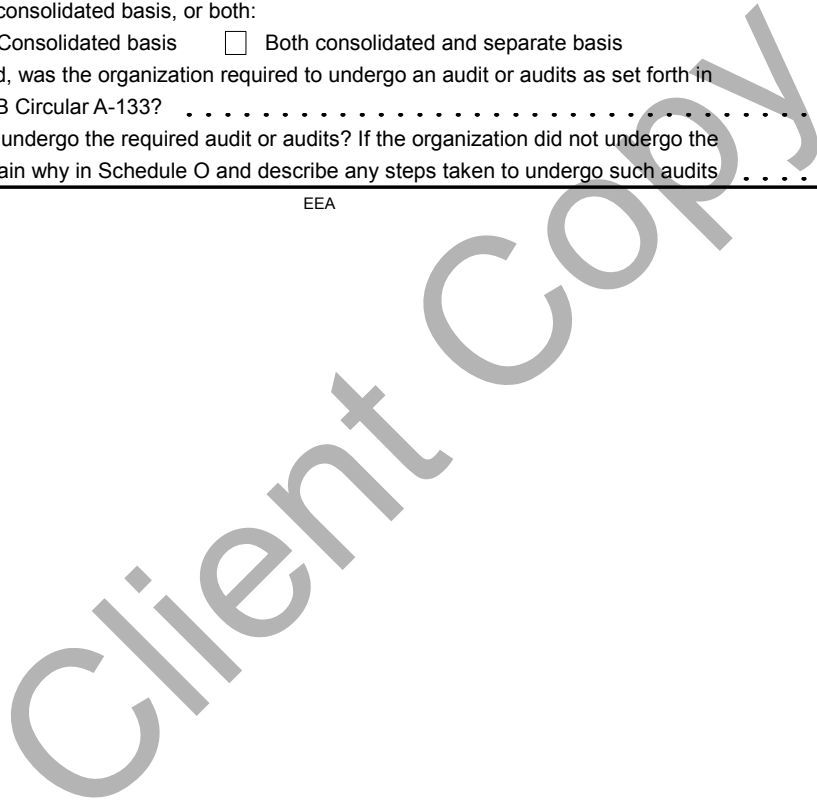
Check if Schedule O contains a response to any question in this Part XI

|   |  |   |          |
|---|--|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 230,989  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 280,820  |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | (49,831) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 70,220   |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0        |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 20,389   |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |     |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |



**Public Charity Status and Public Support**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2011**

**Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

Engineers in Action

26-1746131

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions) ) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|--|---|----|--|----|---|----|-------------------------|
|                                    |          |  | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |  |   |    |  |    |   |    |                         |
| (B)                                |          |  |   |    |  |    |   |    |                         |
| (C)                                |          |  |   |    |  |    |   |    |                         |
| (D)                                |          |  |   |    |  |    |   |    |                         |
| (E)                                |          |  |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |  |   |    |  |    |   |    |                         |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 . . . . .  |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                               |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

17a **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

b **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          | 32,014   | 45,000   | 122,532  | 131,390  | 330,936   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          | 1,220    | 10,000   | 69,427   | 99,599   | 180,246   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus. under sec 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          | 33,234   | 55,000   | 191,959  | 230,989  | 511,182   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          | 511,182   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          | 33,234   | 55,000   | 191,959  | 230,989  | 511,182   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          | 36       |          |          |          | 36        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          | 36       |          |          |          | 36        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 0        | 33,270   | 55,000   | 191,959  | 230,989  | 511,218   |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Engineers in Action

26-1746131

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) South America   | 1                                   | 7  | Program services  | Engineering  | 260,726  |
| (2)   |                                     |  |   |  |  |
| (3)   |                                     |  |   |  |  |
| (4)   |                                     |  |   |  |  |
| (5)   |                                     |  |   |  |  |
| (6)   |                                     |  |   |  |  |
| (7)   |                                     |  |   |  |  |
| (8)   |                                     |  |   |  |  |
| (9)   |                                     |  |   |  |  |
| (10)  |                                     |  |   |  |  |
| (11)  |                                     |  |   |  |  |
| (12)  |                                     |  |   |  |  |
| (13)  |                                     |  |   |  |  |
| (14)  |                                     |  |   |  |  |
| (15)  |                                     |  |   |  |  |
| (16)  |                                     |  |   |  |  |
| (17)  |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               | 1                                   | 7  |   |  | 260,726  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 1                                   | 7  |   |  | 260,726  |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

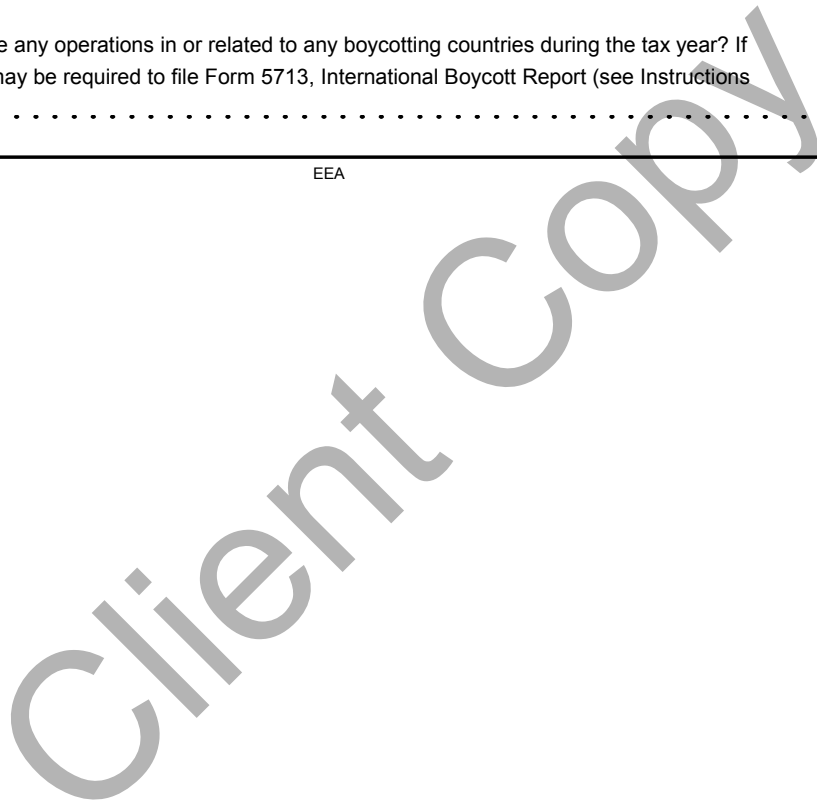
| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  | South America | Operations           | 4,670                    | Wire Trans                      | 29,632                            | 2 vehicles                             | Book  |
| (2)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (3)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (4)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (5)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (6)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (7)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (8)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (9)  |                          |  |               |                      |                          |                                 |                                   |  |   |
| (10) |                          |  |               |                      |                          |                                 |                                   |  |   |
| (11) |                          |  |               |                      |                          |                                 |                                   |  |   |
| (12) |                          |  |               |                      |                          |                                 |                                   |  |   |
| (13) |                          |  |               |                      |                          |                                 |                                   |  |   |
| (14) |                          |  |               |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |               |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |               |                      |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  1

3 Enter total number of other organizations or entities  1

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) . . . . .  Yes  No



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**2011**

**Open to Public Inspection**

**Engineers in Action**

Employer identification number  
**26-1746131**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|-----|---------------------------------|--------------------------------|----------------|----|
|     |                                 |                                | Yes            | No |
| (1) |                                 |                                |                |    |
| (2) |                                 |                                |                |    |
| (3) |                                 |                                |                |    |
| (4) |                                 |                                |                |    |
| (5) |                                 |                                |                |    |
| (6) |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) David Stephenson                      | X                                     |      | 9,000                         | 5,772           |                 | X  | X                                   |    | X                      |    |
| (2) Purchase Vehicle Bolivia              |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3) Susan Waite                           | X                                     |      | 5,000                         | 3,206           |                 | X  | X                                   |    | X                      |    |
| (4) Purchase Vehicle Bolivia              |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5) Mary-Jane Green                       | X                                     |      | 3,000                         | 1,924           |                 | X  | X                                   |    | X                      |    |
| (6) Purchase Vehicle Bolivia              |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7) Rebecca Ward                          | X                                     |      | 1,000                         | 641             |                 | X  | X                                   |    | X                      |    |
| (8) Purchase Vehicle Bolivia              |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                                      |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                              |                                       |      |                               | <b>11,543</b>   |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1)                           |   |                                   |
| (2)                           |   |                                   |
| (3)                           |   |                                   |
| (4)                           |   |                                   |
| (5)                           |   |                                   |
| (6)                           |   |                                   |
| (7)                           |   |                                   |
| (8)                           |   |                                   |
| (9)                           |   |                                   |
| (10)                          |   |                                   |



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

**2011**

**Open to Public  
Inspection**

Engineers in Action

Employer identification number

26-1746131

01. Officer, directors, etc. family relationship (Part VI, line 2)

Board members Julie Guy and Stephan Guy (President Elect) are married. Julie Guy -

(Board Member) owns 51% of Guy Engineering Services Inc. and Aaron Peck - (Board Member

and President) and Rebecca Ward - (Board Member and Sec / Treas) are employees of Guy

Engineering Services. David Stephenson (Executive Director) and Richard Stephenson (Board

Member) are brothers.

02. Organizational document changes (Part VI, line 4)

The By-Laws of Engineers in Action were amended August 6, 2011. Following is a summary

of the significant changes:

The number of members of the Board of Directors was changed to "not less than 7, nor more than 21".

Provision for Ex-Officio members of the Board of Directors was eliminated.

The term of the officers was changed to the fiscal year of Engineers in Action which is the calendar year.

The election of officers shall occur at the annual meeting of the Board of Directors which is held at the annual retreat of the Board of Directors.

03. Form 990 governing body review (Part VI, line 11)

The Form 990 was mailed to the entire board of directors for review prior to filing. The

current President, former President, and Executive Director have indicated to the Sec/

Treas that they have reviewed and approved for Form 990 and schedules for filing.

04. Conflict of interest policy compliance (Part VI, line 12c)

Engineers in Action has a written conflict of interest policy. Employees and Board

Name of the organization

Employer identification number

Engineers in Action

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Members are provided a copy of the policy annually and asked to disclose if any relationships need to be disclosed to ensure that no conflicts of interest arise. If there is a relationship between parties which could potentially cause a conflict of interest, steps are taken to avoid such conflict. For example, Rick Stephenson would not be allowed to participate in decisions regarding compensation for David Stephenson. The conflict of interest policy is available upon request.

## 05. CEO, executive director, top management comp (Part VI, line 15a)

The Executive Director, David Stephenson, is a full time employee of the Oklahoma Conference of the United Methodist Church (UMC) and they determine and pay his compensation based on their independent salary guidelines. Mr. Stephenson serves the Oklahoma Conference of the United Methodist Church in their missions to Bolivia. Mr. Stephenson's service to Engineers in Action is complementary to his service to the Oklahoma Conference of the UMC. Accordingly, the Executive Committee of Engineers in Action annually determines what portion of his salary will be contributed to his employer to pay for his service to EIA. This is based on several factors such as the budget of EIA and the percentage of time spent by Mr. Stephenson on coordination of EIA projects and fundraising. During 2011, EIA contributed \$15,000 (approximately 20% of Mr. Stephenson's total compensation) to the Oklahoma Conference of the United Methodist Church as their share of this compensation.

## 06. Other officer or key employee compensation (Part VI, line 15b)

The By-Laws of Engineers in Action provide that no officer or board member will receive any compensation.

## 07. Governing documents, etc, available to public (Part VI, line 19)

The governing documents, tax returns, conflict of interest policy, and financial



Name of the organization

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information are maintained in the organization's primary office. These are available to  
 the public upon request and may be provided in person, by mail or by email. Any request  
 should be made to Rebecca Ward, Secretary / Treasurer

Client Copy

Department of the Treasury  
Internal Revenue Service

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

**2011**

Name of exempt organization

Employer identification number

**Engineers in Action**

**26-1746131**

Name and title of officer

**Rebecca Ward, Secretary / Treasurer**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |           |                |
|---|--|-----------|----------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . . | <b>1b</b> | <b>230,989</b> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                      | <b>2b</b> |                |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                | <b>3b</b> |                |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .     | <b>4b</b> |                |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .      | <b>5b</b> |                |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **Sheila Pruitt CPA** to enter my PIN **46131** as my signature  
ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 08-13-2012

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

735528 50931  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Sheila Pruitt

Date ▶ 08-13-2012

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

**Statement of Program Service Accomplishments****2011 01**

Name(s) as shown on return

Your Social Security Number

Engineers in Action

26-1746131

Form 990, Part III(a)

|  |          |
|--|----------|
| Program Service Code                             |          |
| Program Service Expenses                         | \$260726 |
| Grants and allocations included in above expense | \$34302  |
| Program Services Revenue                         | \$99599  |

Explanation

Engineers in Action provided in-country personnel including five engineers and a water technician to facilitate project development and logistical support for infrastructure projects to bring potable water and electricity to impoverished families in underdeveloped regions of Bolivia.

The following is a list of projects which were implemented or sustained in 2011.

Chiquitano Safe Water Project with the Foundation for the Conservation of the Chiquitano Forest (FCBC): Over the last two years, EIA and FCBC have split the cost to hire a "Water Technician" to repair existing pumps and install new ones on unfinished wells. 147 pumps have been installed or maintained supplying potable water to 25,000 people.

Kumurana Project - Water Treatment for Acid Mine Drainage with the University of Oklahoma Center for Restoration of Ecosystems and Watersheds (CREW): Acid mine drainage has led to severe degradation of local water supplies. Faculty and students from CREW developed an ecological engineering design for a passive water treatment system for this area. EIA provided the 'on-site' project engineer for the last two years. The first phase of this project, a limestone channel to improve the water before it reaches the Laguna Santa Catalina, was accomplished this year. Future phases include, developing additional passive treatment systems, an active treatment system for the tailings runoff, and an active treatment system for the operational mine discharge.

Erquis Sud Habitat for Humanity / Bolivia with Engineers without Borders - Missouri University of Science and Technology (EWB - S&T): EWB-MST did an Assessment trip in November 2008 and Implementation Trips in 2009, 2010 and 2011. We built a water tank to hold the water in 2010. Electricity arrived in 2011, along with the completion of gabions to control the erosion of valuable farm land and to protect the water storage tank. A potable water well will be drilled in 2012 and the water distribution system will be completed. In addition, a surface and subsurface water control system will be designed and implemented.

Tacachia Water Tank with EWB - S&T: On EWB-MST's first implementation trip in 2009, they constructed a Ferro cement storage tank, ram pumps to bring water from the river through sedimentation tanks into a potable water storage tank, and updated the community's distribution system. In July 2010 they worked on upgrading the ram pumps and distribution system, and installed and trained residents on the use of bio-sand filters for homes. In 2011 they built a third ram pump for irrigation, upgraded the settling tank for the water, and installed 22 additional bio-sand filters for individual homes.

Suncallo Water Line with EWB- Colorado Springs: Built a suspension system to support the fragile main water line across a ravine and set up a storage reservoir to collect the overnight water as a buffer during the day.

Pampoyo Dam for Irrigation with EWB - VMI & Blue Ridge: Installed a potable water system and built a small dam to collect spring water upstream from acid mine drainage and piped it to the fields.

Cotani Eco-Latrines and Planning a Bridge with EWB - Oklahoma and Tulsa University: 7 of 37 planned latrines are built, plus performed an assessment of the need for a bridge which has been washed out.