

2007 TAX RETURN

GOVERNMENT COPY

Client: ENGINEER

Prepared for: ENGINEERS WITHOUT BORDERS - USA, INC
4665 NAUTILUS COURT SUITE 300
BOULDER, CO 80301
303-772-2723

Prepared by: WILLIAM F JONES, JR, CPA
DOTY, LYLE & JONES, LLC
4999 PEARL EAST CIRCLE, SUITE 300
BOULDER, CO 80301
(303) 440-0399

Date: MAY 11, 2009

Comments:

Route to: _____

2007 Exempt Org. Return
prepared for:

ENGINEERS WITHOUT BORDERS - USA, INC
4665 NAUTILUS COURT Suite 300
BOULDER, CO 80301

Doty, Lyle & Jones, LLC
4999 Pearl East Circle, Suite 300
Boulder, CO 80301

DOTY, LYLE & JONES, LLC
4999 PEARL EAST CIRCLE, SUITE 300
BOULDER, CO 80301
(303) 440-0399

May 11, 2009

ENGINEERS WITHOUT BORDERS - USA, INC
4665 NAUTILUS COURT Suite 300
BOULDER, CO 80301

Dear Client:

Enclosed is your 2007 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page nine. No tax is payable with the filing of this return. Mail your Federal return no later than May 15, 2009 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Doty, Lyle & Jones, LLC
Certified Public Accountants and Professional Advisors

William F Jones, Jr, CPA

Receipt for ENGINEERS WITHOUT BORDERS - USA, INC's 2007 exempt organization tax
return

ENGINEERS WITHOUT BORDERS - USA, INC

Date

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 9/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C ENGINEERS WITHOUT BORDERS - USA, INC 4665 NAUTILUS COURT #300 BOULDER, CO 80301

D Employer Identification Number 84-1589324 E Telephone number 303-772-2723 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.EWB-USA.ORG

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,296,404.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Results. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instructions*.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	98,769.	24,692.	49,385.	24,692.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	101,291.	56,682.	24,938.	19,671.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	183,239.	102,541.	45,113.	35,585.
29 Payroll taxes.....	29	6,160.	3,447.	1,517.	1,196.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	7,298.		7,298.	
32 Legal fees.....	32				
33 Supplies.....	33	225,906.	199,833.	16,225.	9,848.
34 Telephone.....	34				
35 Postage and shipping.....	35	7,384.	1,134.	5,957.	293.
36 Occupancy.....	36	70,366.	22,954.	34,463.	12,949.
37 Equipment rental and maintenance.....	37	5,037.	1,966.	3,071.	
38 Printing and publications.....	38				
39 Travel.....	39	546,280.	511,008.	32,831.	2,441.
40 Conferences, conventions, and meetings.....	40	155,627.	155,195.	320.	112.
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	28,756.	9,490.	14,378.	4,888.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	913,650.	483,530.	270,026.	160,094.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	2,349,763.	1,572,472.	505,522.	271,769.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 4</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,572,472.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,572,472.

BAA Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	643,444.	45	1,700,841.
	46 Savings and temporary cash investments.....		46	
	47a Accounts receivable.....			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable.....	63,831.		
	b Less: allowance for doubtful accounts		48c	63,831.
	49 Grants receivable.....		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	11,099.	52	8,372.
	53 Prepaid expenses and deferred charges	1,306.	53	72,499.
	54a Investments — publicly-traded securities.....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment: basis	98,950.		
	b Less: accumulated depreciation (attach schedule).....	STATEMENT 5 31,202.	39,905.	55c 67,748.
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis.....			
b Less: accumulated depreciation (attach schedule)		57c		
58 Other assets, including program-related investments (describe ► <u>SEE STATEMENT 6</u>).....		58	33,928.	
59 Total assets (must equal line 74). Add lines 45 through 58	747,004.	59	1,947,219.	
LIABILITIES	60 Accounts payable and accrued expenses	55,671.	60	62,635.
	61 Grants payable		61	
	62 Deferred revenue	77,980.	62	112,935.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
	65 Other liabilities (describe ► <u>SEE STATEMENT 7</u>).....	32,550.	65	249,798.
	66 Total liabilities. Add lines 60 through 65.....	166,201.	66	425,368.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-22,590.	67	42,626.
	68 Temporarily restricted	603,393.	68	1,479,225.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	580,803.	73	1,521,851.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	747,004.	74	1,947,219.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	8,152,870.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	4,892,411.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____ <u>SEE STM 8</u>	b4	-30,352.
	Add lines b1 through b4	b	4,862,059.
c	Subtract line b from line a	c	3,290,811.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	3,290,811.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	7,211,822.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	4,892,411.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	4,892,411.
c	Subtract line b from line a	c	2,319,411.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____ <u>SEE STMT 9</u>	d2	30,352.
	Add lines d1 and d2	d	30,352.
e	Total expenses (Part I, line 17). Add lines c and d	e	2,349,763.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		98,769.	0.	0.

Part VI Other Information (continued)	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	4,892,411.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members.	85c	N/A
d Section 162(e) lobbying and political expenditures.	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	▶	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a List the states with which a copy of this return is filed ▶ <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	28
91a The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone number ▶ <u>303-772-2723</u> Located at ▶ <u>4665 NAUTILUS COURT BOULDER CO</u> ZIP + 4 ▶ <u>80301</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If 'Yes,' enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No
 If 'Yes,' enter the name of the foreign country _____
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. **N/A**
 and enter the amount of tax-exempt interest received or accrued during the tax year. **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONFERENCE REVENUE					179,640.
b WORKSHOPS					28,595.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					288,021.
95 Interest on savings & temporary cash invmnts			14	3,149.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,097.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER REVENUE					5,825.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,052.	502,081.
105 Total (add line 104, columns (B), (D), and (E))					504,133.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here	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.	
	▶ _____ Signature of officer	_____ Date
	▶ _____ Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature ▶ WILLIAM F JONES, JR, CPA	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) ▶ P00189827	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DOTY, LYLE & JONES, LLC 4999 PEARL EAST CIRCLE, SUITE 300 BOULDER, CO 80301	EIN ▶ 84-1474373	Phone no. ▶ (303) 440-0399		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

ENGINEERS WITHOUT BORDERS - USA, INC

Employer identification number

84-1589324

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization ENGINEERS WITHOUT BORDERS - USA, INC	Employer identification number 84-1589324
--	--

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AUTO DESK - JULIE WILDER ----- 111 MCINNIS PARKWAY ----- SAN RAFAEL, CA 94903 -----	\$ 61,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	GOLDMAN FOUNDATION ----- 211 LINCOLN BLVD ----- SAN FRANCISCO, CA 94129 -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	GREATER GOOD.ORG ----- 600 UNIVERSITY ST ----- SEATTLE, WA 98101 -----	\$ 105,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	NETWORK FOR GOOD ----- 7920 NORFORK AVE STE 520 ----- BETHESDA, MD 20814 -----	\$ 119,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	SELECT EQUITY GROUP FOUNDATION ----- 1 CHASE MANHATTAN PLAZA ----- NEW YORK, NY 10081 -----	\$ 64,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	THE QUERCUS TRUST ----- 130 MAPLE AVE STE EB2 % DUDLEY ----- RED BANK, NJ 07701 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AMERICAN SOCIETY OF CIVIL ENGI ----- 1801 ALEXANDER BELL DR ----- RESTON, VA 20191-4400 -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	N/A ----- ----- -----	----- \$-----	-----
-----	----- ----- -----	----- \$-----	-----
-----	----- ----- -----	----- \$-----	-----
-----	----- ----- -----	----- \$-----	-----
-----	----- ----- -----	----- \$-----	-----
-----	----- ----- -----	----- \$-----	-----

BAA

Name of organization ENGINEERS WITHOUT BORDERS - USA, INC	Employer identification number 84-1589324
---	---

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		4,496.	
COST OR OTHER BASIS:		5,593.	
BASIS METHOD:	COST		
			GAIN (LOSS) -1,097.
TOTAL GAIN (LOSS) OTHER ASSETS			<u>\$ -1,097.</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			<u>\$ -1,097.</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	10,653.	10,653.		
BANK SERVICE FEES	23,168.	11,216.	832.	11,120.
BOARD EXPENSE	2,905.		2,905.	
CHAPTER EXPENSE	30,352.			30,352.
DUES & SUBSCRIPTIONS	6,526.	4,459.	809.	1,258.
INSURANCE	19,391.	5,959.	10,362.	3,070.
LEASED EMPLOYEES	484,672.	301,802.	94,258.	88,612.
MISCELLANEOUS	60,662.	40,998.	15,442.	4,222.
OFFICE EXPENSE	8,464.	3,761.	3,506.	1,197.
OUTSIDE SERVICES	168,613.	37,970.	113,034.	17,609.
PROJECT EXPENSE	63,896.	63,850.	46.	
PROMOTIONAL	32,118.	2,862.	26,732.	2,524.
SCHOLARSHIPS	500.		500.	
WEBSITE	1,730.		1,600.	130.
TOTAL	<u>\$ 913,650.</u>	<u>\$ 483,530.</u>	<u>\$ 270,026.</u>	<u>\$ 160,094.</u>

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF EWB-USA IS TO PARTNER WITH DEVELOPING COMMUNITIES TO IMPROVE THEIR QUALITY OF LIFE THROUGH THE IMPLEMENTATION OF ENVIRONMENTALLY SUSTAINABLE, EQUITABLE, AND ECONOMICAL ENGINEERING PROJECTS. IN THE PROCESS OF WORKING TO ADVANCE DEVELOPING COMMUNITIES, EWB-USA PROMOTES THE DEVELOPMENT OF GLOBALLY AWARE AND INTERNATIONALLY RESPONSIBLE ENGINEERS, ENGINEERING STUDENTS, AND PROFESSIONALS.

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EWB-USA SPONSORS INTERNATIONAL PROJECTS TO HELP DEVELOPING AREAS WORLDWIDE BY DESIGNING AND CONSTRUCTING WATER, SANITATION, STRUCTURAL AND ENERGY SYSTEMS FOR THESE AREAS. THESE PROJECTS ARE CONDUCTED BY GROUPS OF ENGINEERING STUDENTS WHICH ARE SUPERVISED BY PROFESSIONAL ENGINEERS AND UNIVERSITY PROFESSORS. INCLUDES FOREIGN GRANTS: NO		992,093.
EWB-USA SPONSORS INTERNAIONAL PROJECTS TO HELP TRAIN STUDENTS AND THEIR PROFESSORS IN VOLUNTEER MISSION TRIPS. INCLUDES FOREIGN GRANTS: NO		155,195.
EWB-USA PROVIDES A MECHANISM FOR BRINGING TOGETHER AND ORGANIZING COLLEGE LEVEL ENGINEERING STUDENTS, AND PROVIDES ASSISTANCE TO STUDENT CHAPTERS IN THIS CAPACITY. INCLUDES FOREIGN GRANTS: NO		425,184.
	<u>\$ 0.</u>	<u>\$ 1,572,472.</u>

STATEMENT 5
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 21,633.	\$ 5,563.	\$ 16,070.
MACHINERY AND EQUIPMENT IMPROVEMENTS	71,239.	25,538.	45,701.
	6,078.	101.	5,977.
TOTAL	<u>\$ 98,950.</u>	<u>\$ 31,202.</u>	<u>\$ 67,748.</u>

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

CONSTRUCTION IN PROGRESS.....	\$ 8,000.
DEPOSITS.....	7,052.
NET INTANGIBLE ASSETS.....	18,876.
TOTAL	<u>\$ 33,928.</u>

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

SHORT TERM NOTE PAYABLE..... \$ 249,798.
TOTAL \$ 249,798.

STATEMENT 8
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

COSTS OF DIRECT BENEFIT TO DONORS..... \$ -30,352.
TOTAL \$ -30,352.

STATEMENT 9
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

COST OF DIRECT BENEFITS TO DONORS..... \$ 30,352.
TOTAL \$ 30,352.

STATEMENT 10
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WILLIAM WALLACE 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
BRUCE GRANT 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
JOSEPH AHEARN 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
MARCO AIETA 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
JOHN BENNET 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LARRY ROTH 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	\$ 0. \$	0. \$	0.
BOB WALKER 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
BERNARD AMADEI 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
JOHN SHINN 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
DIANE TATE 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
ANDREA STANCLIFF 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
KELLY WILSON 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
DANIEL L. HARPSTEAD 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
DAVID R. STEWART 4665 NAUTILUS COURT BOULDER, CO 80301	PRESIDENT 1.00	0.	0.	0.
MICKI A. MARSHALL 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
PAUL BRANDT-RAUF 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
ANDREW YAGER 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.

ENGINEERS WITHOUT BORDERS - USA, INC

84-1589324

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROBIN KEMPER 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	\$ 0.	\$ 0.	0.
ARVIND PHUKAN 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
THOMAS RACHFORD 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
BRITT STITT 4665 NAUTILUS COURT BOULDER, CO 80301	DIRECTOR 1.00	0.	0.	0.
CATHERINE LESLIE 4665 NAUTILUS COURT BOULDER, CO 80301	EXECUTIVE DIREC 40.00	98,769.	0.	0.
	TOTAL	\$ 98,769.	\$ 0.	\$ 0.

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93A	THE ORGANIZATION HOLDS AN ANNUAL CONFERENCE TO HELP EDUCATE INDIVIDUALS WHO ARE INTERESTED IN FUTURE VOLUNTEER OPPORTUNITIES FOR PROJECTS SPONSORED BY EWB-USA.
93B	THE ORGANIZATION HOLDS EDUCATIONAL WORKSHOPS FOR INDIVIDUALS WHO ARE INTERESTED IN FUTURE PROJECTS.
94	THE ORGANIZATION CHARGES MEMBERSHIP DUES TO STUDENT, PROFESSIONAL SUPPORTING, AND LIFETIME MEMBERS WHO WISH TO RECEIVE NATIONAL GUIDANCE FOR THEIR MISSION ENDEAVORS.
103B	MISCELLANEOUS REVENUE ASSOCIATED WITH ORGANIZATION'S EXEMPT PURPOSE.

STATEMENT 12
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
MISCELLANEOUS	\$ 4,644.	\$ 2,390.	\$ 0.	\$ 0.	\$ 7,034.
TOTAL	<u>\$ 4,644.</u>	<u>\$ 2,390.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 7,034.</u>