Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending.

C Name of organization

Mangrove Action Project

D Employer Identification number

20-0833537

E Telephone number

(360) 452-5866

F Group Exemption Number


G Accounting Method: [X] Cash [ ] Accrual [ ] Other (specify)

I Website: [ ] www.mangroveactionproject.org

J Tax-exempt status (check only one) -- [X] 501(c)(3) [ ] 501(c)(4) [ ] (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6a, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

$ 163,721.

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

Check if the organization used Schedule O to respond to any question in this Part I.

1 Contributions, gifts, grants, and similar amounts received

$ 163,417.

2 Program service revenue including government fees and contracts

$ 300.

3 Membership dues and assessments

$ 4.

5a Gross amount from sale of assets other than inventory

$ 5a

5b Less: cost or other basis and sales expenses

$ 5b

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

$ 5c

6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than $15,000)

$ 6a

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

$ 6b

c Less: direct expenses from gaming and fundraising events

$ 6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

$ 6d

7a Gross sales of inventory, less returns and allowances

$ 7a

7b Less: cost of goods sold

$ 7b

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

$ 7c

8 Other revenue (describe in Schedule O)

$ 8

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

$ 163,721.

10 Grants and similar amounts paid (list in Schedule O)

See L 10, S 10.

$ 102,000.

11 Benefits paid to or for members

$ 11

12 Salaries, other compensation, and employee benefits

$ 18,315.

13 Professional fees and other payments to independent contractors

$ 22,851.

14 Occupancy, rent, utilities, and maintenance

$ 1,432.

15 Printing, publications, postage, and shipping

$ 5,012.

16 Other expenses (describe in Schedule O)

See Form 990-EZ, Part I Line 16 Other Expenses.

$ 12,695.

17 Total expenses. Add lines 10 through 16

$ 162,305.

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

$ 1,416.

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

$ 58,680.

20 Other changes in net assets or fund balances (explain in Schedule O)

$ 20

21 Net assets or fund balances at end of year. Combine lines 18 through 20

$ 60,096.

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

Form 990-EZ (2013)
### Form 990-EZ (2013) Mangrove Action Project

#### Part II: Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>58,680.</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0.</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>58,680.</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 26 of column (B) must agree with line 21)</td>
<td>58,680.</td>
</tr>
</tbody>
</table>

#### Part III: Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

**What is the organization's primary exempt purpose?** Education of public on conservation issues

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Education of public on conservation issues: helping the public to save and reserve Mangroves in the world

(Grants $ 102,000) If this amount includes foreign grants, check here □ 28a 143,615.

29

(Grants $ ) If this amount includes foreign grants, check here □ 29a

30

(Grants $ ) If this amount includes foreign grants, check here □ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here □ 31a

32 Total program service expenses (add lines 28a through 31a) □ 32 143,615.

#### Part IV: List of Officers, Directors, Trustees, and Key Employees (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and Title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion Howard</td>
<td>President</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Roy R. Lewis, LLB</td>
<td>Vice-President</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Daniel Suman</td>
<td>Secretary</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Fiona Wilgus</td>
<td>Treasurer</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Alfredo Quarto</td>
<td>Executive Director</td>
<td>40.00</td>
<td>13,893.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V). Check if the organization used Schedule O to respond to any question in this Part V: X

33 Did the organization engage in any significant activity not previously reported to the IRS? Yes No X

34 Were any significant changes made to the organizing or governing documents? If Yes, attach a copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions). Yes No X

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No X

35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? Yes No X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? Yes No X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. Yes No X

37b Did the organization file Form 1120-POL for this year? Yes No X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No X

39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9. Yes No X

39b Gross receipts, included on line 9, for public use of club facilities. Yes No X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4995 Yes No X

40b Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? Yes No X

41 List the states with which a copy of this return is filed. Yes No X

42a The organization’s books are in care of: Yes No

Alfredo Quarto

Located at: P.O. Box 1854

Telephone no. (360) 452-5866

Port Angeles WA ZIP + 4 98362

42b 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)? Yes No X

42c If ‘Yes,’ enter the name of the foreign country: Yes No X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Yes No X

44a Did the organization maintain any donor advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. Yes No X

44b Did the organization operate one or more hospital facilities during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. Yes No X

44c Did the organization receive any payments for indoor tanning services during the year? Yes No X

44d If ‘Yes’ to line 44c, has the organization filed a Form 720 to report these payments? Yes No X

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No X

45b 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,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No X
**Part VI: Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-21099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000.

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other independent contractors each receiving over $100,000.

Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

If "Yes," the related organization a section 527 organization?

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**

**Alfredo Quarto**

**Type or print name and title**

**EXECUTIVE DIRECTOR**

**Date**

**10/22/14**

**Paid Preparer Use Only**

**Firm's name**

**BURWELL & WOLFE INC PS CPA'S**

**Firm's EIN**

**91-1472508**

**Firm's address**

**734 E 1ST ST, SUITE A**

**PORT ANGELES, WA 98362-3630**

**Phone no.**

**(360) 452-1500**

May the IRS discuss this return with the preparer shown above? See instructions.

**Yes**

**No**
**Public Charity Status and Public Support**

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

- Attach to Form 990 or Form 990-EZ.
- Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Name of the organization**: Mangrove Action Project

**Employer identification number**: 20-0833537

### 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 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 – Non-functionally integrated

12. [ ] 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).

13. [ ] If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. .................................................................

14. [ ] 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? .........................................................

### Schedule I

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section see instructions)</th>
<th>(iv) Is the organization in column (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in column (i) of your support?</th>
<th>(vi) Is the organization in column (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
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<td></td>
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</tr>
<tr>
<td>(D)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total**

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any unusual grants.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2012 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33-1/3% support test — 2012. 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test — 2013. 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. The organization qualifies as a publicly supported organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10%-facts-and-circumstances test — 2012. 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, the organization qualifies as a publicly supported organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants').</td>
<td>190,302</td>
<td>130,523</td>
<td>169,424</td>
<td>182,061</td>
<td>163,717</td>
<td>836,027</td>
</tr>
<tr>
<td>2 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.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5.</td>
<td>190,302</td>
<td>130,523</td>
<td>169,424</td>
<td>182,061</td>
<td>163,717</td>
<td>836,027</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>836,027</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6.</td>
<td>190,302</td>
<td>130,523</td>
<td>169,424</td>
<td>182,061</td>
<td>163,717</td>
<td>836,027</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.</td>
<td>0</td>
<td>263</td>
<td>273</td>
<td>0</td>
<td>4</td>
<td>540</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on.</td>
<td>0</td>
<td>263</td>
<td>273</td>
<td>0</td>
<td>4</td>
<td>540</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>13 Total Support. (Add lines 9, 10a, 11, and 12)</td>
<td>190,302</td>
<td>130,786</td>
<td>169,697</td>
<td>182,061</td>
<td>163,721</td>
<td>836,567</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). | 15 | 99.94% |
| Public support percentage from 2012 Schedule A, Part III, line 15. | 16 | 99.92% |

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

| Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). | 17 | 0.06% |
| Investment income percentage from 2012 Schedule A, Part III, line 17. | 18 | 0.08% |

| 19a 33-1/3% support tests — 2013. 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. | X |
| 19b 33-1/3% support tests — 2012. 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. | |

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

---

BAA  
TEEA0403  06/28/13  
Schedule A (Form 990 or 990-EZ) 2013
**Part IV: Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.

(See instructions).
### 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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

### Mangrove Action Project

<table>
<thead>
<tr>
<th>Pt V, Line 44d</th>
<th>none required</th>
</tr>
</thead>
</table>

**Employer identification number**

20-0833537
Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization
Mangrove Action Project

Organization type (check one):

Filers of:

<table>
<thead>
<tr>
<th>Form 990 or 990-EZ</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 501(c)(3) exempt private foundation</td>
<td></td>
</tr>
<tr>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
<td></td>
</tr>
<tr>
<td>527 political organization</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990-PF</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>501(c)(3) exempt private foundation</td>
<td></td>
</tr>
<tr>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
<td></td>
</tr>
<tr>
<td>501(c)(3) taxable private foundation</td>
<td></td>
</tr>
</tbody>
</table>

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
X For an organization 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 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1f. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total 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 none exclusively religious, charitable, etc, contributions of $5,000 or more during the year. 

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does 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, 990EZ, 990PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

TEED0701 12/27/13
### Part I: Contributors

(See instructions. Use duplicate copies of Part I if additional space is needed.)

<table>
<thead>
<tr>
<th>Number</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>MARISLA FOUNDATION</strong></td>
<td>$30,000</td>
</tr>
<tr>
<td></td>
<td>412 N COAST HWY, PMB 359</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAGUNA BEACH, CA 92651</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>MUNSON FOUNDATION</strong></td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>1990 M STREET, NW, STE 250</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WASHINGTON, DC 20036</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>MCKNIGHT FOUNDATION</strong></td>
<td>$45,000</td>
</tr>
<tr>
<td></td>
<td>710 SECOND STREET</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MINNEAPOLIS, MN 55401</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>DISNEY WORLDWIDE SERVICES, INC</strong></td>
<td>$24,250</td>
</tr>
<tr>
<td></td>
<td>1495 MAGIC KINGDOM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ORLANDO, FL 32830</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>MARGARET STEWART</strong></td>
<td>$30,000</td>
</tr>
<tr>
<td></td>
<td>1418 DEER LANE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEBASTOPOL, CA 95472</td>
<td></td>
</tr>
</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box: ☑
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Returns Transferred Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only: ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Name of exempt organization or other filer, see instructions

Mangrove Action Project

Employer identification number (EIN) or

20-0833537

Social security number (SSN)

P.O. Box 1854

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Port Angeles

WA 98362

Enter the Return code for the return that this application is for (file a separate application for each return): 01

Application Is For

Return Code

Application Is For

Return Code

Form 990 or Form 990-EZ

01

Form 990-T (corporation)

07

Form 990-BL

02

Form 1041-A

08

Form 4720 (individual)

03

Form 4720 (other than individual)

09

Form 990-PF

04

Form 5227

10

Form 990-T (section 401(a) or 408(a) trust)

05

Form 6069

11

Form 990-T (trust other than above)

06

Form 8870

12

The books are in the care of: Alfredo Quarto

Telephone No. (360) 452-3866

Fax No.

If the organization does not have an office or place of business in the United States, check this box: ☑

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box: ☑. If it is for part of the group, check this box: ☑ and attach a list with the names and EINs of all members the extension is for.

1  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time
   until Aug 15, 2014, to file the exempt organization return for the organization named above.
   The extension is for the organization's return for:
   ☑ calendar year 2013 or
   ☑ tax year beginning __________, 20__ and ending __________, 20__.

2  If the tax year entered in line 1 is for less than 12 months, check reason:
   ☑ Initial return  ☑ Final return
   ☑ Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions: $ 3a
   $ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit: $ 3b
   $ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions: $ 3c
   $ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)
**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mangrove Action Project 20-0833537</td>
<td>20-0833537</td>
</tr>
<tr>
<td>File by the extended due date for filing your return. See instructions.</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 1854</td>
<td></td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td></td>
</tr>
<tr>
<td>Port Angeles, WA 98362</td>
<td></td>
</tr>
</tbody>
</table>

Enter the return code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 4720 (individual)</td>
<td>03</td>
</tr>
<tr>
<td>Form 4720 (other than individual)</td>
<td>09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **Alfredo Quarto**
  - Telephone No. **(360) 452-5866**
  - Fax No. **(360) 452-5866**

- If the organization does not have an office or place of business in the United States, check this box

- If this is a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and EINs of all members of the extension is for.

4. I request an additional 3-month extension of time until **Nov 17, 2014**.

5. For calendar year **2013**, or other tax year beginning **20** and ending **20**, and ending **20**.

6. If the tax year entered in line 5 is for less than 12 months, check reason:

- Initial return
- Final return

7. State in detail why you need the extension

   **THE ORGANIZATION IS WAITING INFORMATION FROM A RELATED FOREIGN PARTY THAT IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

---

**Signature and Verification must be completed for Part II only.**

Signature -
Title - CPA
Date - 08/14/14

BAA | FII20502 12/31/13 | Form 8868 (Rev 1-2014)
Part I – Identifying Information

Employer Identification Number . 20-0833537

Name ..................... Mangrove Action Project

Doing Business As .................................

Address .................... P.O. Box 1854 Room/Suite .

City ......................... Port Angeles State . WA ZIP Code . 98362

Province/State ................................. Foreign Postal Code .


Telephone Number ................ (360) 452-5866 Extension .

Fax ................................. E-Mail Address .

☐ Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

☐ Form 990-EZ only  ☐ Form 990-EZ with Form 990-T
☐ Form 990 only  ☐ Form 990 with Form 990-T
☐ Form 990-PF only  ☐ Form 990-PF with Form 990-T
☐ Form 990-T only  ☐ Form 990-N (gross receipts $50,000 or less) for Electronic Filing only

☐ QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

☐ 501(c) Corporation/Association (subsection number)  ☐ 220(e) Trust
☐ 501(c) Trust (subsection number)  ☐ 408A Trust
☐ 4947(a)(1) Trust  ☐ 529(a) Corporation
☐ 408(e) Trust  ☐ 529(a) Trust
☐ 401(a) Trust  ☐ 530(a) Trust
☐ Other (describe)  ☐ 527 Organization
☐ 501(c) Association

Part IV – Tax Year and Filing Information

☐ Calendar year
☐ Fiscal year – Ending month .
☐ Short year – Beginning date . Ending date .

☐ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)
Part V – 2013 Estimated Taxes Paid

- Check this box if the organization is a private foundation
- Amount of 2012 overpayment credited to 2013 estimated tax

<table>
<thead>
<tr>
<th>Payment Quarters</th>
<th>Form 990-T</th>
<th></th>
<th>Form 990-PF</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter Payment</td>
<td>04/15/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Quarter Payment</td>
<td>06/17/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Quarter Payment</td>
<td>09/16/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Quarter Payment</td>
<td>12/16/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VI – Electronic Filing Information

**IMPORTANT:** Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

**Electronic Filing:**
- [X] File the federal return electronically
- [ ] File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**
- [X] Sign this return electronically using the Practitioner PIN
- [ ] ERO entered PIN
- Officer's PIN (enter any 5 numbers) . . 33537
- Date PIN entered . . . . . . . . . . . 10/22/2014

**Electronic Filing of Extensions:**
- [X] Check this box to file Form 8868 (application for extension of time to file return) electronically

**Electronic Filing of Amended Return:**
- [ ] File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Information required for Electronic Filing:**
- Officer's Name . Alfredo Quarto

**Electronic Filing of Amended Return:**
- [ ] Check this box to file amended return electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- [ ] Use electronic funds withdrawal of federal balance due (EF only)?
- [ ] Use electronic funds withdrawal of Form 8868 balance due (EF only)?
- [ ] Use electronic funds withdrawal of amended return balance due (EF only)?

If any options selected above, enter information below, (Review transferred information for accuracy)

**Bank Information**
- Name of Financial Institution (optional) . .
Payment Information

Enter the payment date to withdraw tax payment
Balance due amount from this return
Enter an amount to withdraw tax payment
If partial payment is made, the remaining balance due
Payment date for amended returns
Balance due amount for amended returns

Part VIII — Information for Client Letter

<table>
<thead>
<tr>
<th>Form 990-EZ or Form 990</th>
<th>Form 990-PF</th>
<th>Form 990-T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Due Date</td>
<td>11/17/14</td>
<td></td>
</tr>
</tbody>
</table>

Part IX — Return Preparer

Enter preparer code from Firm/Preparer Info...
QuickZoom to Firm/Preparer Info

QuickZoom to Form 990-EZ, Pages 1 through 4
QuickZoom to Form 990, Page 1
QuickZoom to Form 990-PF, Page 1
QuickZoom to Form 990-T, Page 1
QuickZoom to Form 990-N, e-PostCard

QuickZoom to Client Status
Electronic Filing Information Worksheet

Name(s) shown on return
Mangrove Action Project

Identifying number
20-0833537

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return. ........................... \( \text{ERF} 912090 \)

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return ............................... \( \text{ERF} \)

ERF Name
R. Duane Wolfe

ERF Address
734 E 1ST ST, SUITE A
City
PORT ANGELES
State
WA
ZIP Code
98362-3630

ERF Electronic Filers Identification Number (ERFIN)
912090

ERF Employer Identification Number
91-1472508

ERF Social Security Number or PTIN
P00368993

Firm Name
BURWELL & WOLFE INC PS CPA'S
Preparer Social Security Number or PTIN
P00368993

Preparer Name
R. Duane Wolfe, CPA
Preparer Employer Identification Number
91-1472508

Address
734 E 1ST ST, SUITE A
Phone Number
(360) 452-1500
Fax Number
(888) 392-9728

City
PORT ANGELES
State
WA
ZIP Code
98362-3630
Preparer E-mail Address
dwolfe@bw-cpa.com

Part IV — Amended Returns

Enter the payment date to withdraw tax payment ........................... \( \text{ERF} \)

Amount you are paying with the amended return ........................... \( \text{ERF} \)

Check this box to file another amended return electronically

* Select the LA Partnership, MI, NY State or NY City Amended return to file electronically.

File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part V — Name Control

Name Control, enter here to override default ........................... MANG

cpov1791.5CR 10/06/10
Prepare Form 8868 for Electronic Filing

Extension accepted (will be blanked if extension not previously transmitted) ▶

Signature of Officer

Officer's Name ▶
Officer's Title ▶
Signature Date ▶

Electronic Funds Withdrawal - Amount paid with Form 8868

NOTE - A practitioner PIN or Form 8453 is required for Form 8868 efile if using electronic funds withdrawal

Enter the payment date to withdraw tax payment ▶

Practitioner PIN information for Form 8868

Sign Form 8868 electronically using the Practitioner PIN

NOTE - A practitioner PIN or Form 8453 is required for Form 8868 efile if using electronic funds withdrawal

Please indicate how the Officer PIN is entered into the program.
Officer entered PIN ▶
ER0 entered Officer's PIN ▶

ER0's Practitioner PIN (EFIN followed by any 5 numbers) ▶ EFIN Self-Select PIN

ER0 Declaration: I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic application for extension and electronic funds withdrawal for the corporation indicated above. I confirm that I am submitting application for extension in accordance with the requirements of the Practitioner PIN method and Publications 4163, Modernized e-File Information for Authorized IRS e-file Providers, and 3112, IRS e-file Application and Participation.

Perjury Statement: Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic extension (Form 7004) for the tax period indicated above and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to disclosure: I consent to allow my electronic return originator (ER0), transmitter, or intermediate service provider to send the exempt 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (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 corporation's Federal taxes owed on Form 8868, 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 institution 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 certify that I have the authority to execute this consent on behalf of the organization. I am signing this Disclosure Consent by entering my self-selected PIN below.

Date ▶
Officer's PIN (enter any 5 numbers) ▶
Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Accounting & Bank charges 689.
Audio & Visual Duplication 710.
Conference & Meetings 10.
Equipment purchase
Insurance 1,125.
Internet 198.
License 90.
Meals 39.
Membership & Subscriptions 400.
Office Supplies
Office Expenses
Outside services 100.
Promotion 18.
Public Education 195.
Transportation (local) 783.
Supplies 356.
Telephone 547.
Transportation (Regional & within country) 193.
Travel (International)
Web hosting/maintenance 7,222.
Workshop 20.
Training and Continuing Education

Total 12,695.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment ........... MANGROVE CONSERVATION

<table>
<thead>
<tr>
<th>Class of Activity</th>
<th>Grantee's Name and Address</th>
<th>Grantee's Relationship</th>
<th>Amount Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRANT</td>
<td>Business........Person......</td>
<td>X</td>
<td>NONE</td>
</tr>
<tr>
<td></td>
<td>MARTIN A. KEELEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 BEACH DRIVE</td>
<td></td>
<td>47,200</td>
</tr>
<tr>
<td></td>
<td>CAYMAN BRAC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If property other than cash was given, the following additional information needs to be provided:
Description of Property.
Date of Gift ............

<table>
<thead>
<tr>
<th>Book Value</th>
<th>How Book Value Determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMV</td>
<td>How FMV Determined</td>
</tr>
</tbody>
</table>
## Purpose of Payment

MANGROVE CONSERVATION

<table>
<thead>
<tr>
<th>Class of Activity</th>
<th>Grantee’s Name and Address</th>
<th>Grantee’s Relationship</th>
<th>Amount Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRANT</td>
<td>MANGROVE ACTION PROJECT</td>
<td>INTERNATIONAL AFFILIATE</td>
<td>54,800</td>
</tr>
<tr>
<td></td>
<td>31 VIENKAPANG ROAD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMPHUR MUANG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If property other than cash was given, the following additional information needs to be provided:
- Description of Property:
- Date of Gift:

<table>
<thead>
<tr>
<th>Book Value</th>
<th>How Book Value Determined</th>
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<td>FMV</td>
<td>How FMV Determined</td>
</tr>
</tbody>
</table>
## Supplemental Information Smart Worksheet

**QuickZoom** here to Schedule O, page 2.  

### Specific Information for Form 990-EZ, Parts I, II, III and V

**Note:** The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

- Form 990-EZ, Part I, Line 8  QuickZoom to Part I, Line 8  . . . . . . . .
- Form 990-EZ, Part I, Line 10  QuickZoom to Part I, Line 10  . . . . . . . .
- Form 990-EZ, Part I, Line 16  QuickZoom to Part I, Line 16  . . . . . . . .
- Form 990-EZ, Part I, Line 20  QuickZoom to Part I, Line 20  . . . . . . . .
- Form 990-EZ, Part II, Line 24  QuickZoom to Part II, Line 24  . . . . . . . .
- Form 990-EZ, Part II, Line 26  QuickZoom to Part II, Line 26  . . . . . . . .

**Note:** Enter information specific to any of the following lines below:

- Form 990-EZ, Part III, Line 31 (Description of other program services)
- Form 990-EZ, Part IV (Officer, Directors, Trustees, Key Employees, additional information)
- Form 990-EZ, Part V, Personal Benefit Contract(s)
- Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
- Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
- Form 990-EZ, Part V, Line 35b (Why organization did not report unrelated business income)
- Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)
- Form 990-EZ, Part VI, Line 50 or Line 51 (HCE and Independent Contractors)

### Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII

**Note:** The following lines for 990 have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

- Form 990, Page 2, Part III, Line 4d  QuickZoom to Part III, Line 4d  . . . . . . . .
- Form 990, Page 6, Part VI, Section A, Line 9  QuickZoom to Part VI, Line 9  . . . . . . . .
- Form 990, Page 6, Part VI, Section C, Line 17  QuickZoom to Part VI, Line 17  . . . . . . . .
- Form 990, Page 10, Part IX, Line 11g  QuickZoom to Line 11g Stmt  . . . . . . . .
- Form 990, Page 10, Part IX, Line 24e  QuickZoom to Line 24e Stmt  . . . . . . . .

**Note:** Enter information specific to any of the following below:

- Form 990, Page 2, Part III, Line 2, or Line 3.
- Form 990, Page 5, Part V, Line 3b, 13a or 14b.
- Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b.
- Form 990, Page 6, Part VI, Section B, Lines 10b, 11b, 12c, 15a, or 15b.
- Form 990, Page 6, Part VI, Section C, Line 18, or 19.
- Form 990, Page 7, Part VII, Column (E) or Column (F).
- Form 990, Page 9, Part VIII.
- Form 990, Page 11, Part X.
- Form 990, Page 12, Part XI.
- Form 990, Page 12, Part XII, Line 1, 2c or 3b.

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

<table>
<thead>
<tr>
<th>Line Number</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt V, Line 44d</td>
<td>none required</td>
</tr>
</tbody>
</table>

**Note:** Enter the line number and explanation for lines not mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.

<table>
<thead>
<tr>
<th>Line Number</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mangrove Action Project 20-0833537

Sch. B, page 2 (Copy 1): Contributors

**General Information Smart Worksheet**

A Description for this copy of Schedule B, Part I ........ Copy 1

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8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

**Filing Address Smart Worksheet**

Send Form 8868 to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

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8868 p2- 990: Application for Extension of Time to File (2nd Ext) - 990/990-EZ

**Filing Address Smart Worksheet**

Send Form 8868 to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045