

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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](http://www.irs.gov/form990).

OMB No. 1545-1150

**2013****Open to Public  
Inspection**

<b>A</b> For the 2013 calendar year, or tax year beginning , 2013, and ending , 2013, and ending			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> <b>C</b> Name of organization            Mangrove Action Project            Number and street (or P.O. box, if mail is not delivered to street address) Room/suite            P.O. Box 1854            City or town, state or province, country, and ZIP or foreign postal code            Port Angeles WA 98362         </td> <td style="width:40%; vertical-align: top;"> <b>D</b> Employer identification number            20-0833537  <b>E</b> Telephone number            (360) 452-5866  <b>F</b> Group Exemption Number . . . . . ▶         </td> </tr> </table>	<b>C</b> Name of organization Mangrove Action Project Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 1854 City or town, state or province, country, and ZIP or foreign postal code Port Angeles WA 98362	<b>D</b> Employer identification number 20-0833537 <b>E</b> Telephone number (360) 452-5866 <b>F</b> Group Exemption Number . . . . . ▶
<b>C</b> Name of organization Mangrove Action Project Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 1854 City or town, state or province, country, and ZIP or foreign postal code Port Angeles WA 98362	<b>D</b> Employer identification number 20-0833537 <b>E</b> Telephone number (360) 452-5866 <b>F</b> Group Exemption Number . . . . . ▶		
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ <b>I</b> Website: ▶ <a href="http://www.mangroveactionproject.org">www.mangroveactionproject.org</a> <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ <b>L</b> Add lines 5b, 6c, 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.			
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)																																																				
Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>																																																				
<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>U</b> <b>E</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1 Contributions, gifts, grants, and similar amounts received . . . . .</td><td>1</td><td>163,417.</td></tr> <tr><td>2 Program service revenue including government fees and contracts . . . . .</td><td>2</td><td></td></tr> <tr><td>3 Membership dues and assessments . . . . .</td><td>3</td><td>300.</td></tr> <tr><td>4 Investment income . . . . .</td><td>4</td><td>4.</td></tr> <tr><td>5a Gross amount from sale of assets other than inventory . . . . .</td><td>5a</td><td></td></tr> <tr><td>b Less: cost or other basis and sales expenses . . . . .</td><td>5b</td><td></td></tr> <tr><td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). . . . .</td><td>5c</td><td></td></tr> <tr><td>6 Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</td><td>6a</td><td></td></tr> <tr><td>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) . . . . .</td><td>6b</td><td></td></tr> <tr><td>c Less: direct expenses from gaming and fundraising events . . . . .</td><td>6c</td><td></td></tr> <tr><td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</td><td>6d</td><td></td></tr> <tr><td>7a Gross sales of inventory, less returns and allowances . . . . .</td><td>7a</td><td></td></tr> <tr><td>b Less: cost of goods sold . . . . .</td><td>7b</td><td></td></tr> <tr><td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</td><td>7c</td><td></td></tr> <tr><td>8 Other revenue (describe in Schedule O) . . . . .</td><td>8</td><td></td></tr> <tr><td>9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶</td><td>9</td><td>163,721.</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	163,417.	2 Program service revenue including government fees and contracts . . . . .	2		3 Membership dues and assessments . . . . .	3	300.	4 Investment income . . . . .	4	4.	5a Gross amount from sale of assets other than inventory . . . . .	5a		b Less: cost or other basis and sales expenses . . . . .	5b		c 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		b 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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	163,721.
1 Contributions, gifts, grants, and similar amounts received . . . . .	1	163,417.																																																		
2 Program service revenue including government fees and contracts . . . . .	2																																																			
3 Membership dues and assessments . . . . .	3	300.																																																		
4 Investment income . . . . .	4	4.																																																		
5a Gross amount from sale of assets other than inventory . . . . .	5a																																																			
b Less: cost or other basis and sales expenses . . . . .	5b																																																			
c 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																																																			
b 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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	163,721.																																																		
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>10 Grants and similar amounts paid (list in Schedule O) . . . . . See L-10 Stmt . . . . .</td><td>10</td><td>102,000.</td></tr> <tr><td>11 Benefits paid to or for members . . . . .</td><td>11</td><td></td></tr> <tr><td>12 Salaries, other compensation, and employee benefits . . . . .</td><td>12</td><td>18,315.</td></tr> <tr><td>13 Professional fees and other payments to independent contractors . . . . .</td><td>13</td><td>22,851.</td></tr> <tr><td>14 Occupancy, rent, utilities, and maintenance . . . . .</td><td>14</td><td>1,432.</td></tr> <tr><td>15 Printing, publications, postage, and shipping . . . . .</td><td>15</td><td>5,012.</td></tr> <tr><td>16 Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses</td><td>16</td><td>12,695.</td></tr> <tr><td>17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶</td><td>17</td><td>162,305.</td></tr> </table>	10 Grants and similar amounts paid (list in Schedule O) . . . . . See L-10 Stmt . . . . .	10	102,000.	11 Benefits paid to or for members . . . . .	11		12 Salaries, other compensation, and employee benefits . . . . .	12	18,315.	13 Professional fees and other payments to independent contractors . . . . .	13	22,851.	14 Occupancy, rent, utilities, and maintenance . . . . .	14	1,432.	15 Printing, publications, postage, and shipping . . . . .	15	5,012.	16 Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses	16	12,695.	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	162,305.																											
10 Grants and similar amounts paid (list in Schedule O) . . . . . See L-10 Stmt . . . . .	10	102,000.																																																		
11 Benefits paid to or for members . . . . .	11																																																			
12 Salaries, other compensation, and employee benefits . . . . .	12	18,315.																																																		
13 Professional fees and other payments to independent contractors . . . . .	13	22,851.																																																		
14 Occupancy, rent, utilities, and maintenance . . . . .	14	1,432.																																																		
15 Printing, publications, postage, and shipping . . . . .	15	5,012.																																																		
16 Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses	16	12,695.																																																		
17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	162,305.																																																		
<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>18 Excess or (deficit) for the year (Subtract line 17 from line 9). . . . .</td><td>18</td><td>1,416.</td></tr> <tr><td>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) . . . . .</td><td>19</td><td>58,680.</td></tr> <tr><td>20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .</td><td>20</td><td></td></tr> <tr><td>21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶</td><td>21</td><td>60,096.</td></tr> </table>	18 Excess or (deficit) for the year (Subtract line 17 from line 9). . . . .	18	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) . . . . .	19	58,680.	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20		21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	60,096.																																							
18 Excess or (deficit) for the year (Subtract line 17 from line 9). . . . .	18	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) . . . . .	19	58,680.																																																		
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20																																																			
21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	60,096.																																																		

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

Form 990-EZ (2013)

**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 . . . . . ☐

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)	<b>Expenses</b>
-----------------	---	-----------------

Check if the organization used Schedule O to respond to any question in this Part III. ☐ (Required for section 501

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

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

BAA TEEA0812 11/27/13 Form 990-EZ (2013)

**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 ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		X
35 a 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)? . . . . .		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O . . . . .		
c 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? If 'Yes,' complete Schedule C, Part III . . . . .		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N . . . . .		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . 37 a 0 .		
b Did the organization file Form 1120-POL for this year? . . . . .		X
38 a 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? . . . . .		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . . . . . 38 b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . . 39 a		
b Gross receipts, included on line 9, for public use of club facilities . . . . . 39 b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 . . . . . ; section 4912 . . . . . ; section 4955 . . . . .		
b 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? If 'Yes,' complete Schedule L, Part I . . . . .		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . .		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T . . . . .		X
41 List the states with which a copy of this return is filed . . . . .		
42 a The organization's books are in care of . . . . . Alfredo Quarto . . . . . Telephone no. . . . . (360) 452-5866 . . . . . Located at . . . . . P.O. Box 1854 . . . . . Port Angeles . . . . . WA . . . . . ZIP + 4 . . . . . 98636 . . . . .		
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)? . . . . .		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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If 'Yes,' enter the name of the foreign country: . . . . .		
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 . . . . . 43		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .		X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? . . . . .		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . .

	Yes	No
46		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 . . . . .

☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .

	Yes	No
47		X
48		X
49 a		X
49 b		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If 'Yes,' was the related organization a section 527 organization? . . . . .

50 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.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

51 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.'

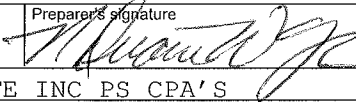
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 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. . . . .

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	10/22/14	
	Date		
<b>Paid Preparer Use Only</b>	Alfredo Quarto	EXECUTIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date
	R. Duane Wolfe, CPA		10/30/14
	Firm's name	Check <input type="checkbox"/> if self-employed	PTIN
	BURWELL & WOLFE INC PS CPA'S		P00368993
	Firm's address	Firm's EIN	
	734 E 1ST ST, SUITE A	91-1472508	
	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

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

(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? . . . . .

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

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

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

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

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3% support test — 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>33-1/3% support test — 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .	190,302.	130,523.	169,424.	182,061.	163,717.	836,027.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0.	0.	0.			0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		0.	0.			0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0.	0.	0.			0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .	0.	0.	0.			0.
<b>6 Total.</b> Add lines 1 through 5 . . . . .	190,302.	130,523.	169,424.	182,061.	163,717.	836,027.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						836,027.

**Section B. Total Support**

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

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

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

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

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.06 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	<b>18</b>	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**. The organization qualifies as a publicly supported organization . . . . . ☒

**b 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**. The organization qualifies as a publicly supported organization . . . . . ☐

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

**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).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

Mangrove Action Project

20-0833537

Pt V, Line 44d none required

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Mangrove Action Project

Employer identification number

20-0833537

**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 foundationCheck 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 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 1. 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 nonexclusively 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,**  
or 990-PF.

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

Name of organization

Employer identification number

Mangrove Action Project

20-0833537

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARISLA FOUNDATION 412 N COAST HWY, PMB 359 LAGUNA BEACH CA 92651	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MUNSON FOUNDATION 1990 M STREET, NW, STE 250 WASHINGTON DC 20036	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCKNIGHT FOUNDATION 710 SECOND STREET MINNEAPOLIS MN 55401	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DISNEY WORLDWIDE SERVICES, INC 1495 MAGIC KINGDOM ORLANDO FL 32830	\$ 24,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MARGARET STEWART 1418 DEER LANE SEBASTOPOL CA 95472	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**

OMB No. 1545-1709

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- 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 Transfers 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](http://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**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Mangrove Action Project	20-0833537
	Number, street, and room or suite number. If a P.O. box, see instructions.	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) 452-5866 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 20 13 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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Enter filer's identifying number, see instructions

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Mangrove Action Project	20-0833537
	Number, street, and room or suite number. If a P.O. box, see instructions.	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) . . . . . 

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

**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. ▶ \_\_\_\_\_
- 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.

4 I request an additional 3-month extension of time until Nov 17 \_\_\_\_\_, 20 14.5 For calendar year 2013 \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 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  
☐ Change in accounting period7 State in detail why you need the extension . . . THE ORGANIZATION IS AWAITING INFORMATION FROM A RELATED FOREIGN PARTY THAT IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8 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. . . . .	8 a	\$	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 and any amount paid previously with Form 8868 . . . . .	8 b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . .	8 c	\$	0.

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

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶ CPA

Date ▶ 08/14/14

BAA

FIFZ0502 12/31/13

Form 8868 (Rev 1-2014)

**990-EZ, 990, 990-T and 990-PF  
Information Worksheet**

**2013**

**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 . . \_\_\_\_\_

Foreign Code . . . . . \_\_\_\_\_ Foreign Country . . . \_\_\_\_\_

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

Fax. . . . . \_\_\_\_\_ E-Mail Address . . \_\_\_\_\_

☐ **Eligible for hurricane tax relief legislation benefits, check here**

**Part II – Type of Return**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Form 990-EZ <b>only</b> | <input type="checkbox"/> Form 990-EZ <b>with</b> Form 990-T   |
| <input type="checkbox"/> Form 990 <b>only</b>               | <input type="checkbox"/> Form 990 <b>with</b> Form 990-T  |
| <input type="checkbox"/> Form 990-PF <b>only</b>            | <input type="checkbox"/> Form 990-PF <b>with</b> Form 990-T   |
| <input type="checkbox"/> Form 990-T <b>only</b>             | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) <b>for Electronic Filing only</b> |

☐ **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**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association _____ (subsection number) | <input type="checkbox"/> 220(e) Trust       |
| <input type="checkbox"/> 501(c) Trust _____ (subsection number)                              | <input type="checkbox"/> 408A Trust         |
| <input type="checkbox"/> 4947(a)(1) Trust  | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust  | <input type="checkbox"/> 529(a) Trust       |
| <input type="checkbox"/> 401(a) Trust  | <input type="checkbox"/> 530(a) Trust       |
| <input type="checkbox"/> Other _____ (describe)  | <input type="checkbox"/> 527 Organization   |
|  | <input type="checkbox"/> 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

Form 990-T

Form 990-PF

Amount of 2012 overpayment credited to 2013 estimated tax . . . . .

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/13				
2nd Quarter Payment	06/17/13				
3rd Quarter Payment	09/16/13				
4th Quarter Payment	12/16/13				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**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:**

- ☒ File the federal return electronically  
☐ File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

**Practitioner PIN program:**

- ☒ 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:**

- ☒ 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)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of federal balance due (EF only)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) . . .

Check the appropriate box . . . . . ☐ Checking ☐ Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

Mangrove Action Project

20-0833537 Page 3

**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**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . .	11/17/14		

Letter Salutation. . . \_\_\_\_\_

**Part IX – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . 2

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

► Keep for your records

2013

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. . . . . ► 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. . . . . ►

ERO Name

R. Duane Wolfe

ERO Electronic Filers Identification Number (EFIN)

912090

ERO Address

734 E 1ST ST, SUITE A

ERO Employer Identification Number

91-1472508

City

PORT ANGELES

State

WA

ZIP Code

98362-3630

ERO Social Security Number or PTIN

P00368993

Country

Firm Name

BURWELL & WOLFE INC PS CPA'S

Preparer Social Security Number or PTIN

P00368993

Preparer Name

R. Duane Wolfe, CPA

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

Country

Preparer E-mail Address

dwolfe@bw-cpa.com

## Part IV – Amended Returns

Enter the payment date to withdraw tax payment . . . . . ►

Amount you are paying with the amended return . . . . . ►

☐ 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

Name

Mangrove Action Project

Social Security Number

20-0833537

**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 . . . . . ▶ ☐ERO entered Officer's PIN . . . . . ▶ ☐

ERO's Practitioner PIN (EFIN followed by any 5 numbers) . . . . . EFIN \_\_\_\_\_ Self-Select PIN \_\_\_\_\_

**ERO 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 (ERO), 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	
<b>Total</b>	<b>12,695.</b>

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

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business . . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> MARTIN A. KEELEY 17 BEACH DRIVE CAYMAN BRAC	NONE	47,200.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

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**

Continued

Purpose of Payment . . . . . MANGROVE CONSERVATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> MANGROVE ACTION PROJECT 31 VIENKAPANG ROAD AMPHUR MUANG	INTERNATIONAL AFFILIATE	54,800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .

Date of Gift . . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

## Schedule O: Supplemental Information to Form 990

## 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:

Supplemental Overview 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.

[illegible]

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.

[illegible]

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

**General Information Smart Worksheet**A Description for this copy of Schedule B, Part I. . . . . Copy 1

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

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