### 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.

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

#### B
Check if applicable:  
- [ ] Application pending  
- [ ] Name change  
- [ ] Initial return  
- [ ] Terminated  
- [ ] Amended return  
- [ ] Group Exemption Number .

#### C
- **Accounting Method:** [ ] Cash  
- [X] Accrual  
- [ ] Other (specify)

#### D
Employer identification number 32-0236349

#### E
Telephone number (631) 907-9040

#### F
Group Exemption Number .

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

#### H
Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

#### I
**Website:** [WWW.AZUEROEARTHPROJECT.ORG](http://WWW.AZUEROEARTHPROJECT.ORG)

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

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

#### L
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.

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### 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>$146,055.</td>
</tr>
<tr>
<td><strong>Gross Profit or (Loss) from Sales of Inventory (Subtract line 7b from line 7a)</strong></td>
<td>13,634.</td>
</tr>
<tr>
<td><strong>Net Income or (Loss) from Gaming and Fundraising Events (Add lines 6a and 6b and Subtract line 6c)</strong></td>
<td>840.</td>
</tr>
<tr>
<td><strong>Total Expenses, Add lines 10 through 16</strong></td>
<td>247,100.</td>
</tr>
<tr>
<td><strong>Net Assets or Fund Balances at End of Year, Combine Lines 18 through 20</strong></td>
<td>347,277.</td>
</tr>
</tbody>
</table>

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**Form 990-EZ (2013)**

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**Open to Public Inspection**

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**TEEA0803L 11/27/13**
## Part II Balance Sheets

(see the instructions for Part II)

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>365,381</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>(\text{SEE SCHEDULE O})</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>(\text{SEE SCHEDULE O})</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>454,024</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>3,286</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>450,738</td>
</tr>
</tbody>
</table>

## Part III Statement of Program Service Accomplishments

(see the instructions for Part III)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>29</td>
<td>(Grants $) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>30</td>
<td>(Grants $) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
</tr>
</tbody>
</table>

## Part IV List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>(a) 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>EDWINA VON GAL</td>
<td>10</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISA PHILLIPS</td>
<td>5</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VERNON SCHOLEY</td>
<td>5</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JENNIFER MARSHALL GRANTHAM</td>
<td>5</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEVIN SIMMONS</td>
<td>5</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></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.  

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 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  

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)?  
   x  

35b. If ‘Yes,’ to line 35a, has the organization filed a Form 990-T for the year?  If ‘No,’ provide an explanation in Schedule O.  
   x  

35c. 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  

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.  
   [37a] 0.  

37b. Did the organization file Form 1120-POL for this year?  
   x  

38. 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  

39. Section 501(c)(7) organizations. Enter:  
   a. Initiation fees and capital contributions included on line 9. 
   b. Gross receipts, included on line 9, for public use of club facilities. 
   [39a] N/A  
   [39b] N/A  

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
   a. Section 4911  
   b. Section 4951  
   c. Section 4958  
   d. Section 4969  
   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.  
   NY  

42a. The organization’s books are in care of:  
   BOOKKEEPING 101, INC.  
   Located at  
   83 MAIN STREET SAG HARBOR NY  
   Telephone no.  
   631-725-8088  
   Yes No  
   x  

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)?  
   x  

42c. If ‘Yes,’ enter the name of the foreign country:  
   PANAMA  

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.  
   N/A  

44a. Did the organization maintain any donor advised funds during the year?  If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ.  
   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.  
   x  

44c. Did the organization receive any payments for indoor tanning services during the year?  
   x  

44d. If ‘Yes,’ provide an explanation in Schedule O.  
   x  

45a. Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  
   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).  
   x  

TEEA0812L  11/27/13  

Form 990-EZ (2013)
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.

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.

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.

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

Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' was the related organization a section 527 organization?

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 (Forms W-2/1099-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>
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</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>
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</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.

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
EDWINA VON GAL
PRESIDENT

Preparer’s signature
THOMAS E. OPLINGER, CPA

Date
7/21/14

Check if self-employed

Firm’s EIN
11-2883699

Phone no.
(631) 283-2370

May the IRS discuss this return with the preparer shown above? See instructions.
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: AZUERO EARTH PROJECT, INC.  
Employer identification number: 32-0236349

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>An organization operated 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.</td>
</tr>
<tr>
<td>9</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>10</td>
<td>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.</td>
</tr>
<tr>
<td>11</td>
<td>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.)</td>
</tr>
</tbody>
</table>

Subject to the applicable exceptions provided in section 509(a)(2).

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).

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), 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? |

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 |

| (A) | |
| (B) | |
| (C) | |
| (D) | |
| (E) | |

Total
## 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 membership fees received. (Do not include any ‘usual grants’.)</td>
<td>125,545.</td>
<td>296,871.</td>
<td>150,782.</td>
<td>531,743.</td>
<td>129,165.</td>
<td>1,234,106.</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>0.</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>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>125,545.</td>
<td>296,871.</td>
<td>150,782.</td>
<td>531,743.</td>
<td>129,165.</td>
<td>1,234,106.</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>440,138.</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>125,545.</td>
<td>296,871.</td>
<td>150,782.</td>
<td>531,743.</td>
<td>129,165.</td>
<td>1,234,106.</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>0.</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>0.</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>1,238,741.</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 16,050.</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>(a) 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>64.09 %</td>
</tr>
<tr>
<td>15 Public support percentage from 2012 Schedule A, Part II, line 14</td>
<td>63.04 %</td>
</tr>
</tbody>
</table>

16 a 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.

17 a 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. Explain in Part IV how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete 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>Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>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>Total. Add lines 1 through 5</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 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>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>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>Net income from unrelated business activities not included in line 10b, 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>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>Total Support. (Add Ins 9, 10c, 11 and 12.)</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>Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))</td>
<td>15 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income 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>Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Footnotes

- 19 a 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.
- 19 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.
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).
### PART II, LINE 10 - OTHER INCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Revenue</td>
<td>$840</td>
<td>$2,367</td>
<td>$898</td>
<td>$530</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$840</strong></td>
<td><strong>$2,367</strong></td>
<td><strong>$898</strong></td>
<td><strong>$530</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>
**Schedule B**
(Form 990, 990-EZ, or 990-PF)

**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.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZUERO EARTH PROJECT, INC.</td>
<td>32-0236349</td>
</tr>
</tbody>
</table>

Organization type (check one):

- **Filers of:**
  - Form 990 or 990-EZ
    - X 501(c)(3) (enter number) organization
    - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
    - 527 political organization
  - Form 990-PF
    - 501(c)(3) exempt private foundation
    - 4947(a)(1) nonexempt charitable trust treated as a private foundation
    - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For 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**

- X 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. 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.
# 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>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1      | GRANTHAM FOUNDATION  
962 SPRINGS FIREPLACE ROAD  
EAST HAMPTON, NY 11937 | $42,000 | Person X, Noncash |
| 2      | EDWINA VON GAL  
962 SPRINGS FIREPLACE ROAD  
EAST HAMPTON, NY 11937 | $28,000 | Person X, Noncash |
| 3      | MARDERS  
PO BOX 1261  
BRIDGEHAMPTON, NY 11932 | $5,000 | Person X, Noncash |
| 4      | ALICE & THOMAS TISCH FOUNDATION INC  
962 SPRINGS FIREPLACE ROAD  
EAST HAMPTON, NY 11937 | $20,000 | Person X, Noncash |
|        |                            |            | Payroll Noncash |
|        |                            |            | Payroll Noncash |
|        |                            |            | Payroll Noncash |
|        |                            |            | Payroll Noncash |

(Complete Part II for noncash contributions.)
### Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

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

Name of organization: AZUERO EARTH PROJECT, INC.

Employer identification number: 32-0236349
**Part III**

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than $1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- N/A

- N/A

- N/A

- N/A

- N/A

- N/A

- N/A

- N/A

- N/A

- N/A

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- N/A

- N/A

- N/A

- N/A
Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Support the Azuero Foundation with fundraising, programmatic and administrative assistance, which is dedicated to the collection, dissemination and implementation of information related to sustainable land management in the Azuero Peninsula.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

To preserve the ecosystem of the Azuero Peninsula, protect biodiversity, and promote healthy communities by helping people to make informed decisions, take sustainable actions, and share knowledge.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? NO

(B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? NO
### AZUERO EARTH PROJECT, INC. 32-0236349

#### 2013 SCHEDULE O - SUPPLEMENTAL INFORMATION

<table>
<thead>
<tr>
<th>FORM 990-EZ, PART I, LINE 8</th>
<th>OTHER REVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER REVENUE</td>
<td>$ 840.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 840.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORM 990-EZ, PART I, LINE 16</th>
<th>OTHER EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK/CREDIT SERVICE CHARGES</td>
<td>$ 1,743.</td>
</tr>
<tr>
<td>BOOKKEEPING SERVICES</td>
<td>3,238.</td>
</tr>
<tr>
<td>BUILDING MAINTENANCE</td>
<td>6,653.</td>
</tr>
<tr>
<td>COMMUNITY OUTREACH</td>
<td>2,037.</td>
</tr>
<tr>
<td>CONFERENCES, CONVENTIONS, AND MEETINGS</td>
<td>4,839.</td>
</tr>
<tr>
<td>DEPRECIATION</td>
<td>32,515.</td>
</tr>
<tr>
<td>FILING FEES</td>
<td>125.</td>
</tr>
<tr>
<td>FUNDRAISING</td>
<td>3,457.</td>
</tr>
<tr>
<td>GARDEN CENTER AND GUIDES</td>
<td>1,415.</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>324.</td>
</tr>
<tr>
<td>LICENSES AND PERMITS</td>
<td>120.</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>97.</td>
</tr>
<tr>
<td>MONTHLY STIPEND</td>
<td>7,902.</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>7,208.</td>
</tr>
<tr>
<td>PROGRAM EXPENSE</td>
<td>1,050.</td>
</tr>
<tr>
<td>REFERENCE MATERIALS</td>
<td>220.</td>
</tr>
<tr>
<td>TELEPHONE &amp; INTERNET</td>
<td>2,498.</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>9,462.</td>
</tr>
<tr>
<td>TRUCK REPAIRS AND MAINTENANCE</td>
<td>4,664.</td>
</tr>
<tr>
<td>UTILITIES</td>
<td>1,970.</td>
</tr>
<tr>
<td>WEBSITE</td>
<td>2,815.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 94,352.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORM 990-EZ, PART II, LINE 24</th>
<th>OTHER ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING</td>
<td>ENDING</td>
</tr>
<tr>
<td>ACCOUNTS RECEIVABLE</td>
<td>$ 2,350.</td>
</tr>
<tr>
<td>AUTOMOBILES</td>
<td>12,072.</td>
</tr>
<tr>
<td>INVENTORIES</td>
<td>0.</td>
</tr>
<tr>
<td>MACHINERY AND EQUIPMENT</td>
<td>74,221.</td>
</tr>
<tr>
<td>PREPAID EXPENSES AND DEFERRED CHARGES</td>
<td>0.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 88,643.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORM 990-EZ, PART II, LINE 26</th>
<th>TOTAL LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING</td>
<td>ENDING</td>
</tr>
<tr>
<td>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</td>
<td>$ 3,286.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 3,286.</td>
</tr>
</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

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 BOOKKEEPING 101, INC. ........................................

Telephone No. ▶ 631-725-8088 Fax No. ▶ 631-725-8089

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 of the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

X calendar year 2013 or

□ tax year beginning __________, 20____, and ending __________, 20____.

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

3a 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.

3b 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.

3c 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.