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# Short Form Return of Organization Exempt From Income Tax

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**A** For the 2011 calendar year, or tax year beginning 2011, and ending 20

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: MOKOMA CONSERVANCY

Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 220

Room/suite: \_\_\_\_\_

City or town, state or country, and ZIP + 4: LADORTE, PA 15626-0261

**D** Employer identification number: 23-3087977

**E** Telephone number: 570-946-4509

**F** Group Exemption Number: N/A

**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: mokomaconservancy.org

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

**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

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	5465.00
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	5110.00
	<b>4</b> Investment income	<b>4</b>	51.91
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	3208.00
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	1539.80	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	1748.20	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	25000.00	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	36975.11	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	2239.04
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	768.80
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	390.90
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	3298.74	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	33576.37
	<b>19</b> 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)	<b>19</b>	235020.95
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	(652.03)
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	268753.29

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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 . . . . .		<input checked="" type="checkbox"/>
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) . . . . .		<input checked="" type="checkbox"/>
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)? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/> N/A
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
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 . . . . .		
40a 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 . . . . .		<input checked="" type="checkbox"/>
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. . . . .		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
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)? 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. . . . .	Yes	No
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/> N/A
	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/> N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
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) . . . . .		<input checked="" type="checkbox"/>

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 . . . . .

Table with columns Yes, No and row 46 with a checkmark in the No column.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 . . . . .

Table with columns Yes, No and row 47 with a checkmark in the No column.

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

Table with columns Yes, No and row 48 with a checkmark in the No column.

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

Table with columns Yes, No and row 49a with a checkmark in the No column.

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

Table with columns Yes, No and row 49b with a checkmark in the No column.

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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. The table is crossed out with a diagonal line and the word 'NONE' is written across it.

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. The table is crossed out with a diagonal line and the word 'NONE' is written across it.

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 (with checkmark in Yes)

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.

Sign Here: Signature of officer (handwritten), Date (2/19/12), Type or print name and title (R. ROBERT RAFF, PRESIDENT (2011))

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

*MOKOMA CONSERVANCY*

Employer identification number

*23-3087977*

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

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

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

	Yes	No
(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? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and 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—2010.</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"/>
<b>17a 10%-facts-and-circumstances test—2011.</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—2010.</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"/>
<b>18 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 year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19488	11228	6638	4845	10175	52494
<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 . . . .	4570	9929	7392	8187	3288	33366
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	24058	21257	14030	13052	13463	85860
<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.) . . . .						85860

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .	24058	21257	14030	13052	13463	85860
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	713	549	654	108	52	2076
<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 . . . .	713	549	654	108	52	2076
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .					25000	25000
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	24771	21806	14684	13160	30515	112936
<b>14 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 stop here . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	76.03 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	98.07 %

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	1.84 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . .	<b>18</b>	1.93 %

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

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

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

**Part IV** **Supplemental Information.** Complete this part to 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 III  
LINE 12 - INCOME RECEIVED FROM DANIEL K WARING  
AS AGENT FOR CENTRAL NEW YORK OIL & GAS  
COMPANY LLC FOR AN INTERSTATE GAS PIPELINE  
RIGHT-OF-WAY; \$9033.00 BEING CONSIDERATION FOR  
THE RIGHT-OF-WAY LEASE AND \$15968.00 BEING  
CONSIDERATION FOR SURFACE DAMAGES.

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

MOKOMA CONSERVANCY

Employer identification number

23-3087977

PART 1, LINE 8 - INCOME RECEIVED FROM DANIEL K WARING  
AS AGENT FOR CENTRAL NEW YORK OIL & GAS COMPANY LLC  
FOR AN INTERSTATE GAS PIPELINE RIGHT-OF-WAY,  
\$9032.00 BEING CONSIDERATION FOR THE RIGHT-OF-WAY  
LEASE AND \$15968.00 BEING CONSIDERATION FOR  
SURFACE DAMAGES.

PART 1, LINE 16 - EXPENSES RELATED TO GAS PIPELINE  
RIGHT-OF-WAY INCLUDING \$150.00 FOR LEGAL FEES  
AND \$242.50 FOR LAND SURVEYOR FEES.

PART 1, LINE 20 - ADJUSTMENT TO RESTATE NET ASSETS  
TO CASH ACCOUNTING BASIS. THE METHOD OF ACCOUNTING  
AND REPORTING WAS CHANGED FROM AN ACCRUAL TO CASH  
BASIS OF ACCOUNTING FOR THE YEAR ENDING DECEMBER 31, 2011.  
THIS CHANGE DID NOT SUBSTANTIALLY EFFECT THE  
OPERATIONS FOR THE YEAR OR THE FINANCIAL POSITION  
AT DECEMBER 31, 2011.

**MOKOMA CONSERVANCY**  
**ANNUAL FINANCIAL STATEMENTS**  
**DECEMBER 31, 2011**

**INDEX TO FINANCIAL STATEMENTS**

**EXHIBIT A - STATEMENT OF FINANCIAL POSITION**  
December 31, 2011

**EXHIBIT B - STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**  
For the Period January 1, 2011 to December 31, 2011

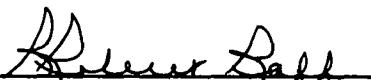
**EXHIBIT C - STATEMENT OF CASH FLOWS**  
For the Period January 1, 2011 to December 31, 2011

**SCHEDULE A – SCHEDULE OF FUND RAISING ACTIVITIES**  
For the Period January 1, 2011 to December 31, 2011

**NOTES TO FINANCIAL STATEMENTS**

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These financial statements have been prepared from the accounts and records of Mokoma Conservancy and I certify that, to the best of my knowledge and belief, they fairly represent the financial position and financial activities as of the date and the period indicated.

Respectfully submitted,   
R. Robert Raff, President

December 31, 2011

MOKOMA CONSERVANCY  
EXHIBIT A  
STATEMENT OF FINANCIAL POSITION  
December 31, 2011

	Unrestricted (Note 1)	Temporarily Restricted (Note 1)	Total
<b>ASSETS</b>			
Current Assets:			
Cash and Cash Equivalents			
Bank Checking	1584.28		1584.28
Super Money Fund	84085.74	1616.35	85702.09
Total Cash and Cash Equivalents	<u>85670.02</u>	<u>1616.35</u>	<u>87286.37</u>
Total Current Assets	<u>85670.02</u>	<u>1616.35</u>	<u>87286.37</u>
Land Acquisition Costs (Note 2)	181466.92		181466.92
<b>TOTAL ASSETS</b>	<u><b>267136.94</b></u>	<u><b>1616.35</b></u>	<u><b>268753.29</b></u>
<b>LIABILITIES</b>			
Current Liabilities:			
	0.00	0.00	0.00
<b>TOTAL LIABILITIES</b>	<u><b>0.00</b></u>	<u><b>0.00</b></u>	<u><b>0.00</b></u>
<b>NET ASSETS – Exhibit B</b>	<u><b>267136.94</b></u>	<u><b>1616.35</b></u>	<u><b>268753.29</b></u>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<u><b>267136.94</b></u>	<u><b>1616.35</b></u>	<u><b>268753.29</b></u>

See Notes to Financial Statements

**MOKOMA CONSERVANCY**  
**EXHIBIT B**  
**STATEMENT OF ACTIVITIES AND CHANGES TO NET ASSETS**  
For the Period January 1, 2011 to December 31, 2011

	Unrestricted (Note 1)	Temporarily Restricted (Note 1)	Total
<b>REVENUES</b>			
Membership Fees;			
Annual	4410.00		4410.00
Lifetime	700.00		700.00
Contributions	2065.00		2065.00
Adopt an Acre	3000.00		3000.00
Fund Raising Events – Sch. A	3288.00		3288.00
Interest Income	50.33	1.58	51.91
Gas Pipeline ROW Lease	25000.00		25000.00
<b>TOTAL REVENUES</b>	<b><u>38513.33</u></b>	<b><u>1.58</u></b>	<b><u>38514.91</u></b>
<b>EXPENSES</b>			
Annual Filing Fees	39.00		39.00
Dues, memberships	261.00		261.00
Insurance	1290.00		1290.00
Postage	334.40		334.40
Printing/Copies/Supplies	434.40		434.40
Credit Card fees	153.33		153.33
Land Maintenance/Observation Deck	57.10		57.10
Real Estate Taxes	396.61		396.61
Fund Raising Events- Sch. A	1539.80		1539.80
P.O. Box	42.00		42.00
Gas Pipeline ROW Lease	390.90		390.90
<b>TOTAL EXPENSES</b>	<b><u>4938.54</u></b>		<b><u>4938.54</u></b>
<b>INCREASE(DECREASE) IN NET ASSETS</b>	<b><u>33574.79</u></b>	<b><u>1.58</u></b>	<b><u>33576.37</u></b>
<b>NET ASSETS, January 1, 2011 (Note 5)</b>	<b>233562.15</b>	<b>1614.77</b>	<b>235176.92</b>
<b>NET ASSETS, December 31, 2011- Exh. A</b>	<b><u>267136.94</u></b>	<b><u>1616.35</u></b>	<b><u>268753.29</u></b>

See Notes to Financial Statements

**MOKOMA CONSERVANCY**  
**EXHIBIT C**  
**STATEMENT OF CASH FLOWS**  
For the Period January 1, 2011 to December 31, 2011

	Unrestricted (Note 1)	Temporarily Restricted (Note 1)	Total
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Increases (Decreases) in Net Assets     Activities for the Period – Exhibit B</b>	<b>8390.61</b>	<b>(457.63)</b>	<b>7932.98</b>
Increase in Pledges Receivable	(500.00)		(500.00)
Decrease in Prepayments	(700.00)		(700.00)
Decrease in Deferred Fees	58.55		58.55
 <b>NET CASH PROVIDED (USED) FOR OPERATING ACTIVITIES</b>	 <b><u>7249.16</u></b>	 <b><u>(457.63)</u></b>	 <b><u>6791.53</u></b>
 <b>CASH FLOWS FROM OTHER ACTIVITIES</b>	 <b>0.00</b>	 <b>0.00</b>	 <b>0.00</b>
 <b>NET INCREASE (DECREASE) IN CASH CASH EQUIVALENTS</b>	 <b><u>7249.16</u></b>	 <b><u>(457.63)</u></b>	 <b><u>6791.53</u></b>
 <b>CASH AND CASH EQUIVALENTS January 1, 2010</b>	 <b>44846.07</b>	 <b>2072.40</b>	 <b>46918.47</b>
December 31, 2011 – Exhibit A	<u>52095.23</u>	<u>1614.77</u>	<u>53710.00</u>

See Notes to Financial Statements

**MOKOMA CONSERVANCY  
SCHEDULE A  
SCHEDULE OF FUND RAISING ACTIVITIES  
For the Period of January 1, 2011 to December 31, 2011**

<b>FUND RAISING ACTIVITY</b>	<b>REVENUES</b>	<b>EXPENSES</b>	<b>NET REVENUES</b>
Lottery	675.00	350.00	325.00
Summer Sizzler	2613.00	1189.80	1423.20
<b>TOTAL REVENUES EXHIBIT B</b>	<b><u>3288.00</u></b>		
<b>TOTAL EXPENSES EXHIBIT B</b>		<b><u>1539.80</u></b>	
<b>NET REVENUES</b>			<b><u>1748.20</u></b>

**MOKOMA CONSERVANCY**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2011

**Note 1 – Unrestricted/Temporarily Restricted Assets**

Temporarily restricted assets are those that are received from contributions with the intent of being used for a specific purpose over a short period of time. In prior years, certain revenues were restricted for the retirement of debt incurred to purchase a 243-acre tract of land from the Lake Mokoma Association. The Board of trustees and/or the donor determine what assets are restricted and for what purpose. The only restricted assets at year-end are unexpended contributions attributable to the Laurie Williams Wajima Memorial.

**Note 2 – Land Acquisition Costs**

The Northcentral Pennsylvania Conservancy (NPC) in cooperation with the Mokoma Conservancy (MC) and Lake Mokoma Association (LMA) applied for a \$350,000.00 grant towards the \$700,000.00 purchase price and \$50,000.00 additional costs of acquiring a 244-acre tract of land. The land was transferred to MC by LMA on June 11, 2004 for \$177,500.00. In addition to the cost of land, certain acquisition expenses were incurred amounting to \$3,966.92. The total cost of \$181,466.92 has been capitalized. Land maintenance, mowing, planting, fencing, and sign expenditures are expensed when occurred and not capitalized.

**Note 3 –** As of December 31, 2011, renewed or new memberships were 87; lifetime members were 101; and 43 donors have contributed to Adopt-an-Acre.

**Note 4 –** MC was incorporated on June 28, 2001 as a non-profit organization in the Commonwealth of Pennsylvania. During 2006, the Conservancy received permanent status as an entity under Sections 509(a)(1) and 170(b)(1) of the Internal Revenue Code. Donors may deduct contributions to the conservancy as provided in section 170 of the Internal revenue Code.

**Note 5 – NET ASSETS, January 1, 2011 restated to cash accounting basis.**

The method of accounting and reporting was changed from an accrual to cash basis of accounting for the year ending December 31, 2011. This change did not substantially effect the operations for the year or the financial position at December 31, 2011.